

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: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/27/2013 2:24 pm
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PART I - COST REPORT STATUS

Provider use only
 1. Electronically filed cost report
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only
 5. 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. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/27/2013 Time: 2:24 pm

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 ADVENTIST HINSDALE HOSPITAL (140122) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 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

	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	798,534	188,118	-12,221	0
2.00	Subprovider - IPF	0	17,441	0	0	0
3.00	Subprovider - IRF	0	10,288	0	0	0
4.00	SUBPROVIDER I	0	0	0	0	0
5.00	Swing bed - SNF	0	0	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	0	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	826,263	188,118	-12,221	0

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.

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Encryption Information
 ECR: Date: 5/27/2013 Time: 2:24 pm
 B50Fyi lVPoz8pETos. wYcAGBbqmIWO
 WLi1v0v6i9dk: UTTSfw5CI: 9j etXpQ
 H0pi 1RZzXA0v6dt0
 PI: Date: 5/27/2013 Time: 2:24 pm
 7bfPwX52zUxeAeNpoj 9lJc1: x66m0
 8T1j: 0eTs8H0qTntqFFZuol MyzDhBD
 DjOV0n3mWq0j FZEa

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	826,263	188,118	-12,221	0 200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/27/2013 2:24 pm					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 120 NORTH OAK STREET			PO Box:						1.00	
2.00	City: HINSDALE			State: IL		Zip Code: 60521-		County: DUPAGE		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		ADVENTIST HINSDALE HOSPITAL	140122	16974	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		HINSDALE HOSPITAL PSYCH SUB	14S122	16974	4	01/01/1984	N	P	0	4.00
5.00	Subprovider - IRF		HINSDALE HOSPITAL REHAB SUB II	14T122	16974	5	01/01/1987	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 OLTG										11.00
12.00	Hospital-Based HHA		HEALTH CARE AT HOME	147207	16974		01/01/1994	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		ST THOMAS HOSPICE	141507	16974		01/01/2004				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for 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 days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,102	1,425	5	9	410	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.	136	0	0	0	0	0		25.00		
							Urban/Rural S	Date of Geogr			
							1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/27/2013 2:24 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 the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	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.		Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.		N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		N			60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
5/27/2013 2:24 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	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. 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)	FAMILY PRACTICE	1350	1.33	27.27	0.046503	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY PRACTICE	1350	1.18	25.04	0.045004	67.00

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		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 subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	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 subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		2			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/27/2013 2:24 pm
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	2,210,441	0	0
			1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
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	108013
		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: ADVENTIST HEALTH SYSTEM	Contractor's Name: FIRST COAST SERVICE OPTIONS		Contractor's Number: 09001
142.00	Street: 111 NORTH ORLANDO AVE	PO Box:		
143.00	City: WINTER PARK	State: FL		Zip Code: 32789
			1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y	
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	
			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	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	
		Part A	Part B	Title V
		1.00	2.00	3.00
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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140122			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/27/2013 2:24 pm		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/27/2013 2:24 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	03/01/2012	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.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2013	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

	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N
						Date
						1.00
						2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.					38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KATHE		HOOTS		41.00
42.00	Enter the employer/company name of the cost report preparer.	DI XON HUGHES GOODMAN LLP				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	828-393-1059		KATHE.HOOTS@DHGLLP.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/02/2013	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.	DIRECTOR	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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-2
Part V
Date/Time Prepared:
5/27/2013 2:24 pm

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name	MI KE	1.00
2.00	Last Name	THOMPSON	2.00
3.00	Title	REIMBURSEMENT MANAGER	3.00
4.00	Employer	ADVENTIST HEALTH SYSTEM SUNBELT	4.00
5.00	Phone Number	(407)357-2338	5.00
6.00	E-mail Address	MI KE.THOMPSON3@AHSS.ORG	6.00
7.00	Department	REIMBURSEMENT	7.00
8.00	Mailing Address 1	900 HOPE WAY	8.00
9.00	Mailing Address 2		9.00
10.00	City	ALTAMONTE SPRINGS	10.00
11.00	State	FL	11.00
12.00	Zip	32714	12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name		13.00
14.00	Last Name		14.00
15.00	Title		15.00
16.00	Employer		16.00
17.00	Phone Number		17.00
18.00	E-mail Address		18.00
19.00	Department		19.00
20.00	Mailing Address 1		20.00
21.00	Mailing Address 2		21.00
22.00	City		22.00
23.00	State		23.00
24.00	Zip		24.00

HFS Supplemental Information		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/27/2013 2:24 pm
		Title V 1.00	Title XIX 2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient 1.00	Outpatient 2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V 1.00	Title XIX 2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	186	68,076	0.00	0	1.00
2.00 HMO						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)		186	68,076	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	59	21,594	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)		245	89,670	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,222		0	16.00
17.00 SUBPROVIDER - IRF	41.00	15	5,490		0	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		277				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
				I/P Days / O/P Visits / Trips		Full Time Equivalents
Component	Title VIII	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)	15,587	1,880	34,534			1.00
2.00 HMO	1,093	1,711				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	52	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	15,587	1,880	34,534			7.00
8.00 INTENSIVE CARE UNIT	3,598	2,513	12,169			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		776	4,608			13.00
14.00 Total (see instructions)	19,185	5,169	51,311	26.54	1,728.15	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,924	787	5,405	0.00	27.50	16.00
17.00 SUBPROVIDER - IRF	3,033	136	4,551	0.00	21.19	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	40,719	0	53,588	0.00	94.31	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	41.57	24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
27.00	Total (sum of lines 14-26)					27.00
28.00		286	3,718	26.54	1,912.72	28.00
29.00	0					29.00
30.00			0			30.00
31.00			0			31.00
32.00		71	374			32.00
33.00	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title VIII	Title XIX	Total All Patients	
	11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	4,153	1,348	11,744	1.00
2.00	HMO		242			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	4,153	1,348	11,744	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF	0.00	260	109	787	16.00
17.00	SUBPROVIDER - IRF	0.00	261	8	381	17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0.00				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0.00				24.00
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)	0.00				27.00
28.00	Observation Bed Days					28.00
29.00	Ambulance Trips					29.00
30.00	Employee discount days (see instruction)					30.00
31.00	Employee discount days - IRF					31.00
32.00	Labor & delivery days (see instructions)					32.00
33.00	LTCH non-covered days					33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	109,633,642	756,249	110,389,891	3,646,981.73	30.27
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		1,146,090	0	1,146,090	16,129.50	71.06
5.00	Physician-Part B		781,905	0	781,905	3,795.50	206.01
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	1,384,481	0	1,384,481	55,208.00	25.08
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		892,740	0	892,740	11,509.00	77.57
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		14,136,786	535,331	14,672,117	456,455.91	32.14
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		329,924	0	329,924	7,861.32	41.97
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		683,536	0	683,536	6,500.32	105.15
14.00	Home office salaries & wage-related costs		14,834,943	0	14,834,943	191,249.00	77.57
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		104,241	0	104,241	1,315.62	79.23
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		18,906,591	0	18,906,591		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		3,001,995	0	3,001,995		
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		234,491	0	234,491		
23.00	Physician Part B		159,979	0	159,979		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		283,277	0	283,277		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	901,255	7,400	908,655	32,035.61	28.36
27.00	Administrative & General	5.00	13,570,524	358,721	13,929,245	442,486.00	31.48
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,828,423	0	1,828,423	102,563.85	17.83
31.00	Laundry & Linen Service	8.00	147,940	0	147,940	8,451.36	17.50
32.00	Housekeeping	9.00	1,625,084	0	1,625,084	134,094.45	12.12
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,601,618	-829,032	772,586	45,218.33	17.09
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	294,732	829,032	1,123,764	73,786.76	15.23
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,646,191	365,449	3,011,640	63,524.37	47.41
39.00	Central Services and Supply	14.00	1,031,339	0	1,031,339	60,383.47	17.08
40.00	Pharmacy	15.00	3,724,114	-532,831	3,191,283	74,664.71	42.74
41.00	Medical Records & Medical Records Library	16.00	1,719,168	0	1,719,168	79,600.35	21.60

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

		Worksheet A Line Number	Amount Reported	Reclassifi- cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	1,408,903	0	1,408,903	41,465.89	33.98	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
5/27/2013 2:24 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)	105,428,426	756,249	106,184,675	3,560,339.73	29.82	1.00
2.00	Excluded area salaries (see instructions)	14,136,786	535,331	14,672,117	456,455.91	32.14	2.00
3.00	Subtotal salaries (line 1 minus line 2)	91,291,640	220,918	91,512,558	3,103,883.82	29.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	15,848,403	0	15,848,403	205,610.64	77.08	4.00
5.00	Subtotal wage-related costs (see inst.)	18,906,591	0	18,906,591	0.00	20.66	5.00
6.00	Total (sum of lines 3 thru 5)	126,046,634	220,918	126,267,552	3,309,494.46	38.15	6.00
7.00	Total overhead cost (see instructions)	30,499,291	198,739	30,698,030	1,158,275.15	26.50	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part IV
Date/Time Prepared:
5/27/2013 2:24 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	3,642,840	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	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	9,586,994	8.00
9.00	Prescription Drug Plan	69,548	9.00
10.00	Dental, Hearing and Vision Plan	276,405	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	87,208	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	882,500	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	6,035,079	17.00
18.00	Medicare Taxes - Employers Portion Only	1,411,430	18.00
19.00	Unemployment Insurance	290,195	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	304,134	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	22,586,333	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: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-3
Part V
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	330,256	22,586,332	1.00
2.00	Hospital	329,924	18,906,591	2.00
3.00	Subprovider - IPF	332	384,106	3.00
4.00	Subprovider - IRF	0	276,194	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	1,388,383	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	533,855	13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	1,097,203	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140122 Component CCN: 147207		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/27/2013 2:24 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	2,344.00	92.00	983.00	3,419.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	
5.00	Other Administrative Personnel			36.49	0.00	36.49	
6.00	Direct Nursing Service			32.07	0.00	32.07	
7.00	Nursing Supervisor			0.00	0.00	0.00	
8.00	Physical Therapy Service			19.21	0.00	19.21	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			2.26	0.00	2.26	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.50	0.00	0.50	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			1.41	0.00	1.41	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			2.01	0.00	2.01	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			16974			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	18,780	1,850	895	585	22,110	
22.00	Skilled Nursing Visit Charges	3,956,610	391,550	181,250	123,280	4,652,690	
23.00	Physical Therapy Visits	13,394	50	234	495	14,173	
24.00	Physical Therapy Visit Charges	2,836,280	10,530	49,800	104,090	3,000,700	
25.00	Occupational Therapy Visits	1,735	13	6	68	1,822	
26.00	Occupational Therapy Visit Charges	367,790	2,740	1,290	14,490	386,310	
27.00	Speech Pathology Visits	447	7	1	10	465	
28.00	Speech Pathology Visit Charges	94,520	1,470	210	2,100	98,300	
29.00	Medical Social Service Visits	549	7	15	34	605	
30.00	Medical Social Service Visit Charges	116,290	1,480	3,170	7,180	128,120	
31.00	Home Health Aide Visits	1,469	34	5	36	1,544	
32.00	Home Health Aide Visit Charges	171,005	3,910	575	4,190	179,680	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	36,374	1,961	1,156	1,228	40,719	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	7,542,495	411,680	236,295	255,330	8,445,800	
36.00	Total Number of Episodes (standard/non outlier)	2,417		395	101	2,913	
37.00	Total Number of Outlier Episodes		28		1	29	
38.00	Total Non-Routine Medical Supply Charges	96,670	9,992	7,341	5,036	119,039	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140122
Component CCN: 141507

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/27/2013 2:24 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	713	0	0	1	714	1.00
2.00	Routine Home Care	38,579	0	0	0	40,972	79,551	2.00
3.00	Inpatient Respite Care	5	0	0	0	5	10	3.00
4.00	General Inpatient Care	638	20	0	0	809	1,467	4.00
5.00	Total Hospice Days	39,222	733	0	0	41,787	81,742	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	930	12	0	0	100	1,042	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	42.17	61.08	0.00	0.00	417.87	78.45	8.00
9.00	Unduplicated Census Count	930	12	0	0	80	1,022	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet S-10

Date/Time Prepared:
5/27/2013 2:24 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)			0.262847	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			682,696	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			3,065,805	5.00	
6.00	Medicaid charges			67,622,788	6.00	
7.00	Medicaid cost (line 1 times line 6)			17,774,447	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)			14,025,946	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)			3,477	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			2,555,504	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)			671,707	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)			668,230	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)			14,694,176	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			10,778,903	83,091	10,861,994
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			2,833,202	21,840	2,855,042
22.00	Partial payment by patients approved for charity care			7,972	0	7,972
23.00	Cost of charity care (line 21 minus line 22)			2,825,230	21,840	2,847,070
				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			20,708		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			6,168,794		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			382,149		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			5,786,645		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,521,002		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			4,368,072		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,062,248		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140122		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		0	0	18,853,914	18,853,914	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	8,411,778	8,411,778	2.00
4.00	00400	EMPLOYEE BENEFITS	901,255	5,651,414	6,552,669	-120	6,552,549	4.00
5.01	00510	SHARED SERVICES	8,062,775	32,336,650	40,399,425	-695,120	39,704,305	5.01
5.02	00511	OTHER A&G	564,765	195,569	760,334	-936	759,398	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	4,942,984	28,891,580	33,834,564	-552,239	33,282,325	5.03
7.00	00700	OPERATION OF PLANT	1,828,423	5,790,828	7,619,251	-5,784	7,613,467	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	147,940	10,593	158,533	-204	158,329	8.00
9.00	00900	HOUSEKEEPING	1,625,084	373,415	1,998,499	-3,645	1,994,854	9.00
10.00	01000	DIETARY	1,601,618	960,853	2,562,471	-1,450,864	1,111,607	10.00
11.00	01100	CAFETERIA	294,732	-20,333	274,399	1,448,056	1,722,455	11.00
13.00	01300	NURSING ADMINISTRATION	2,646,191	609,028	3,255,219	337,251	3,592,470	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,031,339	1,319,353	2,350,692	-197,366	2,153,326	14.00
15.00	01500	PHARMACY	3,724,114	11,833,022	15,557,136	-15,875,881	-318,745	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,719,168	604,660	2,323,828	-340	2,323,488	16.00
17.00	01700	SOCIAL SERVICE	1,408,903	614,539	2,023,442	-977	2,022,465	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,384,481	385,800	1,770,281	0	1,770,281	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,644,909	660,080	2,304,989	-5,075	2,299,914	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,642,718	4,441,273	23,083,991	-5,201,955	17,882,036	30.00
31.00	03100	INTENSIVE CARE UNIT	7,683,148	1,414,789	9,097,937	-12,161	9,085,776	31.00
40.00	04000	SUBPROVIDER - I PF	1,877,303	306,935	2,184,238	-444	2,183,794	40.00
41.00	04100	SUBPROVIDER - I RF	1,349,884	432,655	1,782,539	-1,121	1,781,418	41.00
43.00	04300	NURSERY	0	0	0	1,410,346	1,410,346	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,413,524	1,837,647	8,251,171	-60,403	8,190,768	50.00
51.00	05100	RECOVERY ROOM	851,775	87,727	939,502	-288	939,214	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	3,773,441	3,773,441	52.00
53.00	05300	ANESTHESIOLOGY	168,990	765,944	934,934	-3,599	931,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,673,230	1,795,532	6,468,762	-339,141	6,129,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	855,617	505,922	1,361,539	-324	1,361,215	55.00
56.00	05600	RADIOISOTOPE	313,104	44,575	357,679	-372	357,307	56.00
57.00	05700	CT SCAN	452,061	69,078	521,139	-840	520,299	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	753,384	412,831	1,166,215	-234,456	931,759	58.00
59.00	05900	CARDIAC CATHETERIZATION	672,479	88,894	761,373	-1,326	760,047	59.00
60.00	06000	LABORATORY	7,120,291	6,725,677	13,845,968	-500,503	13,345,465	60.00
65.00	06500	RESPIRATORY THERAPY	2,135,295	593,898	2,729,193	-96,103	2,633,090	65.00
66.00	06600	PHYSICAL THERAPY	1,875,969	463,175	2,339,144	-233,544	2,105,600	66.00
67.00	06700	OCCUPATIONAL THERAPY	573,819	50,418	624,237	-120	624,117	67.00
68.00	06800	SPEECH PATHOLOGY	247,712	50,912	298,624	-552	298,072	68.00
69.00	06900	ELECTROCARDIOLOGY	653,422	290,011	943,433	-702	942,731	69.00
69.01	06901	CARDIAC REHAB	506,709	255,525	762,234	-187,788	574,446	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	184,955	601,546	786,501	-214	786,287	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,859,793	10,859,793	-1,453,032	9,406,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	12,913,704	12,913,704	1,468,375	14,382,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	195,530	195,530	11,895,360	12,090,890	73.00
74.00	07400	RENAL DIALYSIS	0	298,872	298,872	0	298,872	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	947,869	4,198,448	5,146,317	-325,750	4,820,567	76.01
76.02	03022	OP DIABETES EDUC	44,159	3,255	47,414	0	47,414	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,996,995	284,418	2,281,413	-799	2,280,614	90.00
91.00	09100	EMERGENCY	3,160,711	1,624,215	4,784,926	-720	4,784,206	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PARTIAL HOSP	1,040,239	380,230	1,420,469	-217,224	1,203,245	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,783,161	1,898,146	8,681,307	-509,030	8,172,277	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		28,372,014	28,372,014	-22,725,198	5,646,816	113.00
116.00	11600	HOSPICE	2,609,194	3,179,534	5,788,728	-665,971	5,122,757	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,116,398	175,660,174	283,776,572	-3,963,710	279,812,862	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	212,608	177,227	389,835	0	389,835	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	781,292	4,305,581	5,086,873	0	5,086,873	192.00
194.00	07950	FOUNDATION	443,889	260,436	704,325	0	704,325	194.00
194.01	07951	MARKETING	79,455	1,241,880	1,321,335	0	1,321,335	194.01
194.02	07952	OP PHARMACY	0	0	0	3,963,710	3,963,710	194.02
200.00		TOTAL (SUM OF LINES 118-199)	109,633,642	181,645,298	291,278,940	0	291,278,940	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,092,233	17,761,681	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	152,560	8,564,338	2.00
4.00	00400	EMPLOYEE BENEFITS	11,894,636	18,447,185	4.00
5.01	00510	SHARED SERVICES	-21,303,920	18,400,385	5.01
5.02	00511	OTHER A&G	-24,999	734,399	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-4,685,622	28,596,703	5.03
7.00	00700	OPERATION OF PLANT	1,000,772	8,614,239	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	158,329	8.00
9.00	00900	HOUSEKEEPING	0	1,994,854	9.00
10.00	01000	DIETARY	0	1,111,607	10.00
11.00	01100	CAFETERIA	-889,008	833,447	11.00
13.00	01300	NURSING ADMINISTRATION	130,101	3,722,571	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	993,510	3,146,836	14.00
15.00	01500	PHARMACY	41,722	-277,023	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	888,616	3,212,104	16.00
17.00	01700	SOCIAL SERVICE	-30,200	1,992,265	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,770,281	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	-324,937	1,974,977	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,837,487	16,044,549	30.00
31.00	03100	INTENSIVE CARE UNIT	-112,833	8,972,943	31.00
40.00	04000	SUBPROVIDER - I PF	-1,759	2,182,035	40.00
41.00	04100	SUBPROVIDER - I RF	0	1,781,418	41.00
43.00	04300	NURSERY	0	1,410,346	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-128,720	8,062,048	50.00
51.00	05100	RECOVERY ROOM	144,169	1,083,383	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,773,441	52.00
53.00	05300	ANESTHESIOLOGY	0	931,335	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-121,000	6,008,621	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	-2,854	1,358,361	55.00
56.00	05600	RADIOISOTOPE	0	357,307	56.00
57.00	05700	CT SCAN	0	520,299	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	931,759	58.00
59.00	05900	CARDIAC CATHETERIZATION	-1,390	758,657	59.00
60.00	06000	LABORATORY	421,596	13,767,061	60.00
65.00	06500	RESPIRATORY THERAPY	0	2,633,090	65.00
66.00	06600	PHYSICAL THERAPY	-17,975	2,087,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	624,117	67.00
68.00	06800	SPEECH PATHOLOGY	0	298,072	68.00
69.00	06900	ELECTROCARDIOLOGY	-213,974	728,757	69.00
69.01	06901	CARDIAC REHAB	-100,815	473,631	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-3,415	782,872	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,406,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	14,382,079	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-931	12,089,959	73.00
74.00	07400	RENAL DIALYSIS	0	298,872	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03021	HRT & VASC CTR	-250	4,820,317	76.01
76.02	03022	OP DIABETES EDUC	0	47,414	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-943,763	1,336,851	90.00
91.00	09100	EMERGENCY	-990,746	3,793,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
93.00	04040	PARTIAL HOSP	-4,653	1,198,592	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	-285,621	7,886,656	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-5,646,816	0	113.00
116.00	11600	HOSPICE	-383,355	4,739,402	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-23,481,594	256,331,268	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	389,835	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-72,117	5,014,756	192.00
194.00	07950	FOUNDATION	0	704,325	194.00
194.01	07951	MARKETING	0	1,321,335	194.01
194.02	07952	OP PHARMACY	0	3,963,710	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-23,553,711	267,725,229	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet Non-CMS W
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
GENERAL SERVICE COST CENTERS			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.01 SHARED SERVICES	00510		5.01
5.02 OTHER A&G	00511		5.02
5.03 OTHER ADMINISTRATIVE AND GENERAL	00560		5.03
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
21.00 I&R SERVICES-SALARY & FRINGES APPRVD	02100		21.00
22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	02200		22.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
43.00 NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
55.00 RADIOLOGY-THERAPEUTIC	05500		55.00
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
69.01 CARDIAC REHAB	06901		69.01
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 OTHER ANCILLARY	03020		76.00
76.01 HRT & VASC CTR	03021		76.01
76.02 OP DIABETES EDUC	03022		76.02
OUTPATIENT SERVICE COST CENTERS			
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
93.00 PARTIAL HOSP	04040		93.00
OTHER REIMBURSABLE COST CENTERS			
101.00 HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS			
113.00 INTEREST EXPENSE	11300		113.00
116.00 HOSPICE	11600		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
194.00 FOUNDATION	07950		194.00
194.01 MARKETING	07951		194.01
194.02 OP PHARMACY	07952		194.02
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00	3.00	4.00	5.00		
A - NURSERY & L&D					
1.00	NURSERY	43.00	1,122,225	288,121	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,002,562	770,879	2.00
	TOTALS		4,124,787	1,059,000	
B - RECRUITMENT BONUS					
1.00	EMPLOYEE BENEFITS	4.00	7,400	0	1.00
2.00	SHARED SERVICES	5.01	2,750	0	2.00
3.00	NURSING ADMINISTRATION	13.00	3,750	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	853	0	4.00
5.00	PHYSICAL THERAPY	66.00	11,469	0	5.00
6.00	OCCUPATIONAL THERAPY	67.00	6,857	0	6.00
7.00	EMERGENCY	91.00	3,000	0	7.00
8.00	HOME HEALTH AGENCY	101.00	2,500	0	8.00
	TOTALS		38,579	0	
C - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,895,360	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	11,895,360	
D - BILLABLE SUPPLIES					
1.00	HOSPICE	116.00	0	552	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	289,300	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	289,852	
E - CAFETERIA					
1.00	CAFETERIA	11.00	829,032	620,145	1.00
	TOTALS		829,032	620,145	
F - PROPERTY TAXES					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	239,177	1.00
	TOTALS		0	239,177	
G - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	14,639,362	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	6,480,369	2.00
	TOTALS		0	21,119,731	
H - OP PHARMACY					
1.00	OP PHARMACY	194.02	532,831	3,430,879	1.00
	TOTALS		532,831	3,430,879	
I - CNO					
1.00	NURSING ADMINISTRATION	13.00	361,699	0	1.00
	TOTALS		361,699	0	
J - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,274,532	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	180	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	188,499	3.00
	TOTALS		0	1,463,211	
K - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	344,165	1.00
	TOTALS		0	344,165	
L - RENT AND LEASE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	2,356,678	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,931,229	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	4,287,907		
M - IMPLANTS						
1.00	IMPL. DEV. CHARGED TO	72.00	0	1,468,375		1.00
	PATIENT					
	TOTALS		0	1,468,375		
N - SHARED SERVICES SALARIES						
1.00	SHARED SERVICES	5.01	717,670	0		1.00
	TOTALS		717,670	0		
500.00	Grand Total: Increases		6,604,598	46,217,802		500.00

RECLASSIFICATIONS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
5/27/2013 2:24 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - NURSERY & L&D							
1.00	ADULTS & PEDIATRICS	30.00	4,124,787	1,059,000	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		4,124,787	1,059,000			
B - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS	4.00	0	7,400	0		1.00
2.00	SHARED SERVICES	5.01	0	2,750	0		2.00
3.00	NURSING ADMINISTRATION	13.00	0	3,750	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	853	0		4.00
5.00	PHYSICAL THERAPY	66.00	0	11,469	0		5.00
6.00	OCCUPATIONAL THERAPY	67.00	0	6,857	0		6.00
7.00	EMERGENCY	91.00	0	3,000	0		7.00
8.00	HOME HEALTH AGENCY	101.00	0	2,500	0		8.00
	TOTALS		0	38,579			
C - BILLABLE DRUGS							
1.00	PHARMACY	15.00	0	11,610,463	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,953	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	30	0		3.00
4.00	LABORATORY	60.00	0	8,957	0		4.00
5.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	273,957	0		5.00
	TOTALS		0	11,895,360			
D - BILLABLE SUPPLIES							
1.00	PHARMACY	15.00	0	1,370	0		1.00
2.00	LABORATORY	60.00	0	44,982	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	243,500	0		3.00
	TOTALS		0	289,852			
E - CAFETERIA							
1.00	DIETARY	10.00	829,032	620,145	0		1.00
	TOTALS		829,032	620,145			
F - PROPERTY TAXES							
1.00	INTEREST EXPENSE	113.00	0	239,177	13		1.00
	TOTALS		0	239,177			
G - DEPRECIATION							
1.00	INTEREST EXPENSE	113.00	0	21,022,810	9		1.00
2.00	SHARED SERVICES	5.01	0	96,921	9		2.00
	TOTALS		0	21,119,731			
H - OP PHARMACY							
1.00	PHARMACY	15.00	532,831	3,430,879	0		1.00
	TOTALS		532,831	3,430,879			
I - CNO							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	361,699	0	0		1.00
	TOTALS		361,699	0			
J - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,463,211	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	1,463,211			
K - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	344,165	12		1.00
	TOTALS		0	344,165			
L - RENT AND LEASE							
1.00	EMPLOYEE BENEFITS	4.00	0	120	10		1.00
2.00	SHARED SERVICES	5.01	0	598,199	10		2.00
3.00	OTHER A&G	5.02	0	936	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	34,874	0		4.00
5.00	OPERATION OF PLANT	7.00	0	5,784	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	204	0		6.00
7.00	HOUSEKEEPING	9.00	0	3,645	0		7.00
8.00	DIETARY	10.00	0	1,687	0		8.00
9.00	CAFETERIA	11.00	0	1,121	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	24,448	0		10.00
11.00	CENTRAL SERVICES & SUPPLY	14.00	0	195,413	0		11.00
12.00	PHARMACY	15.00	0	300,338	0		12.00
13.00	MEDICAL RECORDS & LIBRARY	16.00	0	340	0		13.00
14.00	SOCIAL SERVICE	17.00	0	977	0		14.00
15.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	5,075	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	18,138	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	12,161	0		17.00
18.00	SUBPROVIDER - IPF	40.00	0	444	0		18.00

RECLASSIFICATIONS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
5/27/2013 2:24 pm

		Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
19.00	SUBPROVIDER - IRF	41.00	0	1,121	0		19.00	
20.00	OPERATING ROOM	50.00	0	60,403	0		20.00	
21.00	RECOVERY ROOM	51.00	0	288	0		21.00	
22.00	ANESTHESIOLOGY	53.00	0	3,599	0		22.00	
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	339,141	0		23.00	
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	324	0		24.00	
25.00	RADIOISOTOPE	56.00	0	372	0		25.00	
26.00	CT SCAN	57.00	0	840	0		26.00	
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	234,456	0		27.00	
28.00	CARDIAC CATHETERIZATION	59.00	0	1,326	0		28.00	
29.00	LABORATORY	60.00	0	446,564	0		29.00	
30.00	RESPIRATORY THERAPY	65.00	0	96,103	0		30.00	
31.00	PHYSICAL THERAPY	66.00	0	233,544	0		31.00	
32.00	OCCUPATIONAL THERAPY	67.00	0	120	0		32.00	
33.00	SPEECH PATHOLOGY	68.00	0	552	0		33.00	
34.00	ELECTROCARDIOLOGY	69.00	0	702	0		34.00	
35.00	CARDIAC REHAB	69.01	0	187,788	0		35.00	
36.00	ELECTROENCEPHALOGRAPHY	70.00	0	214	0		36.00	
37.00	HRT & VASC CTR	76.01	0	325,750	0		37.00	
38.00	CLINIC	90.00	0	799	0		38.00	
39.00	EMERGENCY	91.00	0	720	0		39.00	
40.00	PARTIAL HOSP	93.00	0	217,224	0		40.00	
41.00	HOME HEALTH AGENCY	101.00	0	265,530	0		41.00	
42.00	HOSPICE	116.00	0	666,523	0		42.00	
	TOTALS		0	4,287,907				
M - IMPLANTS								
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,468,375	0		1.00	
	TOTALS		0	1,468,375				
N - SHARED SERVICES SALARIES								
1.00	SHARED SERVICES	5.01	0	717,670	0		1.00	
	TOTALS		0	717,670				
500.00	Grand Total: Decreases		5,848,349	46,974,051			500.00	

Increases			Decreases				
Cost Center	Line #	Salary	Cost Center	Line #	Salary		
2.00	3.00	4.00	6.00	7.00	8.00		
A - NURSERY & L&D							
1.00	NURSERY	43.00	1,122,225	ADULTS & PEDIATRICS	30.00	4,124,787	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	3,002,562		0.00	0	2.00
	TOTALS		4,124,787	TOTALS		4,124,787	
B - RECRUITMENT BONUS							
1.00	EMPLOYEE BENEFITS	4.00	7,400	EMPLOYEE BENEFITS	4.00	0	1.00
2.00	SHARED SERVICES	5.01	2,750	SHARED SERVICES	5.01	0	2.00
3.00	NURSING ADMINISTRATION	13.00	3,750	NURSING ADMINISTRATION	13.00	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	853	ADULTS & PEDIATRICS	30.00	0	4.00
5.00	PHYSICAL THERAPY	66.00	11,469	PHYSICAL THERAPY	66.00	0	5.00
6.00	OCCUPATIONAL THERAPY	67.00	6,857	OCCUPATIONAL THERAPY	67.00	0	6.00
7.00	EMERGENCY	91.00	3,000	EMERGENCY	91.00	0	7.00
8.00	HOME HEALTH AGENCY	101.00	2,500	HOME HEALTH AGENCY	101.00	0	8.00
	TOTALS		38,579	TOTALS		0	
C - BILLABLE DRUGS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0	1.00
2.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0	2.00
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0	3.00
4.00		0.00	0	LABORATORY	60.00	0	4.00
5.00		0.00	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5.00
	TOTALS		0	TOTALS		0	
D - BILLABLE SUPPLIES							
1.00	HOSPICE	116.00	0	PHARMACY	15.00	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	LABORATORY	60.00	0	2.00
3.00		0.00	0	HOME HEALTH AGENCY	101.00	0	3.00
	TOTALS		0	TOTALS		0	
E - CAFETERIA							
1.00	CAFETERIA	11.00	829,032	DIETARY	10.00	829,032	1.00
	TOTALS		829,032	TOTALS		829,032	
F - PROPERTY TAXES							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
	TOTALS		0	TOTALS		0	
G - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	SHARED SERVICES	5.01	0	2.00
	TOTALS		0	TOTALS		0	
H - OP PHARMACY							
1.00	OP PHARMACY	194.02	532,831	PHARMACY	15.00	532,831	1.00
	TOTALS		532,831	TOTALS		532,831	
I - CNO							
1.00	NURSING ADMINISTRATION	13.00	361,699	OTHER ADMINISTRATIVE AND GENERAL	5.03	361,699	1.00
	TOTALS		361,699	TOTALS		361,699	
J - INTEREST EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	INTEREST EXPENSE	113.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0	2.00
3.00	OTHER ADMINISTRATIVE AND GENERAL	5.03	0		0.00	0	3.00
	TOTALS		0	TOTALS		0	
K - INSURANCE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	1.00
	TOTALS		0	TOTALS		0	
L - RENT AND LEASE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	EMPLOYEE BENEFITS	4.00	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	SHARED SERVICES	5.01	0	2.00
3.00		0.00	0	OTHER A&G	5.02	0	3.00
4.00		0.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	4.00
5.00		0.00	0	OPERATION OF PLANT	7.00	0	5.00
6.00		0.00	0	LAUNDRY & LINEN SERVICE	8.00	0	6.00
7.00		0.00	0	HOUSEKEEPING	9.00	0	7.00
8.00		0.00	0	DIETARY	10.00	0	8.00
9.00		0.00	0	CAFETERIA	11.00	0	9.00
10.00		0.00	0	NURSING ADMINISTRATION	13.00	0	10.00

RECLASSIFICATIONS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/27/2013 2:24 pm

Increases				Decreases			
Cost Center	Line #	Salary		Cost Center	Line #	Salary	
2.00	3.00	4.00		6.00	7.00	8.00	
11.00		0.00		0 CENTRAL SERVICES & SUPPLY	14.00	0	11.00
12.00		0.00		0 PHARMACY	15.00	0	12.00
13.00		0.00		0 MEDICAL RECORDS & LIBRARY	16.00	0	13.00
14.00		0.00		0 SOCIAL SERVICE	17.00	0	14.00
15.00		0.00		0 I&R SERVICES-OTHER PRGM	22.00	0	15.00
				COSTS APPRVD			
16.00		0.00		0 ADULTS & PEDIATRICS	30.00	0	16.00
17.00		0.00		0 INTENSIVE CARE UNIT	31.00	0	17.00
18.00		0.00		0 SUBPROVIDER - IPF	40.00	0	18.00
19.00		0.00		0 SUBPROVIDER - IRF	41.00	0	19.00
20.00		0.00		0 OPERATING ROOM	50.00	0	20.00
21.00		0.00		0 RECOVERY ROOM	51.00	0	21.00
22.00		0.00		0 ANESTHESIOLOGY	53.00	0	22.00
23.00		0.00		0 RADIOLOGY-DIAGNOSTIC	54.00	0	23.00
24.00		0.00		0 RADIOLOGY-THERAPEUTIC	55.00	0	24.00
25.00		0.00		0 RADIOISOTOPE	56.00	0	25.00
26.00		0.00		0 CT SCAN	57.00	0	26.00
27.00		0.00		0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	27.00
28.00		0.00		0 CARDIAC CATHETERIZATION	59.00	0	28.00
29.00		0.00		0 LABORATORY	60.00	0	29.00
30.00		0.00		0 RESPIRATORY THERAPY	65.00	0	30.00
31.00		0.00		0 PHYSICAL THERAPY	66.00	0	31.00
32.00		0.00		0 OCCUPATIONAL THERAPY	67.00	0	32.00
33.00		0.00		0 SPEECH PATHOLOGY	68.00	0	33.00
34.00		0.00		0 ELECTROCARDIOLOGY	69.00	0	34.00
35.00		0.00		0 CARDIAC REHAB	69.01	0	35.00
36.00		0.00		0 ELECTROENCEPHALOGRAPHY	70.00	0	36.00
37.00		0.00		0 HRT & VASC CTR	76.01	0	37.00
38.00		0.00		0 CLINIC	90.00	0	38.00
39.00		0.00		0 EMERGENCY	91.00	0	39.00
40.00		0.00		0 PARTIAL HOSP	93.00	0	40.00
41.00		0.00		0 HOME HEALTH AGENCY	101.00	0	41.00
42.00		0.00		0 HOSPICE	116.00	0	42.00
				0 TOTALS		0	
M - IMPLANTS							
1.00		72.00		0 MEDICAL SUPPLIES CHARGED TO	71.00	0	1.00
				0 PATIENTS			
				0 TOTALS			
N - SHARED SERVICES SALARIES							
1.00		5.01	717,670	0 SHARED SERVICES	5.01	0	1.00
			717,670	0 TOTALS		0	
500.00			6,604,598	0 Grand Total: Decreases		5,848,349	500.00
				0 Grand Total: Increases			

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	13,051,326	0	0	0	1.00
2.00	Land Improvements	576,699	0	0	0	2.00
3.00	Buildings and Fixtures	229,377,242	48,711,729	0	48,711,729	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	32,158,528	13,699,838	0	13,699,838	5.00
6.00	Movable Equipment	79,061,934	12,410,544	0	12,410,544	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	354,225,729	74,822,111	0	74,822,111	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	354,225,729	74,822,111	0	74,822,111	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	13,051,326	0			1.00
2.00	Land Improvements	576,699	0			2.00
3.00	Buildings and Fixtures	278,088,971	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	45,858,366	0			5.00
6.00	Movable Equipment	91,347,703	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	428,923,065	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	428,923,065	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Part III
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	337,575,363	0	337,575,363	0.787030	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	91,347,703	0	91,347,703	0.212970	0	2.00
3.00	Total (sum of lines 1-2)	428,923,066	0	428,923,066	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	14,821,661	2,356,678	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	7,407,485	1,931,229	2.00
3.00	Total (sum of lines 1-2)	0	0	0	22,229,146	4,287,907	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	344,165	239,177	0	17,761,681	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-774,376	0	0	0	8,564,338	2.00
3.00	Total (sum of lines 1-2)	-774,376	344,165	239,177	0	26,326,019	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-8

Date/Time Prepared:
5/27/2013 2:24 pm

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	Ref.
				Cost Center	Line #		
				1.00	2.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,274,532	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-774,556	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00	Investment income - other (chapter 2)	B	-188,499	OTHER ADMINISTRATIVE AND GENERAL	5.03	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)	B	-419,809	OPERATION OF PLANT	7.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-46,017	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7.00
8.00	Television and radio service (chapter 21)	A	-15,481	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,055,663			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	-5,790,102			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-889,008	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients	B	-931	DRUGS CHARGED TO PATIENTS	73.00	0	17.00
18.00	Sale of medical records and abstracts	B	-19,867	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines		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	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		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
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	OTHER OPERATING REVENUE	B	-3,104	EMPLOYEE BENEFITS	4.00	0	33.00

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	
33.01 OTHER OPERATING REVENUE	B	32,766	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 33.01
33.02 OTHER OPERATING REVENUE	B	-219,184	SHARED SERVICES		5.01	0 33.02
34.00		0			0.00	0 34.00
34.01 OTHER OPERATING REVENUE	B	-177,666	OPERATION OF PLANT		7.00	0 34.01
34.02 OTHER OPERATING REVENUE	B	-200,874	NURSING ADMINISTRATION		13.00	0 34.02
34.03 OTHER OPERATING REVENUE	B	-234,772	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00	0 34.03
34.04 OTHER OPERATING REVENUE	B	-2,218	ADULTS & PEDIATRICS		30.00	0 34.04
34.05 OTHER OPERATING REVENUE	B	-11,033	INTENSIVE CARE UNIT		31.00	0 34.05
34.06		0			0.00	0 34.06
34.07 OTHER OPERATING REVENUE	B	-1,759	SUBPROVIDER - IPF		40.00	0 34.07
34.08 OTHER OPERATING REVENUE	B	-910	RECOVERY ROOM		51.00	0 34.08
34.09 OTHER OPERATING REVENUE	B	-119,882	RADIOLOGY-DIAGNOSTIC		54.00	0 34.09
34.10		0			0.00	0 34.10
34.11 OTHER OPERATING REVENUE	B	-1,390	CARDIAC CATHETERIZATION		59.00	0 34.11
34.12 OTHER OPERATING REVENUE	B	-18,114	LABORATORY		60.00	0 34.12
34.13 OTHER OPERATING REVENUE	B	-17,975	PHYSICAL THERAPY		66.00	0 34.13
34.14 OTHER OPERATING REVENUE	B	-2,046	ELECTROCARDIOLOGY		69.00	0 34.14
34.15 OTHER OPERATING REVENUE	B	-14,924	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 34.15
34.16 OTHER OPERATING REVENUE	B	-49,939	CLINIC		90.00	0 34.16
34.17 OTHER OPERATING REVENUE	B	-53,843	EMERGENCY		91.00	0 34.17
34.18 OTHER OPERATING REVENUE	B	-250	HRT & VASC CTR		76.01	0 34.18
34.19 OTHER OPERATING REVENUE	B	-261,935	HOSPICE		116.00	0 34.19
34.20 OTHER OPERATING REVENUE	B	-4,653	PARTIAL HOSP		93.00	0 34.20
34.21 OTHER OPERATING REVENUE	B	-100,815	CARDIAC REHAB		69.01	0 34.21
34.22 BAD DEBT	A	-6,168,791	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 34.22
34.23 BANK FEES	A	-3,970	INTEREST EXPENSE		113.00	11 34.23
34.24 BANK FEES	A	-24,550	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 34.24
34.25 PHYSICIAN TRAVEL	A	-23,819	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 34.25
34.26 ADVERTISING	A	-11,196	LABORATORY		60.00	0 34.26
34.27 ADVERTISING	A	-18,089	HOME HEALTH AGENCY		101.00	0 34.27
34.28 ADVERTISING	A	-6,472	HOSPICE		116.00	0 34.28
34.29 RESALE ITEMS	A	-15,304	NURSING ADMINISTRATION		13.00	0 34.29
34.30 RECRUIT ELECT MED	A	-50,911	EMPLOYEE BENEFITS		4.00	0 34.30
35.00 NON ALLOWABLE LEGAL	A	-346,674	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 35.00
35.01 NON ALLOWABLE LOBBY	A	-38,004	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 35.01
35.02 NON ALLOWABLE OTHER DUES	A	-33,934	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 35.02
36.00 TELEPHONE DEPRECIATION	A	-5,346	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9 36.00
37.00 TELEVISION DEPRECIATION	A	-20,176	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9 37.00
38.00 PHY COLLECTION FEES	A	-24,860	ADULTS & PEDIATRICS		30.00	0 38.00
38.01 PHY COLLECTION FEES	A	-1,118	RADIOLOGY-DIAGNOSTIC		54.00	0 38.01
38.02 PHY COLLECTION FEES	A	-79,305	ELECTROCARDIOLOGY		69.00	0 38.02
38.03 PHY COLLECTION FEES	A	-111,919	CLINIC		90.00	0 38.03
38.04 PHY COLLECTION FEES	A	-2,363	HOSPICE		116.00	0 38.04
38.05 PHYSICAN ENGAGEMENT	A	-425,771	OTHER ADMINSTRATIVE AND GENERAL		5.03	0 38.05
39.00 INTERNAL BORROWING INTEREST EXPENSE	A	-1,202,154	INTEREST EXPENSE		113.00	0 39.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-23,553,711				50.00

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

Provider CCN: 140122

Period: From 01/01/2012 To 12/31/2012

Worksheet A-8-1

Date/Time Prepared: 5/27/2013 2:24 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	4.00	EMPLOYEE BENEFITS	10,794,724	0	1.00
2.00	5.01	SHARED SERVICES	23,230,942	44,306,685	2.00
3.00	7.00	OPERATION OF PLANT	1,598,247	0	3.00
4.00	14.00	CENTRAL SERVICES & SUPPLY	993,510	0	4.00
4.04	13.00	NURSING ADMINISTRATION	347,612	0	4.04
4.05	15.00	PHARMACY	41,722	0	4.05
4.06	16.00	MEDICAL RECORDS & LIBRARY	886,937	0	4.06
4.07	51.00	RECOVERY ROOM	145,079	0	4.07
4.08	60.00	LABORATORY	450,906	0	4.08
4.09	1.00	NEW CAP REL COSTS-BLDG & FIXT	182,299	0	4.09
4.10	2.00	NEW CAP REL COSTS-MVBLE EQUIP	952,638	0	4.10
4.11	4.00	EMPLOYEE BENEFITS	1,222,368	68,441	4.11
4.12	5.03	OTHER ADMINISTRATIVE AND GENERAL	8,703,979	6,094,559	4.12
4.13	16.00	MEDICAL RECORDS & LIBRARY	24,946	3,400	4.13
4.14	101.00	HOME HEALTH AGENCY	174,722	442,254	4.14
4.15	113.00	INTEREST EXPENSE	3,276,118	7,716,810	4.15
4.16	116.00	HOSPICE	133,769	246,354	4.16
4.17	192.00	PHYSICIANS' PRIVATE OFFICES	0	72,117	4.17
4.18	0.00		0	0	4.18
4.19	0.00		0	0	4.19
5.00	0	0	53,160,518	58,950,620	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	A	0.00	AHS	0.00	6.00
7.00	B	0.00	SUNBELT	0.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
5/27/2013 2:24 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	10,794,724	0		1.00
2.00	-21,075,743	0		2.00
3.00	1,598,247	0		3.00
4.00	993,510	0		4.00
4.04	347,612	0		4.04
4.05	41,722	0		4.05
4.06	886,937	0		4.06
4.07	145,079	0		4.07
4.08	450,906	0		4.08
4.09	182,299	9		4.09
4.10	952,638	9		4.10
4.11	1,153,927	0		4.11
4.12	2,609,420	0		4.12
4.13	21,546	0		4.13
4.14	-267,532	0		4.14
4.15	-4,440,692	0		4.15
4.16	-112,585	0		4.16
4.17	-72,117	0		4.17
4.18	0	0		4.18
4.19	0	0		4.19
5.00	-5,790,102			5.00

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

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

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

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

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

6.00	MANAGEMENT COMPANY		6.00
7.00	MANAGEMENT COMP - HOME HL		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140122

Period: From 01/01/2012 To 12/31/2012

Worksheet A-8-2

Date/Time Prepared: 5/27/2013 2:24 pm

Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	5.01 SHARED SERVICES	37,000	0	37,000	138,700	420	1.00
2.00	5.02 OTHER A&G	24,999	24,999	0	0	0	2.00
3.00	5.03 OTHER ADMINISTRATIVE AND GENERAL	11,080	80	11,000	138,700	146	3.00
4.00	13.00 NURSING ADMINISTRATION	3,467	0	3,467	138,700	32	4.00
5.00	17.00 SOCIAL SERVICE	30,200	30,200	0	0	0	5.00
6.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	1,275,496	90,165	1,185,331	138,700	35,268	6.00
7.00	30.00 ADULTS & PEDIATRICS	1,810,409	1,810,409	0	0	0	7.00
8.00	31.00 INTENSIVE CARE UNIT	102,667	100,000	2,667	138,700	13	8.00
9.00	50.00 OPERATING ROOM	180,020	0	70,737	208,000	513	9.00
10.00	55.00 RADIOLOGY-THERAPEUTIC	29,067	0	29,067	225,300	242	10.00
11.00	69.00 ELECTROCARDIOLOGY	132,623	132,623	0	0	0	11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	3,415	3,415	0	0	0	12.00
13.00	90.00 CLINIC	781,905	781,905	0	0	0	13.00
14.00	91.00 EMERGENCY	936,903	936,903	0	0	0	14.00
200.00		5,359,251	3,910,699	1,339,269		36,634	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.01 SHARED SERVICES	28,007	1,400	0	0	0	1.00
2.00	5.02 OTHER A&G	0	0	0	0	0	2.00
3.00	5.03 OTHER ADMINISTRATIVE AND GENERAL	9,736	487	0	0	0	3.00
4.00	13.00 NURSING ADMINISTRATION	2,134	107	0	0	0	4.00
5.00	17.00 SOCIAL SERVICE	0	0	0	0	0	5.00
6.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	2,351,765	117,588	0	0	0	6.00
7.00	30.00 ADULTS & PEDIATRICS	0	0	0	0	0	7.00
8.00	31.00 INTENSIVE CARE UNIT	867	43	0	0	0	8.00
9.00	50.00 OPERATING ROOM	51,300	2,565	0	0	0	9.00
10.00	55.00 RADIOLOGY-THERAPEUTIC	26,213	1,311	0	0	0	10.00
11.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0	11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	12.00
13.00	90.00 CLINIC	0	0	0	0	0	13.00
14.00	91.00 EMERGENCY	0	0	0	0	0	14.00
200.00		2,470,022	123,501	0	0	0	200.00

Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.01 SHARED SERVICES	0	28,007	8,993	8,993	1.00
2.00	5.02 OTHER A&G	0	0	0	24,999	2.00
3.00	5.03 OTHER ADMINISTRATIVE AND GENERAL	0	9,736	1,264	1,344	3.00
4.00	13.00 NURSING ADMINISTRATION	0	2,134	1,333	1,333	4.00
5.00	17.00 SOCIAL SERVICE	0	0	0	30,200	5.00
6.00	22.00 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,351,765	0	90,165	6.00
7.00	30.00 ADULTS & PEDIATRICS	0	0	0	1,810,409	7.00
8.00	31.00 INTENSIVE CARE UNIT	0	867	1,800	101,800	8.00
9.00	50.00 OPERATING ROOM	0	51,300	19,437	128,720	9.00
10.00	55.00 RADIOLOGY-THERAPEUTIC	0	26,213	2,854	2,854	10.00
11.00	69.00 ELECTROCARDIOLOGY	0	0	0	132,623	11.00
12.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	3,415	12.00
13.00	90.00 CLINIC	0	0	0	781,905	13.00
14.00	91.00 EMERGENCY	0	0	0	936,903	14.00
200.00		0	2,470,022	35,681	4,055,663	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	17,761,681	17,761,681			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	8,564,338		8,564,338		2.00
4.00 00400	EMPLOYEE BENEFITS	18,447,185	212,188	102,313	18,761,686	4.00
5.01 00510	SHARED SERVICES	18,400,385	0	0	1,505,167	5.01
5.02 00511	OTHER A&G	734,399	0	0	96,783	5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	28,596,703	660,066	318,271	785,090	5.03
7.00 00700	OPERATION OF PLANT	8,614,239	932,987	449,868	313,335	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	158,329	0	0	25,352	8.00
9.00 00900	HOUSEKEEPING	1,994,854	191,884	92,523	278,489	9.00
10.00 01000	DIETARY	1,111,607	258,482	124,635	132,397	10.00
11.00 01100	CAFETERIA	833,447	616,305	297,170	192,578	11.00
13.00 01300	NURSING ADMINISTRATION	3,722,571	34,609	16,688	516,102	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,146,836	689,122	332,281	176,740	14.00
15.00 01500	PHARMACY	-277,023	166,694	80,376	546,887	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,212,104	339,607	163,752	294,612	16.00
17.00 01700	SOCIAL SERVICE	1,992,265	93,299	44,987	241,442	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,770,281	0	0	237,257	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,974,977	0	0	281,886	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,044,549	3,461,830	1,669,227	2,488,069	30.00
31.00 03100	INTENSIVE CARE UNIT	8,972,943	1,095,416	528,188	1,316,653	31.00
40.00 04000	SUBPROVIDER - IPF	2,182,035	669,174	322,663	321,712	40.00
41.00 04100	SUBPROVIDER - IRF	1,781,418	391,499	188,773	231,328	41.00
43.00 04300	NURSERY	1,410,346	376,260	181,426	192,315	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,062,048	1,394,727	672,510	1,099,079	50.00
51.00 05100	RECOVERY ROOM	1,083,383	144,968	69,901	145,968	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	3,773,441	472,625	227,890	514,546	52.00
53.00 05300	ANESTHESIOLOGY	931,335	35,987	17,352	28,960	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,008,621	1,000,696	482,516	800,847	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	1,358,361	357,956	172,600	146,626	55.00
56.00 05600	RADIOISOTOPE	357,307	210,811	101,649	53,656	56.00
57.00 05700	CT SCAN	520,299	97,208	46,872	77,469	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	931,759	287,049	138,410	129,107	58.00
59.00 05900	CARDIAC CATHETERIZATION	758,657	223,873	107,947	115,242	59.00
60.00 06000	LABORATORY	13,767,061	622,436	300,127	1,220,197	60.00
65.00 06500	RESPIRATORY THERAPY	2,633,090	91,877	44,301	365,923	65.00
66.00 06600	PHYSICAL THERAPY	2,087,625	374,261	180,462	323,448	66.00
67.00 06700	OCCUPATIONAL THERAPY	624,117	189,041	91,152	99,510	67.00
68.00 06800	SPEECH PATHOLOGY	298,072	12,440	5,998	42,450	68.00
69.00 06900	ELECTROCARDIOLOGY	728,757	67,797	32,690	111,976	69.00
69.01 06901	CARDIAC REHAB	473,631	4,176	2,014	86,834	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	782,872	118,356	57,069	31,696	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,406,761	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	14,382,079	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	12,089,959	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	298,872	0	0	0	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01 03021	HRT & VASC CTR	4,820,317	188,552	90,916	162,435	76.01
76.02 03022	OP DIABETES EDUC	47,414	0	0	7,567	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,336,851	222,851	107,454	342,223	90.00
91.00 09100	EMERGENCY	3,793,460	769,715	371,141	542,162	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
93.00 04040	PARTIAL HOSP	1,198,592	399,985	192,865	178,265	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	7,886,656	0	0	1,162,852	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	4,739,402	0	0	447,135	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	256,331,268	17,476,809	8,426,977	18,410,367	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	389,835	178,823	86,225	36,434	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	5,014,756	0	0	133,889	192.00
194.00 07950	FOUNDATION	704,325	5,953	2,871	76,069	194.00
194.01 07951	MARKETING	1,321,335	43,095	20,780	13,616	194.01
194.02 07952	OP PHARMACY	3,963,710	57,001	27,485	91,311	194.02
200.00	Cross Foot Adjustments					200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/27/2013 2: 24 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	267,725,229	17,761,681	8,564,338	18,761,686	267,725,229	202.00
Cost Center Description	SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.01	5A.01	5.02	5A.02	5.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 SHARED SERVICES	19,905,552					5.01
5.02 00511 OTHER A&G	66,763	897,945	897,945			5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL	2,438,548	32,798,678	110,440	32,909,118	32,909,118	5.03
7.00 00700 OPERATION OF PLANT	828,165	11,138,594	37,481	11,176,075	1,566,305	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	14,754	198,435	668	199,103	27,904	8.00
9.00 00900 HOUSEKEEPING	205,446	2,763,196	9,298	2,772,494	388,559	9.00
10.00 01000 DIETARY	130,695	1,757,816	5,915	1,763,731	247,183	10.00
11.00 01100 CAFETERIA	155,786	2,095,286	7,051	2,102,337	294,638	11.00
13.00 01300 NURSING ADMINISTRATION	344,583	4,634,553	15,595	4,650,148	651,709	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	349,002	4,693,981	15,795	4,709,776	660,066	14.00
15.00 01500 PHARMACY	41,522	558,456	1,879	560,335	78,530	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	322,101	4,332,176	14,578	4,346,754	609,189	16.00
17.00 01700 SOCIAL SERVICE	190,526	2,562,519	8,623	2,571,142	360,347	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	161,251	2,168,789	7,298	2,176,087	304,974	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	181,278	2,438,141	8,204	2,446,345	342,850	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,900,737	25,564,412	86,024	25,650,436	3,594,970	30.00
31.00 03100 INTENSIVE CARE UNIT	956,904	12,870,104	43,308	12,913,412	1,809,789	31.00
40.00 04000 SUBPROVIDER - IPF	280,776	3,776,360	12,707	3,789,067	531,030	40.00
41.00 04100 SUBPROVIDER - IRF	208,279	2,801,297	9,426	2,810,723	393,917	41.00
43.00 04300 NURSERY	173,526	2,333,873	7,853	2,341,726	328,188	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	901,896	12,130,260	40,818	12,171,078	1,705,752	50.00
51.00 05100 RECOVERY ROOM	116,004	1,560,224	5,250	1,565,474	219,398	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	400,691	5,389,193	18,135	5,407,328	757,826	52.00
53.00 05300 ANESTHESIOLOGY	81,418	1,095,052	3,685	1,098,737	153,986	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	666,093	8,958,773	30,146	8,988,919	1,259,779	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	163,501	2,199,044	7,400	2,206,444	309,229	55.00
56.00 05600 RADIOISOTOPE	58,108	781,531	2,630	784,161	109,899	56.00
57.00 05700 CT SCAN	59,587	801,435	2,697	804,132	112,697	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	119,386	1,605,711	5,403	1,611,114	225,794	58.00
59.00 05900 CARDIAC CATHETERIZATION	96,847	1,302,566	4,383	1,306,949	183,166	59.00
60.00 06000 LABORATORY	1,277,925	17,187,746	57,837	17,245,583	2,416,934	60.00
65.00 06500 RESPIRATORY THERAPY	251,828	3,387,019	11,397	3,398,416	476,281	65.00
66.00 06600 PHYSICAL THERAPY	238,222	3,204,018	10,782	3,214,800	450,548	66.00
67.00 06700 OCCUPATIONAL THERAPY	80,630	1,084,450	3,649	1,088,099	152,495	67.00
68.00 06800 SPEECH PATHOLOGY	28,833	387,793	1,305	389,098	54,531	68.00
69.00 06900 ELECTROCARDIOLOGY	75,602	1,016,822	3,422	1,020,244	142,985	69.00
69.01 06901 CARDIAC REHAB	45,515	612,170	2,060	614,230	86,083	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	79,519	1,069,512	3,599	1,073,111	150,394	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	755,579	10,162,340	34,196	10,196,536	1,429,024	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,155,212	15,537,291	52,283	15,589,574	2,184,848	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	971,102	13,061,061	43,950	13,105,011	1,836,641	73.00
74.00 07400 RENAL DIALYSIS	24,006	322,878	1,086	323,964	45,403	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03021 HRT & VASC CTR	422,677	5,684,897	19,130	5,704,027	799,408	76.01
76.02 03022 OP DIABETES EDUC	4,416	59,397	200	59,597	8,352	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	161,399	2,170,778	7,305	2,178,083	305,254	90.00
91.00 09100 EMERGENCY	439,887	5,916,365	19,909	5,936,274	831,957	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		0	0	0	0	92.00
93.00 04040 PARTIAL HOSP	158,213	2,127,920	7,160	2,135,080	299,227	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	726,884	9,776,392	32,898	9,809,290	1,374,752	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	416,598	5,603,135	18,855	5,621,990	787,911	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	18,928,220	254,580,384	853,713	254,536,152	31,060,695	118.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140122		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/27/2013 2:24 pm		
Cost Center Description		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL		
		5.01	5A.01	5.02	5A.02	5.03		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	55,529	746,846	2,513	749,359	105,021	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	413,555	5,562,200	18,717	5,580,917	782,154	192.00
194.00	07950	FOUNDATION	63,392	852,610	2,869	855,479	119,894	194.00
194.01	07951	MARKETING	112,358	1,511,184	5,085	1,516,269	212,502	194.01
194.02	07952	OP PHARMACY	332,498	4,472,005	15,048	4,487,053	628,852	194.02
200.00		Cross Foot Adjustments		0		0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	19,905,552	267,725,229	897,945	267,725,229	32,909,118	202.00
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	SHARED SERVICES						5.01
5.02	00511	OTHER A&G						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT	12,742,380					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	227,007				8.00
9.00	00900	HOUSEKEEPING	153,234	0	3,314,287			9.00
10.00	01000	DIETARY	206,417	0	54,342	2,271,673		10.00
11.00	01100	CAFETERIA	492,164	0	129,570	0	3,018,709	11.00
13.00	01300	NURSING ADMINISTRATION	27,638	0	7,276	0	78,980	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	550,314	0	144,879	0	72,142	14.00
15.00	01500	PHARMACY	133,117	0	35,045	0	91,060	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	271,201	0	71,398	0	98,739	16.00
17.00	01700	SOCIAL SERVICE	74,506	0	19,615	0	51,570	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	74,384	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	34,585	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,764,521	127,955	727,803	1,280,460	560,203	30.00
31.00	03100	INTENSIVE CARE UNIT	874,770	45,089	230,297	451,205	264,099	31.00
40.00	04000	SUBPROVIDER - I PF	534,384	20,027	140,685	200,408	71,385	40.00
41.00	04100	SUBPROVIDER - I RF	312,641	16,862	82,307	168,743	53,840	41.00
43.00	04300	NURSERY	300,471	17,074	79,104	170,857	41,704	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,113,791	0	293,223	0	239,519	50.00
51.00	05100	RECOVERY ROOM	115,768	0	30,478	0	28,672	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	377,425	0	99,363	0	111,548	52.00
53.00	05300	ANESTHESIOLOGY	28,738	0	7,566	0	10,342	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	799,128	0	210,383	0	179,345	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	285,854	0	75,255	0	26,626	55.00
56.00	05600	RADIOISOTOPE	168,348	0	44,320	0	8,352	56.00
57.00	05700	CT SCAN	77,628	0	20,437	0	15,527	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	229,230	0	60,348	0	25,084	58.00
59.00	05900	CARDIAC CATHETERIZATION	178,779	0	47,066	0	18,778	59.00
60.00	06000	LABORATORY	497,060	0	130,859	0	387,558	60.00
65.00	06500	RESPIRATORY THERAPY	73,371	0	19,316	0	82,147	65.00
66.00	06600	PHYSICAL THERAPY	298,875	0	78,683	0	64,799	66.00
67.00	06700	OCCUPATIONAL THERAPY	150,963	0	39,743	0	20,544	67.00
68.00	06800	SPEECH PATHOLOGY	9,934	0	2,615	0	8,156	68.00
69.00	06900	ELECTROCARDIOLOGY	54,141	0	14,253	0	24,524	69.00
69.01	06901	CARDIAC REHAB	3,335	0	878	0	17,881	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	94,516	0	24,883	0	8,212	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	168	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	150,573	0	39,641	0	25,533	76.01
76.02	03022	OP DIABETES EDUC	0	0	0	0	1,121	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	177,963	0	46,851	0	39,798	90.00
91.00	09100	EMERGENCY	614,673	0	161,822	0	118,667	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PARTIAL HOSP	319,417	0	84,092	0	48,487	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/27/2013 2:24 pm			
Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	
		7.00	8.00	9.00	10.00	11.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	12,514,888	227,007	3,254,396	2,271,673	3,004,079	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	142,803	0	37,595	0	14,630	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950 FOUNDATION	4,754	0	1,252	0	0	194.00
194.01	07951 MARKETING	34,415	0	9,060	0	0	194.01
194.02	07952 OP PHARMACY	45,520	0	11,984	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)	12,742,380	227,007	3,314,287	2,271,673	3,018,709	202.00
Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 SHARED SERVICES						5.01
5.02	00511 OTHER A&G						5.02
5.03	00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
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	5,415,751					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	6,137,177				14.00
15.00	01500 PHARMACY	0	8,901	906,988			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	0	0	5,397,281		16.00
17.00	01700 SOCIAL SERVICE	0	0	1,257	0	3,078,430	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	21	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	2,119,359	171,491	317	297,791	1,735,201	30.00
31.00	03100 INTENSIVE CARE UNIT	993,519	97,998	52	176,066	611,445	31.00
40.00	04000 SUBPROVIDER - IPF	0	1,888	2	48,184	271,580	40.00
41.00	04100 SUBPROVIDER - IRF	0	12,512	11	36,394	228,670	41.00
43.00	04300 NURSERY	139,150	11,424	61	23,873	231,534	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	897,982	91,676	3,136	417,615	0	50.00
51.00	05100 RECOVERY ROOM	105,969	4,157	0	79,562	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	372,300	30,559	164	63,873	0	52.00
53.00	05300 ANESTHESIOLOGY	38,078	45,850	8,131	142,084	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	19,347	823	373,695	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	2,785	17	102,942	0	55.00
56.00	05600 RADIOISOTOPE	0	708	984	44,329	0	56.00
57.00	05700 CT SCAN	0	4,353	140	320,067	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,092	472	169,291	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	7,463	0	122,552	0	59.00
60.00	06000 LABORATORY	0	93,767	27	948,302	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	16,440	8	151,864	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,205	0	63,294	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	225	0	22,899	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,179	0	12,647	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,531	116	101,266	0	69.00
69.01	06901 CARDIAC REHAB	0	448	0	5,861	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	3,982	0	42,767	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,075,636	0	244,298	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,339,304	0	389,931	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	67	857,730	415,049	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	7,567	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0	3,069	3,231	140,361	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	0	417	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	146,278	7,163	41	61,433	0	90.00
91.00	09100 EMERGENCY	424,943	58,239	143	303,144	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 PARTIAL HOSP	178,173	574	36	67,863	0	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100 HOME HEALTH AGENCY	0	8,131	4	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description			NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
			13.00	14.00	15.00	16.00	17.00	
116.00	11600	HOSPICE	0	10,992	30,085	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,415,751	6,137,177	906,988	5,397,281	3,078,430	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	FOUNDATION	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	0	194.01
194.02	07952	OP PHARMACY	0	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)	5,415,751	6,137,177	906,988	5,397,281	3,078,430	202.00
Cost Center Description			INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
			21.00	22.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	SHARED SERVICES						5.01
5.02	00511	OTHER A&G						5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,555,445					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,823,801				22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,091,740	2,311,400	43,433,647	-4,403,140	39,030,507	30.00
31.00	03100	INTENSIVE CARE UNIT	155,491	171,820	18,795,052	-327,311	18,467,741	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	5,608,640	0	5,608,640	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	4,116,620	0	4,116,620	41.00
43.00	04300	NURSERY	0	0	3,685,166	0	3,685,166	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	128,200	141,663	17,203,635	-269,863	16,933,772	50.00
51.00	05100	RECOVERY ROOM	0	0	2,149,478	0	2,149,478	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	7,220,386	0	7,220,386	52.00
53.00	05300	ANESTHESIOLOGY	0	0	1,533,512	0	1,533,512	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,831,419	0	11,831,419	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	3,009,152	0	3,009,152	55.00
56.00	05600	RADIOISOTOPE	0	0	1,161,101	0	1,161,101	56.00
57.00	05700	CT SCAN	0	0	1,354,981	0	1,354,981	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	2,324,425	0	2,324,425	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,864,753	0	1,864,753	59.00
60.00	06000	LABORATORY	0	0	21,720,090	0	21,720,090	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,217,843	0	4,217,843	65.00
66.00	06600	PHYSICAL THERAPY	0	0	4,172,204	0	4,172,204	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,474,968	0	1,474,968	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	478,160	0	478,160	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,360,060	0	1,360,060	69.00
69.01	06901	CARDIAC REHAB	0	0	728,716	0	728,716	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	1,397,865	0	1,397,865	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,945,494	0	13,945,494	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	21,503,657	0	21,503,657	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	16,214,498	0	16,214,498	73.00
74.00	07400	RENAL DIALYSIS	0	0	377,102	0	377,102	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	0	0	6,865,843	0	6,865,843	76.01
76.02	03022	OP DIABETES EDUC	0	0	69,487	0	69,487	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	2,962,864	0	2,962,864	90.00
91.00	09100	EMERGENCY	180,014	198,918	8,828,794	-378,932	8,449,862	91.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
93.00	04040	PARTIAL HOSP	0	0	0	3,132,949	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	11,192,177	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	0	0	6,450,978	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,555,445	2,823,801	-5,379,246	252,385,716	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,049,408	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	6,363,071	192.00
194.00	07950	FOUNDATION	0	0	0	981,379	194.00
194.01	07951	MARKETING	0	0	0	1,772,246	194.01
194.02	07952	OP PHARMACY	0	0	0	5,173,409	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,555,445	2,823,801	-5,379,246	267,725,229	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet Non-CMS W
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	3	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	3	SQUARE	FEET	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES		4.00
5.01	SHARED SERVICES	-5	ACCUM. COST		5.01
5.02	OTHER A&G	-5	ACCUM. COST		5.02
5.03	OTHER ADMINISTRATIVE AND GENERAL	-5	ACCUM. COST		5.03
7.00	OPERATION OF PLANT	3	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	P	TOTAL PATIENT DAYS		8.00
9.00	HOUSEKEEPING	3	SQUARE	FEET	9.00
10.00	DIETARY	P	TOTAL PATIENT DAYS		10.00
11.00	CAFETERIA	12	FTES		11.00
13.00	NURSING ADMINISTRATION	14	DI RECT	NRSING HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	15	COSTED REQUIS.		14.00
15.00	PHARMACY	16	COSTED REQUIS.		15.00
16.00	MEDICAL RECORDS & LIBRARY	30	GROSS CHARGES		16.00
17.00	SOCIAL SERVICE	P	TOTAL PATIENT DAYS		17.00
21.00	I&R SERVICES-SALARY & FRINGES APPRVD	21	ASSIGNED TIME		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22	ASSIGNED TIME		22.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/27/2013 2: 24 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	212,188	102,313	314,501	314,501 4.00
5.01 00510	SHARED SERVICES	0	0	0	0	25,234 5.01
5.02 00511	OTHER A&G	0	0	0	0	1,623 5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	0	660,066	318,271	978,337	13,162 5.03
7.00 00700	OPERATION OF PLANT	0	932,987	449,868	1,382,855	5,253 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	425 8.00
9.00 00900	HOUSEKEEPING	0	191,884	92,523	284,407	4,669 9.00
10.00 01000	DIETARY	0	258,482	124,635	383,117	2,220 10.00
11.00 01100	CAFETERIA	0	616,305	297,170	913,475	3,229 11.00
13.00 01300	NURSING ADMINISTRATION	0	34,609	16,688	51,297	8,652 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	689,122	332,281	1,021,403	2,963 14.00
15.00 01500	PHARMACY	0	166,694	80,376	247,070	9,169 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	339,607	163,752	503,359	4,939 16.00
17.00 01700	SOCIAL SERVICE	0	93,299	44,987	138,286	4,048 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	3,978 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	4,726 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	3,461,830	1,669,227	5,131,057	41,673 30.00
31.00 03100	INTENSIVE CARE UNIT	0	1,095,416	528,188	1,623,604	22,074 31.00
40.00 04000	SUBPROVIDER - I PF	0	669,174	322,663	991,837	5,393 40.00
41.00 04100	SUBPROVIDER - I RF	0	391,499	188,773	580,272	3,878 41.00
43.00 04300	NURSERY	0	376,260	181,426	557,686	3,224 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,394,727	672,510	2,067,237	18,426 50.00
51.00 05100	RECOVERY ROOM	0	144,968	69,901	214,869	2,447 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	472,625	227,890	700,515	8,626 52.00
53.00 05300	ANESTHESIOLOGY	0	35,987	17,352	53,339	486 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	1,000,696	482,516	1,483,212	13,426 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	357,956	172,600	530,556	2,458 55.00
56.00 05600	RADIOISOTOPE	0	210,811	101,649	312,460	900 56.00
57.00 05700	CT SCAN	0	97,208	46,872	144,080	1,299 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	287,049	138,410	425,459	2,164 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	223,873	107,947	331,820	1,932 59.00
60.00 06000	LABORATORY	0	622,436	300,127	922,563	20,457 60.00
65.00 06500	RESPIRATORY THERAPY	0	91,877	44,301	136,178	6,135 65.00
66.00 06600	PHYSICAL THERAPY	0	374,261	180,462	554,723	5,423 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	189,041	91,152	280,193	1,668 67.00
68.00 06800	SPEECH PATHOLOGY	0	12,440	5,998	18,438	712 68.00
69.00 06900	ELECTROCARDIOLOGY	0	67,797	32,690	100,487	1,877 69.00
69.01 06901	CARDIAC REHAB	0	4,176	2,014	6,190	1,456 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	118,356	57,069	175,425	531 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03021	HRT & VASC CTR	0	188,552	90,916	279,468	2,723 76.01
76.02 03022	OP DIABETES EDUC	0	0	0	0	127 76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	222,851	107,454	330,305	5,737 90.00
91.00 09100	EMERGENCY	0	769,715	371,141	1,140,856	9,089 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
93.00 04040	PARTIAL HOSP	0	399,985	192,865	592,850	2,989 93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	19,495 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					0 113.00
116.00 11600	HOSPICE	0	0	0	0	7,496 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	17,476,809	8,426,977	25,903,786	308,611 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	178,823	86,225	265,048	611 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	2,245 192.00
194.00 07950	FOUNDATION	0	5,953	2,871	8,824	1,275 194.00
194.01 07951	MARKETING	0	43,095	20,780	63,875	228 194.01
194.02 07952	OP PHARMACY	0	57,001	27,485	84,486	1,531 194.02
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
202.00 TOTAL (sum lines 118-201)	0	17,761,681	8,564,338	26,326,019	314,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description			SHARED SERVICES	OTHER A&G	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			5.01	5.02	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	SHARED SERVICES	25,234					5.01
5.02	00511	OTHER A&G	85	1,708				5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	3,049	304	994,852			5.03
7.00	00700	OPERATION OF PLANT	1,052	67	47,353	1,436,580		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	19	1	844	0	1,289	8.00
9.00	00900	HOUSEKEEPING	261	17	11,747	17,276	0	9.00
10.00	01000	DIETARY	166	11	7,473	23,271	0	10.00
11.00	01100	CAFETERIA	198	13	8,908	55,487	0	11.00
13.00	01300	NURSING ADMINISTRATION	438	28	19,703	3,116	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	443	28	19,955	62,043	0	14.00
15.00	01500	PHARMACY	53	3	2,374	15,008	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	409	26	18,417	30,575	0	16.00
17.00	01700	SOCIAL SERVICE	242	15	10,894	8,400	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	205	13	9,220	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	230	15	10,365	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,414	153	108,616	311,670	726	30.00
31.00	03100	INTENSIVE CARE UNIT	1,215	77	54,714	98,622	256	31.00
40.00	04000	SUBPROVIDER - IPF	357	23	16,054	60,247	114	40.00
41.00	04100	SUBPROVIDER - IRF	264	17	11,909	35,247	96	41.00
43.00	04300	NURSERY	220	14	9,922	33,875	97	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,145	73	51,569	125,569	0	50.00
51.00	05100	RECOVERY ROOM	147	9	6,633	13,052	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	509	32	22,911	42,551	0	52.00
53.00	05300	ANESTHESIOLOGY	103	7	4,655	3,240	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	846	54	38,086	90,094	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	208	13	9,349	32,227	0	55.00
56.00	05600	RADIOISOTOPE	74	5	3,322	18,980	0	56.00
57.00	05700	CT SCAN	76	5	3,407	8,752	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	152	10	6,826	25,843	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	123	8	5,538	20,156	0	59.00
60.00	06000	LABORATORY	1,623	103	73,070	56,039	0	60.00
65.00	06500	RESPIRATORY THERAPY	320	20	14,399	8,272	0	65.00
66.00	06600	PHYSICAL THERAPY	303	19	13,621	33,695	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	102	7	4,610	17,020	0	67.00
68.00	06800	SPEECH PATHOLOGY	37	2	1,649	1,120	0	68.00
69.00	06900	ELECTROCARDIOLOGY	96	6	4,323	6,104	0	69.00
69.01	06901	CARDIAC REHAB	58	4	2,602	376	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	101	6	4,547	10,656	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	959	61	43,203	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,467	93	66,053	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,233	78	55,526	0	0	73.00
74.00	07400	RENAL DIALYSIS	30	2	1,373	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	537	34	24,168	16,976	0	76.01
76.02	03022	OP DIABETES EDUC	6	0	253	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	205	13	9,229	20,064	0	90.00
91.00	09100	EMERGENCY	559	35	25,152	69,298	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PARTIAL HOSP	201	13	9,046	36,011	0	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	923	59	41,562	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	529	34	23,820	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	23,992	1,630	938,970	1,410,932	1,289	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	71	4	3,175	16,100	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	525	33	23,646	0	0	192.00
194.00	07950	FOUNDATION	81	5	3,625	536	0	194.00
194.01	07951	MARKETING	143	9	6,424	3,880	0	194.01
194.02	07952	OP PHARMACY	422	27	19,012	5,132	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)	25,234	1,708	994,852	1,436,580	1,289	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	318,377					9.00
10.00	01000	5,220	421,478				10.00
11.00	01100	12,447	0	993,757			11.00
13.00	01300	699	0	26,000	109,933		13.00
14.00	01400	13,917	0	23,749	0	1,144,501	14.00
15.00	01500	3,367	0	29,977	0	1,660	15.00
16.00	01600	6,859	0	32,505	0	0	16.00
17.00	01700	1,884	0	16,977	0	0	17.00
21.00	02100	0	0	24,487	0	0	21.00
22.00	02200	0	0	11,385	0	4	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	69,915	237,572	184,420	43,020	31,981	30.00
31.00	03100	22,123	83,715	86,941	20,167	18,275	31.00
40.00	04000	13,514	37,183	23,500	0	352	40.00
41.00	04100	7,907	31,308	17,724	0	2,333	41.00
43.00	04300	7,599	31,700	13,729	2,825	2,130	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	28,168	0	78,850	18,228	17,096	50.00
51.00	05100	2,928	0	9,439	2,151	775	51.00
52.00	05200	9,545	0	36,721	7,557	5,699	52.00
53.00	05300	727	0	3,405	773	8,550	53.00
54.00	05400	20,210	0	59,040	0	3,608	54.00
55.00	05500	7,229	0	8,765	0	519	55.00
56.00	05600	4,257	0	2,749	0	132	56.00
57.00	05700	1,963	0	5,111	0	812	57.00
58.00	05800	5,797	0	8,258	0	577	58.00
59.00	05900	4,521	0	6,182	0	1,392	59.00
60.00	06000	12,571	0	127,584	0	17,486	60.00
65.00	06500	1,856	0	27,043	0	3,066	65.00
66.00	06600	7,558	0	21,332	7,558	225	66.00
67.00	06700	3,818	0	6,763	0	42	67.00
68.00	06800	251	0	2,685	0	220	68.00
69.00	06900	1,369	0	8,073	0	472	69.00
69.01	06901	84	0	5,886	0	84	69.01
70.00	07000	2,390	0	2,703	0	743	70.00
71.00	07100	0	0	0	0	387,075	71.00
72.00	07200	0	0	0	0	622,738	72.00
73.00	07300	0	0	0	0	13	73.00
74.00	07400	0	0	55	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	3,808	0	8,405	0	572	76.01
76.02	03022	0	0	369	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	4,501	0	13,102	2,969	1,336	90.00
91.00	09100	15,545	0	39,065	8,626	10,861	91.00
92.00	09200						92.00
93.00	04040	8,078	0	15,962	3,617	107	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	1,516	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	2,050	116.00
118.00		312,625	421,478	988,941	109,933	1,144,501	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	3,611	0	4,816	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	120	0	0	0	0	194.00
194.01	07951	870	0	0	0	0	194.01
194.02	07952	1,151	0	0	0	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		318,377	421,478	993,757	109,933	1,144,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
				15.00	16.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 SHARED SERVICES						5.01
5.02 00511 OTHER A&G						5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	236,459					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	597,089				16.00
17.00 01700 SOCIAL SERVICE	328	0	181,074			17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	37,903		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	26,725	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	83	32,952	102,066			30.00
31.00 03100 INTENSIVE CARE UNIT	14	19,483	35,965			31.00
40.00 04000 SUBPROVIDER - IPF	1	5,332	15,974			40.00
41.00 04100 SUBPROVIDER - IRF	3	4,027	13,450			41.00
43.00 04300 NURSERY	16	2,642	13,619			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	818	46,212	0			50.00
51.00 05100 RECOVERY ROOM	0	8,804	0			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	43	7,068	0			52.00
53.00 05300 ANESTHESIOLOGY	2,120	15,723	0			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	214	41,352	0			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	5	11,391	0			55.00
56.00 05600 RADIOISOTOPE	256	4,905	0			56.00
57.00 05700 CT SCAN	36	35,417	0			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	123	18,733	0			58.00
59.00 05900 CARDIAC CATHETERIZATION	0	13,561	0			59.00
60.00 06000 LABORATORY	7	104,780	0			60.00
65.00 06500 RESPIRATORY THERAPY	2	16,805	0			65.00
66.00 06600 PHYSICAL THERAPY	0	7,004	0			66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,534	0			67.00
68.00 06800 SPEECH PATHOLOGY	0	1,400	0			68.00
69.00 06900 ELECTROCARDIOLOGY	30	11,206	0			69.00
69.01 06901 CARDIAC REHAB	0	649	0			69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,732	0			70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	27,033	0			71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	43,148	0			72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	223,617	45,928	0			73.00
74.00 07400 RENAL DIALYSIS	0	837	0			74.00
76.00 03020 OTHER ANCILLARY	0	0	0			76.00
76.01 03021 HRT & VASC CTR	842	15,532	0			76.01
76.02 03022 OP DIABETES EDUC	0	46	0			76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	11	6,798	0			90.00
91.00 09100 EMERGENCY	37	33,545	0			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040 PARTIAL HOSP	9	7,510	0			93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	1	0	0			101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	7,843	0	0			116.00
118.00	236,459	597,089	181,074	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
194.00 07950 FOUNDATION	0	0	0			194.00
194.01 07951 MARKETING	0	0	0			194.01
194.02 07952 OP PHARMACY	0	0	0			194.02
200.00				37,903	26,725	200.00
201.00	72,222	0	0	0	0	201.00
202.00	308,681	597,089	181,074	37,903	26,725	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/27/2013 2:24 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00511				5.02
5.03	00560				5.03
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	6,298,318	0	6,298,318	30.00
31.00	03100	2,087,245	0	2,087,245	31.00
40.00	04000	1,169,881	0	1,169,881	40.00
41.00	04100	708,435	0	708,435	41.00
43.00	04300	679,298	0	679,298	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	2,453,391	0	2,453,391	50.00
51.00	05100	261,254	0	261,254	51.00
52.00	05200	841,777	0	841,777	52.00
53.00	05300	93,128	0	93,128	53.00
54.00	05400	1,750,142	0	1,750,142	54.00
55.00	05500	602,720	0	602,720	55.00
56.00	05600	348,040	0	348,040	56.00
57.00	05700	200,958	0	200,958	57.00
58.00	05800	493,942	0	493,942	58.00
59.00	05900	385,233	0	385,233	59.00
60.00	06000	1,336,283	0	1,336,283	60.00
65.00	06500	214,096	0	214,096	65.00
66.00	06600	643,903	0	643,903	66.00
67.00	06700	316,757	0	316,757	67.00
68.00	06800	26,514	0	26,514	68.00
69.00	06900	134,043	0	134,043	69.00
69.01	06901	17,389	0	17,389	69.01
70.00	07000	201,834	0	201,834	70.00
71.00	07100	458,331	0	458,331	71.00
72.00	07200	733,499	0	733,499	72.00
73.00	07300	326,395	0	326,395	73.00
74.00	07400	2,297	0	2,297	74.00
76.00	03020	0	0	0	76.00
76.01	03021	353,065	0	353,065	76.01
76.02	03022	801	0	801	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	394,270	0	394,270	90.00
91.00	09100	1,352,668	0	1,352,668	91.00
92.00	09200		0		92.00
93.00	04040	676,393	0	676,393	93.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	63,556	0	63,556	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	41,772	0	41,772	116.00
118.00		25,667,628	0	25,667,628	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	293,436	0	293,436	190.00
192.00	19200	26,449	0	26,449	192.00
194.00	07950	14,466	0	14,466	194.00
194.01	07951	75,429	0	75,429	194.01
194.02	07952	111,761	0	111,761	194.02
200.00		64,628	0	64,628	200.00
201.00		72,222	0	72,222	201.00
202.00		26,326,019	0	26,326,019	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period: From 01/01/2012 To 12/31/2012

Worksheet B-1

Date/Time Prepared: 5/27/2013 2:24 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	399,786					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		399,786				2.00
4.00 00400	EMPLOYEE BENEFITS	4,776	4,776	109,481,236			4.00
5.01 00510	SHARED SERVICES	0	0	8,783,195	-19,905,552	247,819,677	5.01
5.02 00511	OTHER A&G	0	0	564,765	0	831,182	5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	14,857	14,857	4,581,285	0	30,360,130	5.03
7.00 00700	OPERATION OF PLANT	21,000	21,000	1,828,423	0	10,310,429	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	147,940	0	183,681	8.00
9.00 00900	HOUSEKEEPING	4,319	4,319	1,625,084	0	2,557,750	9.00
10.00 01000	DIETARY	5,818	5,818	772,586	0	1,627,121	10.00
11.00 01100	CAFETERIA	13,872	13,872	1,123,764	0	1,939,500	11.00
13.00 01300	NURSING ADMINISTRATION	779	779	3,011,640	0	4,289,970	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	15,511	15,511	1,031,339	0	4,344,979	14.00
15.00 01500	PHARMACY	3,752	3,752	3,191,283	0	516,934	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	7,644	7,644	1,719,168	0	4,010,075	16.00
17.00 01700	SOCIAL SERVICE	2,100	2,100	1,408,903	0	2,371,993	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,384,481	0	2,007,538	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	1,644,909	0	2,256,863	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	77,920	77,920	14,518,784	0	23,663,675	30.00
31.00 03100	INTENSIVE CARE UNIT	24,656	24,656	7,683,148	0	11,913,200	31.00
40.00 04000	SUBPROVIDER - I PF	15,062	15,062	1,877,303	0	3,495,584	40.00
41.00 04100	SUBPROVIDER - I RF	8,812	8,812	1,349,884	0	2,593,018	41.00
43.00 04300	NURSERY	8,469	8,469	1,122,225	0	2,160,347	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	31,393	31,393	6,413,524	0	11,228,364	50.00
51.00 05100	RECOVERY ROOM	3,263	3,263	851,775	0	1,444,220	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	10,638	10,638	3,002,562	0	4,988,502	52.00
53.00 05300	ANESTHESIOLOGY	810	810	168,990	0	1,013,634	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	22,524	22,524	4,673,230	0	8,292,680	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	8,057	8,057	855,617	0	2,035,543	55.00
56.00 05600	RADIOISOTOPE	4,745	4,745	313,104	0	723,423	56.00
57.00 05700	CT SCAN	2,188	2,188	452,061	0	741,848	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	6,461	6,461	753,384	0	1,486,325	58.00
59.00 05900	CARDIAC CATHETERIZATION	5,039	5,039	672,479	0	1,205,719	59.00
60.00 06000	LABORATORY	14,010	14,010	7,120,291	0	15,909,821	60.00
65.00 06500	RESPIRATORY THERAPY	2,068	2,068	2,135,295	0	3,135,191	65.00
66.00 06600	PHYSICAL THERAPY	8,424	8,424	1,887,438	0	2,965,796	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,255	4,255	580,676	0	1,003,820	67.00
68.00 06800	SPEECH PATHOLOGY	280	280	247,712	0	358,960	68.00
69.00 06900	ELECTROCARDIOLOGY	1,526	1,526	653,422	0	941,220	69.00
69.01 06901	CARDIAC REHAB	94	94	506,709	0	566,655	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	2,664	2,664	184,955	0	989,993	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	9,406,761	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	14,382,079	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,089,959	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	298,872	74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03021	HRT & VASC CTR	4,244	4,244	947,869	0	5,262,220	76.01
76.02 03022	OP DIABETES EDUC	0	0	44,159	0	54,981	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	5,016	5,016	1,996,995	0	2,009,379	90.00
91.00 09100	EMERGENCY	17,325	17,325	3,163,711	0	5,476,478	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040	PARTIAL HOSP	9,003	9,003	1,040,239	0	1,969,707	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100	HOME HEALTH AGENCY	0	0	6,785,661	0	9,049,508	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
116.00 11600	HOSPICE	0	0	2,609,194	0	5,186,537	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	393,374	393,374	107,431,161	-19,905,552	235,652,164	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,025	4,025	212,608	0	691,317	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	781,292	0	5,148,645	192.00
194.00 07950	FOUNDATION	134	134	443,889	0	789,218	194.00
194.01 07951	MARKETING	970	970	79,455	0	1,398,826	194.01
194.02 07952	OP PHARMACY	1,283	1,283	532,831	0	4,139,507	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
202.00	Cost to be allocated (per Wkst. B, Part I)	17,761,681	8,564,338	18,761,686	5A.01	19,905,552	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	44.427971	21.422306	0.171369		0.080323	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			314,501		25,234	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002873		0.000102	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	SHARED SERVICES					5.01
5.02	00511	OTHER A&G	-897,945	266,827,284			5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	0	32,798,678	-32,909,118	234,816,111	5.03
7.00	00700	OPERATION OF PLANT	0	11,138,594	0	11,176,075	359,153
8.00	00800	LAUNDRY & LINEN SERVICE	0	198,435	0	199,103	0
9.00	00900	HOUSEKEEPING	0	2,763,196	0	2,772,494	4,319
10.00	01000	DIETARY	0	1,757,816	0	1,763,731	5,818
11.00	01100	CAFETERIA	0	2,095,286	0	2,102,337	13,872
13.00	01300	NURSING ADMINISTRATION	0	4,634,553	0	4,650,148	779
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,693,981	0	4,709,776	15,511
15.00	01500	PHARMACY	0	558,456	0	560,335	3,752
16.00	01600	MEDICAL RECORDS & LIBRARY	0	4,332,176	0	4,346,754	7,644
17.00	01700	SOCIAL SERVICE	0	2,562,519	0	2,571,142	2,100
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	2,168,789	0	2,176,087	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	2,438,141	0	2,446,345	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	25,564,412	0	25,650,436	77,920
31.00	03100	INTENSIVE CARE UNIT	0	12,870,104	0	12,913,412	24,656
40.00	04000	SUBPROVIDER - I PF	0	3,776,360	0	3,789,067	15,062
41.00	04100	SUBPROVIDER - I RF	0	2,801,297	0	2,810,723	8,812
43.00	04300	NURSERY	0	2,333,873	0	2,341,726	8,469
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	12,130,260	0	12,171,078	31,393
51.00	05100	RECOVERY ROOM	0	1,560,224	0	1,565,474	3,263
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,389,193	0	5,407,328	10,638
53.00	05300	ANESTHESIOLOGY	0	1,095,052	0	1,098,737	810
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	8,988,773	0	8,988,919	22,524
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,199,044	0	2,206,444	8,057
56.00	05600	RADIOISOTOPE	0	781,531	0	784,161	4,745
57.00	05700	CT SCAN	0	801,435	0	804,132	2,188
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,605,711	0	1,611,114	6,461
59.00	05900	CARDIAC CATHETERIZATION	0	1,302,566	0	1,306,949	5,039
60.00	06000	LABORATORY	0	17,187,746	0	17,245,583	14,010
65.00	06500	RESPIRATORY THERAPY	0	3,387,019	0	3,398,416	2,068
66.00	06600	PHYSICAL THERAPY	0	3,204,018	0	3,214,800	8,424
67.00	06700	OCCUPATIONAL THERAPY	0	1,084,450	0	1,088,099	4,255
68.00	06800	SPEECH PATHOLOGY	0	387,793	0	389,098	280
69.00	06900	ELECTROCARDIOLOGY	0	1,016,822	0	1,020,244	1,526
69.01	06901	CARDIAC REHAB	0	612,170	0	614,230	94
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,069,512	0	1,073,111	2,664
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,162,340	0	10,196,536	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,537,291	0	15,589,574	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	13,061,061	0	13,105,011	0
74.00	07400	RENAL DIALYSIS	0	322,878	0	323,964	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03021	HRT & VASC CTR	0	5,684,897	0	5,704,027	4,244
76.02	03022	OP DIABETES EDUC	0	59,397	0	59,597	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,170,778	0	2,178,083	5,016
91.00	09100	EMERGENCY	0	5,916,365	0	5,936,274	17,325
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0		
93.00	04040	PARTIAL HOSP	0	2,127,920	0	2,135,080	9,003
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	9,776,392	0	9,809,290	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	5,603,135	0	5,621,990	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	-897,945	253,682,439	-32,909,118	221,627,034	352,741
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	746,846	0	749,359	4,025
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,562,200	0	5,580,917	0
194.00	07950	FOUNDATION	0	852,610	0	855,479	134
194.01	07951	MARKETING	0	1,511,184	0	1,516,269	970
194.02	07952	OP PHARMACY	0	4,472,005	0	4,487,053	1,283
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)		897,945		32,909,118	12,742,380

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
203.00	Unit cost multiplier (Wkst. B, Part I)		0.003365		0.140148	35.478974	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)		1,708		994,852	1,436,580	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.000006		0.004237	3.999911	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	SHARED SERVICES					5.01
5.02	00511	OTHER A&G					5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	61,267				8.00
9.00	00900	HOUSEKEEPING	0	354,834			9.00
10.00	01000	DIETARY	0	5,818	61,267		10.00
11.00	01100	CAFETERIA	0	13,872	0	107,707	11.00
13.00	01300	NURSING ADMINISTRATION	0	779	0	2,818	1,204,383
14.00	01400	CENTRAL SERVICES & SUPPLY	0	15,511	0	2,574	0
15.00	01500	PHARMACY	0	3,752	0	3,249	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,644	0	3,523	0
17.00	01700	SOCIAL SERVICE	0	2,100	0	1,840	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	2,654	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,234	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	34,534	77,920	34,534	19,988	471,314
31.00	03100	INTENSIVE CARE UNIT	12,169	24,656	12,169	9,423	220,944
40.00	04000	SUBPROVIDER - IPF	5,405	15,062	5,405	2,547	0
41.00	04100	SUBPROVIDER - IRF	4,551	8,812	4,551	1,921	0
43.00	04300	NURSERY	4,608	8,469	4,608	1,488	30,945
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	31,393	0	8,546	199,698
51.00	05100	RECOVERY ROOM	0	3,263	0	1,023	23,566
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,638	0	3,980	82,794
53.00	05300	ANESTHESIOLOGY	0	810	0	369	8,468
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,524	0	6,399	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	8,057	0	950	0
56.00	05600	RADIOISOTOPE	0	4,745	0	298	0
57.00	05700	CT SCAN	0	2,188	0	554	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,461	0	895	0
59.00	05900	CARDIAC CATHETERIZATION	0	5,039	0	670	0
60.00	06000	LABORATORY	0	14,010	0	13,828	0
65.00	06500	RESPIRATORY THERAPY	0	2,068	0	2,931	0
66.00	06600	PHYSICAL THERAPY	0	8,424	0	2,312	0
67.00	06700	OCCUPATIONAL THERAPY	0	4,255	0	733	0
68.00	06800	SPEECH PATHOLOGY	0	280	0	291	0
69.00	06900	ELECTROCARDIOLOGY	0	1,526	0	875	0
69.01	06901	CARDIAC REHAB	0	94	0	638	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,664	0	293	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	6	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03021	HRT & VASC CTR	0	4,244	0	911	0
76.02	03022	OP DIABETES EDUC	0	0	0	40	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	5,016	0	1,420	32,530
91.00	09100	EMERGENCY	0	17,325	0	4,234	94,501
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	PARTIAL HOSP	0	9,003	0	1,730	39,623
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	61,267	348,422	61,267	107,185	1,204,383
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,025	0	522	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0
194.00	07950	FOUNDATION	0	134	0	0	0
194.01	07951	MARKETING	0	970	0	0	0
194.02	07952	OP PHARMACY	0	1,283	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	227,007	3,314,287	2,271,673	3,018,709	5,415,751	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	3.705208	9.340387	37.078248	28.027046	4.496702	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,289	318,377	421,478	993,757	109,933	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.021039	0.897256	6.879364	9.226485	0.091277	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
	14.00	15.00	16.00	17.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 SHARED SERVICES						5.01
5.02 00511 OTHER A&G						5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL						5.03
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	26,432,264					14.00
15.00 01500 PHARMACY	38,335	12,784,950				15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	0	920,261,565			16.00
17.00 01700 SOCIAL SERVICE	0	17,725	0	61,267		17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	51,687	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	90	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	738,597	4,467	50,774,240	34,534	42,308	30.00
31.00 03100 INTENSIVE CARE UNIT	422,070	730	30,019,759	12,169	3,145	31.00
40.00 04000 SUBPROVIDER - IPF	8,131	34	8,215,600	5,405	0	40.00
41.00 04100 SUBPROVIDER - IRF	53,888	149	6,205,289	4,551	0	41.00
43.00 04300 NURSERY	49,203	866	4,070,418	4,608	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	394,841	44,202	71,204,617	0	2,593	50.00
51.00 05100 RECOVERY ROOM	17,902	0	13,565,581	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	131,617	2,316	10,890,578	0	0	52.00
53.00 05300 ANESTHESIOLOGY	197,473	114,614	24,225,805	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	83,326	11,595	63,716,167	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	11,995	246	17,551,973	0	0	55.00
56.00 05600 RADIOISOTOPE	3,048	13,864	7,558,279	0	0	56.00
57.00 05700 CT SCAN	18,746	1,971	54,572,362	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	13,319	6,650	28,864,617	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	32,143	0	20,895,552	0	0	59.00
60.00 06000 LABORATORY	403,848	381	161,697,131	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	70,804	117	25,893,320	0	0	65.00
66.00 06600 PHYSICAL THERAPY	5,189	0	10,791,762	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	968	0	3,904,336	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	5,076	0	2,156,420	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	10,899	1,642	17,266,078	0	0	69.00
69.01 06901 CARDIAC REHAB	1,930	2	999,279	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	17,149	0	7,291,868	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,939,579	0	41,653,588	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	14,382,079	0	66,484,345	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	289	12,090,601	70,767,049	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	1,290,225	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01 03021 HRT & VASC CTR	13,216	45,540	23,931,886	0	0	76.01
76.02 03022 OP DIABETES EDUC	0	0	71,155	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	30,849	572	10,474,515	0	0	90.00
91.00 09100 EMERGENCY	250,832	2,017	51,686,881	0	3,641	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040 PARTIAL HOSP	2,474	512	11,570,890	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	35,019	62	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	47,340	424,075	0	0	0	116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	26,432,264	12,784,950	920,261,565	61,267	51,687	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950 FOUNDATION	0	0	0	0	0	194.00
194.01 07951 MARKETING	0	0	0	0	0	194.01
194.02 07952 OP PHARMACY	0	0	0	0	0	194.02
200.00 20000 Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	
		14.00	15.00	16.00	17.00	21.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,137,177	906,988	5,397,281	3,078,430	2,555,445	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.232185	0.070942	0.005865	50.246136	49.440768	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,144,501	308,681	597,089	181,074	37,903	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.043299	0.018495	0.000649	2.955490	0.733318	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		INTERNS & RESIDENTS		
		SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
		22.00		
202.00	Cost to be allocated (per Wkst. B, Part I)	2,823,801		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	54.632712		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	26,725		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.517055		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Title XVIII

Hospital

PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges	
			Total Costs	RCE Diallowance	Total Costs	Inpatient	
			1.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	39,030,507		39,030,507	0	39,030,507	44,299,268	30.00
31.00 03100 INTENSIVE CARE UNIT	18,467,741		18,467,741	1,800	18,469,541	30,019,759	31.00
40.00 04000 SUBPROVIDER - I/PF	5,608,640		5,608,640	0	5,608,640	8,215,600	40.00
41.00 04100 SUBPROVIDER - I/RF	4,116,620		4,116,620	0	4,116,620	6,205,289	41.00
43.00 04300 NURSERY	3,685,166		3,685,166	0	3,685,166	4,070,418	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	16,933,772		16,933,772	19,437	16,953,209	32,624,717	50.00
51.00 05100 RECOVERY ROOM	2,149,478		2,149,478	0	2,149,478	6,444,798	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,220,386		7,220,386	0	7,220,386	10,222,440	52.00
53.00 05300 ANESTHESIOLOGY	1,533,512		1,533,512	0	1,533,512	12,945,127	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	11,831,419		11,831,419	0	11,831,419	19,680,215	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	3,009,152		3,009,152	2,854	3,012,006	1,298,144	55.00
56.00 05600 RADIOISOTOPE	1,161,101		1,161,101	0	1,161,101	2,799,055	56.00
57.00 05700 CT SCAN	1,354,981		1,354,981	0	1,354,981	18,892,173	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,324,425		2,324,425	0	2,324,425	5,626,779	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,864,753		1,864,753	0	1,864,753	9,390,099	59.00
60.00 06000 LABORATORY	21,720,090		21,720,090	0	21,720,090	55,736,025	60.00
65.00 06500 RESPIRATORY THERAPY	4,217,843	0	4,217,843	0	4,217,843	24,644,566	65.00
66.00 06600 PHYSICAL THERAPY	4,172,204	0	4,172,204	0	4,172,204	6,516,524	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,474,968	0	1,474,968	0	1,474,968	3,798,088	67.00
68.00 06800 SPEECH PATHOLOGY	478,160	0	478,160	0	478,160	1,811,168	68.00
69.00 06900 ELECTROCARDIOLOGY	1,360,060		1,360,060	0	1,360,060	8,866,956	69.00
69.01 06901 CARDIAC REHAB	728,716		728,716	0	728,716	98,949	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	1,397,865		1,397,865	0	1,397,865	1,717,839	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	13,945,494		13,945,494	0	13,945,494	22,142,290	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	21,503,657		21,503,657	0	21,503,657	40,978,464	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,214,498		16,214,498	0	16,214,498	50,988,516	73.00
74.00 07400 RENAL DIALYSIS	377,102		377,102	0	377,102	1,290,225	74.00
76.00 03020 OTHER ANCILLARY	0		0	0	0	0	76.00
76.01 03021 HRT & VASC CTR	6,865,843		6,865,843	0	6,865,843	29,762	76.01
76.02 03022 OP DIABETES EDUC	69,487		69,487	0	69,487	575	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	2,962,864		2,962,864	0	2,962,864	210,750	90.00
91.00 09100 EMERGENCY	8,449,862		8,449,862	0	8,449,862	18,828,062	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,793,661		3,793,661		3,793,661	1,298,174	92.00
93.00 04040 PARTIAL HOSP	3,132,949		3,132,949	0	3,132,949	23,910	93.00
OTHER REIMBURSABLE COST CENTERS							
101.00 10100 HOME HEALTH AGENCY	11,192,177		11,192,177		11,192,177	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE							113.00
116.00 11600 HOSPICE	6,450,978		6,450,978		6,450,978	0	116.00
200.00	Subtotal (see instructions)	250,800,131	250,800,131	24,091	250,824,222	451,714,724	200.00
201.00	Less Observation Beds	3,793,661	3,793,661		3,793,661		201.00
202.00	Total (see instructions)	247,006,470	247,006,470	24,091	247,030,561	451,714,724	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
Title XVIII Hospital PPS								
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		44,299,268				30.00
31.00	03100	INTENSIVE CARE UNIT		30,019,759				31.00
40.00	04000	SUBPROVIDER - IPF		8,215,600				40.00
41.00	04100	SUBPROVIDER - IRF		6,205,289				41.00
43.00	04300	NURSERY		4,070,418				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,579,900	71,204,617	0.237818	0.000000	0.238091	50.00
51.00	05100	RECOVERY ROOM	7,120,783	13,565,581	0.158451	0.000000	0.158451	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	668,138	10,890,578	0.662994	0.000000	0.662994	52.00
53.00	05300	ANESTHESIOLOGY	11,280,678	24,225,805	0.063301	0.000000	0.063301	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,035,952	63,716,167	0.185689	0.000000	0.185689	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,253,829	17,551,973	0.171442	0.000000	0.171605	55.00
56.00	05600	RADIOISOTOPE	4,759,224	7,558,279	0.153620	0.000000	0.153620	56.00
57.00	05700	CT SCAN	35,680,189	54,572,362	0.024829	0.000000	0.024829	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,237,838	28,864,617	0.080529	0.000000	0.080529	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,505,453	20,895,552	0.089242	0.000000	0.089242	59.00
60.00	06000	LABORATORY	105,961,106	161,697,131	0.134326	0.000000	0.134326	60.00
65.00	06500	RESPIRATORY THERAPY	1,248,754	25,893,320	0.162893	0.000000	0.162893	65.00
66.00	06600	PHYSICAL THERAPY	4,275,238	10,791,762	0.386610	0.000000	0.386610	66.00
67.00	06700	OCCUPATIONAL THERAPY	106,248	3,904,336	0.377777	0.000000	0.377777	67.00
68.00	06800	SPEECH PATHOLOGY	345,252	2,156,420	0.221738	0.000000	0.221738	68.00
69.00	06900	ELECTROCARDIOLOGY	8,399,122	17,266,078	0.078771	0.000000	0.078771	69.00
69.01	06901	CARDIAC REHAB	900,330	999,279	0.729242	0.000000	0.729242	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,574,029	7,291,868	0.191702	0.000000	0.191702	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,511,298	41,653,588	0.334797	0.000000	0.334797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,505,881	66,484,345	0.323439	0.000000	0.323439	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,778,533	70,767,049	0.229125	0.000000	0.229125	73.00
74.00	07400	RENAL DIALYSIS	0	1,290,225	0.292276	0.000000	0.292276	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0.000000	76.00
76.01	03021	HRT & VASC CTR	23,902,124	23,931,886	0.286891	0.000000	0.286891	76.01
76.02	03022	OP DIABETES EDUC	70,580	71,155	0.976558	0.000000	0.976558	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,263,765	10,474,515	0.282864	0.000000	0.282864	90.00
91.00	09100	EMERGENCY	32,858,819	51,686,881	0.163482	0.000000	0.163482	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,176,798	6,474,972	0.585896	0.000000	0.585896	92.00
93.00	04040	PARTIAL HOSP	11,546,980	11,570,890	0.270761	0.000000	0.270761	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	11,083,574	11,083,574				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,389,751	8,389,751				116.00
200.00		Subtotal (see instructions)	488,020,166	939,734,890				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	488,020,166	939,734,890				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	39,030,507		39,030,507	0	0	44,299,268	30.00
31.00	03100	INTENSIVE CARE UNIT	18,467,741		18,467,741	0	0	30,019,759	31.00
40.00	04000	SUBPROVIDER - I/PF	5,608,640		5,608,640	0	0	8,215,600	40.00
41.00	04100	SUBPROVIDER - I/RF	4,116,620		4,116,620	0	0	6,205,289	41.00
43.00	04300	NURSERY	3,685,166		3,685,166	0	0	4,070,418	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,933,772		16,933,772	0	0	32,624,717	50.00
51.00	05100	RECOVERY ROOM	2,149,478		2,149,478	0	0	6,444,798	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,220,386		7,220,386	0	0	10,222,440	52.00
53.00	05300	ANESTHESIOLOGY	1,533,512		1,533,512	0	0	12,945,127	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,831,419		11,831,419	0	0	19,680,215	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	3,009,152		3,009,152	0	0	1,298,144	55.00
56.00	05600	RADIOISOTOPE	1,161,101		1,161,101	0	0	2,799,055	56.00
57.00	05700	CT SCAN	1,354,981		1,354,981	0	0	18,892,173	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,324,425		2,324,425	0	0	5,626,779	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,864,753		1,864,753	0	0	9,390,099	59.00
60.00	06000	LABORATORY	21,720,090		21,720,090	0	0	55,736,025	60.00
65.00	06500	RESPIRATORY THERAPY	4,217,843	0	4,217,843	0	0	24,644,566	65.00
66.00	06600	PHYSICAL THERAPY	4,172,204	0	4,172,204	0	0	6,516,524	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,474,968	0	1,474,968	0	0	3,798,088	67.00
68.00	06800	SPEECH PATHOLOGY	478,160	0	478,160	0	0	1,811,168	68.00
69.00	06900	ELECTROCARDIOLOGY	1,360,060		1,360,060	0	0	8,866,956	69.00
69.01	06901	CARDIAC REHAB	728,716		728,716	0	0	98,949	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,397,865		1,397,865	0	0	1,717,839	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,945,494		13,945,494	0	0	22,142,290	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	21,503,657		21,503,657	0	0	40,978,464	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,214,498		16,214,498	0	0	50,988,516	73.00
74.00	07400	RENAL DIALYSIS	377,102		377,102	0	0	1,290,225	74.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	6,865,843		6,865,843	0	0	29,762	76.01
76.02	03022	OP DIABETES EDUC	69,487		69,487	0	0	575	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,962,864		2,962,864	0	0	210,750	90.00
91.00	09100	EMERGENCY	8,449,862		8,449,862	0	0	18,828,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,793,661		3,793,661	0	0	1,298,174	92.00
93.00	04040	PARTIAL HOSP	3,132,949		3,132,949	0	0	23,910	93.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	11,192,177		11,192,177		0		101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	6,450,978		6,450,978		0	0	116.00
200.00		Subtotal (see instructions)	250,800,131	0	250,800,131	0	0	451,714,724	200.00
201.00		Less Observation Beds	3,793,661		3,793,661		0	0	201.00
202.00		Total (see instructions)	247,006,470	0	247,006,470	0	0	451,714,724	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital Cost	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		44,299,268				30.00
31.00	03100	INTENSIVE CARE UNIT		30,019,759				31.00
40.00	04000	SUBPROVIDER - I PF		8,215,600				40.00
41.00	04100	SUBPROVIDER - I RF		6,205,289				41.00
43.00	04300	NURSERY		4,070,418				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	38,579,900	71,204,617	0.237818	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	7,120,783	13,565,581	0.158451	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	668,138	10,890,578	0.662994	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	11,280,678	24,225,805	0.063301	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,035,952	63,716,167	0.185689	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	16,253,829	17,551,973	0.171442	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	4,759,224	7,558,279	0.153620	0.000000	0.000000	56.00
57.00	05700	CT SCAN	35,680,189	54,572,362	0.024829	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,237,838	28,864,617	0.080529	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	11,505,453	20,895,552	0.089242	0.000000	0.000000	59.00
60.00	06000	LABORATORY	105,961,106	161,697,131	0.134326	0.000000	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	1,248,754	25,893,320	0.162893	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	4,275,238	10,791,762	0.386610	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	106,248	3,904,336	0.377777	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	345,252	2,156,420	0.221738	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	8,399,122	17,266,078	0.078771	0.000000	0.000000	69.00
69.01	06901	CARDIAC REHAB	900,330	999,279	0.729242	0.000000	0.000000	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	5,574,029	7,291,868	0.191702	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	19,511,298	41,653,588	0.334797	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,505,881	66,484,345	0.323439	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	19,778,533	70,767,049	0.229125	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	1,290,225	0.292276	0.000000	0.000000	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0.000000	76.00
76.01	03021	HRT & VASC CTR	23,902,124	23,931,886	0.286891	0.000000	0.000000	76.01
76.02	03022	OP DIABETES EDUC	70,580	71,155	0.976558	0.000000	0.000000	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	10,263,765	10,474,515	0.282864	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	32,858,819	51,686,881	0.163482	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,176,798	6,474,972	0.585896	0.000000	0.000000	92.00
93.00	04040	PARTIAL HOSP	11,546,980	11,570,890	0.270761	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	11,083,574	11,083,574				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	8,389,751	8,389,751				116.00
200.00		Subtotal (see instructions)	488,020,166	939,734,890				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	488,020,166	939,734,890				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/27/2013 2:24 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	6,298,318	0	6,298,318	38,252	164.65	30.00
31.00	INTENSIVE CARE UNIT	2,087,245	0	2,087,245	12,169	171.52	31.00
40.00	SUBPROVIDER - IPF	1,169,881	0	1,169,881	5,405	216.44	40.00
41.00	SUBPROVIDER - IRF	708,435	0	708,435	4,551	155.67	41.00
43.00	NURSERY	679,298		679,298	4,608	147.42	43.00
200.00	Total (lines 30-199)	10,943,177		10,943,177	64,985		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	15,587	2,566,400				
31.00	INTENSIVE CARE UNIT	3,598	617,129				
40.00	SUBPROVIDER - IPF	2,924	632,871				
41.00	SUBPROVIDER - IRF	3,033	472,147				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	25,142	4,288,547				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/27/2013 2:24 pm
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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	2,453,391	71,204,617	0.034456	12,486,966	430,251	50.00
51.00	05100 RECOVERY ROOM	261,254	13,565,581	0.019259	2,375,279	45,745	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	841,777	10,890,578	0.077294	0	0	52.00
53.00	05300 ANESTHESIOLOGY	93,128	24,225,805	0.003844	4,271,923	16,421	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,750,142	63,716,167	0.027468	10,260,642	281,839	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	602,720	17,551,973	0.034339	519,364	17,834	55.00
56.00	05600 RADIOISOTOPE	348,040	7,558,279	0.046048	1,713,810	78,918	56.00
57.00	05700 CT SCAN	200,958	54,572,362	0.003682	9,895,374	36,435	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	493,942	28,864,617	0.017112	2,569,589	43,971	58.00
59.00	05900 CARDIAC CATHETERIZATION	385,233	20,895,552	0.018436	5,195,678	95,788	59.00
60.00	06000 LABORATORY	1,336,283	161,697,131	0.008264	25,117,080	207,568	60.00
65.00	06500 RESPIRATORY THERAPY	214,096	25,893,320	0.008268	13,027,884	107,715	65.00
66.00	06600 PHYSICAL THERAPY	643,903	10,791,762	0.059666	2,378,670	141,926	66.00
67.00	06700 OCCUPATIONAL THERAPY	316,757	3,904,336	0.081130	1,177,642	95,542	67.00
68.00	06800 SPEECH PATHOLOGY	26,514	2,156,420	0.012295	495,177	6,088	68.00
69.00	06900 ELECTROCARDIOLOGY	134,043	17,266,078	0.007763	4,905,071	38,078	69.00
69.01	06901 CARDIAC REHAB	17,389	999,279	0.017402	53,223	926	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	201,834	7,291,868	0.027679	360,567	9,980	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	458,331	41,653,588	0.011003	9,534,560	104,909	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	733,499	66,484,345	0.011033	16,927,063	186,756	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	326,395	70,767,049	0.004612	22,099,424	101,923	73.00
74.00	07400 RENAL DIALYSIS	2,297	1,290,225	0.001780	811,918	1,445	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03021 HRT & VASC CTR	353,065	23,931,886	0.014753	21,359	315	76.01
76.02	03022 OP DIABETES EDUC	801	71,155	0.011257	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	394,270	10,474,515	0.037641	26,635	1,003	90.00
91.00	09100 EMERGENCY	1,352,668	51,686,881	0.026170	9,451,686	247,351	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	612,179	6,474,972	0.094545	660,860	62,481	92.00
93.00	04040 PARTIAL HOSP	676,393	11,570,890	0.058456	0	0	93.00
200.00	Total (Lines 50-199)	15,231,302	827,451,231		156,337,444	2,361,208	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/27/2013 2:24 pm
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Cost Center Description	Title XVIII				Hospital	PPS
	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	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,252	0.00	15,587	0	30.00
31.00	03100	INTENSIVE CARE UNIT	12,169	0.00	3,598	0	31.00
40.00	04000	SUBPROVIDER - IPF	5,405	0.00	2,924	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,551	0.00	3,033	0	41.00
43.00	04300	NURSERY	4,608	0.00	0	0	43.00
200.00		Total (lines 30-199)	64,985		25,142	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	0	0	0	0	0	0	76.01
76.02	03022	OP DIABETES EDUC	0	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04040	PARTIAL HOSP	0	0	0	0	0	0	93.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
5/27/2013 2:24 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)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	71,204,617	0.000000	0.000000	12,486,966	50.00
51.00	05100	RECOVERY ROOM	0	13,565,581	0.000000	0.000000	2,375,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,890,578	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	24,225,805	0.000000	0.000000	4,271,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	63,716,167	0.000000	0.000000	10,260,642	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	17,551,973	0.000000	0.000000	519,364	55.00
56.00	05600	RADIOISOTOPE	0	7,558,279	0.000000	0.000000	1,713,810	56.00
57.00	05700	CT SCAN	0	54,572,362	0.000000	0.000000	9,895,374	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,864,617	0.000000	0.000000	2,569,589	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,895,552	0.000000	0.000000	5,195,678	59.00
60.00	06000	LABORATORY	0	161,697,131	0.000000	0.000000	25,117,080	60.00
65.00	06500	RESPIRATORY THERAPY	0	25,893,320	0.000000	0.000000	13,027,884	65.00
66.00	06600	PHYSICAL THERAPY	0	10,791,762	0.000000	0.000000	2,378,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,904,336	0.000000	0.000000	1,177,642	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,156,420	0.000000	0.000000	495,177	68.00
69.00	06900	ELECTROCARDIOLOGY	0	17,266,078	0.000000	0.000000	4,905,071	69.00
69.01	06901	CARDIAC REHAB	0	999,279	0.000000	0.000000	53,223	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	7,291,868	0.000000	0.000000	360,567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,653,588	0.000000	0.000000	9,534,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	66,484,345	0.000000	0.000000	16,927,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	70,767,049	0.000000	0.000000	22,099,424	73.00
74.00	07400	RENAL DIALYSIS	0	1,290,225	0.000000	0.000000	811,918	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03021	HRT & VASC CTR	0	23,931,886	0.000000	0.000000	21,359	76.01
76.02	03022	OP DIABETES EDUC	0	71,155	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	10,474,515	0.000000	0.000000	26,635	90.00
91.00	09100	EMERGENCY	0	51,686,881	0.000000	0.000000	9,451,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	6,474,972	0.000000	0.000000	660,860	92.00
93.00	04040	PARTIAL HOSP	0	11,570,890	0.000000	0.000000	0	93.00
200.00		Total (Lines 50-199)	0	827,451,231			156,337,444	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 pm
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Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
ANCILLARY SERVICE COST CENTERS			11.00	12.00	13.00	21.00	22.00	
50.00	05000	OPERATING ROOM	0	8,447,743	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,148,789	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,662,021	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,770,882	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	7,332,500	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	1,965,408	0	0	0	56.00
57.00	05700	CT SCAN	0	11,337,968	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	6,044,482	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,989,419	0	0	0	59.00
60.00	06000	LABORATORY	0	2,429,626	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	398,745	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	7,937,560	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	493,624	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,380,130	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,155,433	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,779,524	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,551,679	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021	HRT & VASC CTR	0	7,526,869	0	0	0	76.01
76.02	03022	OP DIABETES EDUC	0	23,679	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	1,426,166	0	0	0	90.00
91.00	09100	EMERGENCY	0	6,438,150	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,773,127	0	0	0	92.00
93.00	04040	PARTIAL HOSP	0	1,771,047	0	0	0	93.00
200.00		Total (Lines 50-199)	0	112,784,571	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 pm
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
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
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
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
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
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Total (Lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/27/2013 2:24 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	0.237818	8,447,743	0	0	2,009,025	50.00
51.00	05100 RECOVERY ROOM	0.158451	1,148,789	0	0	182,027	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.662994	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.063301	1,662,021	0	0	105,208	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.185689	11,770,882	0	0	2,185,723	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.171442	7,332,500	0	0	1,257,098	55.00
56.00	05600 RADIOISOTOPE	0.153620	1,965,408	0	0	301,926	56.00
57.00	05700 CT SCAN	0.024829	11,337,968	0	0	281,510	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.080529	6,044,482	0	0	486,756	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.089242	5,989,419	0	0	534,508	59.00
60.00	06000 LABORATORY	0.134326	2,429,626	0	0	326,362	60.00
65.00	06500 RESPIRATORY THERAPY	0.162893	398,745	0	0	64,953	65.00
66.00	06600 PHYSICAL THERAPY	0.386610	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.377777	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.221738	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.078771	7,937,560	0	0	625,250	69.00
69.01	06901 CARDIAC REHAB	0.729242	493,624	0	0	359,971	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.191702	1,380,130	0	0	264,574	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.334797	5,155,433	0	0	1,726,024	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.323439	10,779,524	0	0	3,486,518	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.229125	9,551,679	981	38,043	2,188,528	73.00
74.00	07400 RENAL DIALYSIS	0.292276	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0.286891	7,526,869	0	0	2,159,391	76.01
76.02	03022 OP DIABETES EDUC	0.976558	23,679	0	0	23,124	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.282864	1,426,166	0	0	403,411	90.00
91.00	09100 EMERGENCY	0.163482	6,438,150	0	0	1,052,522	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.585896	1,773,127	0	0	1,038,868	92.00
93.00	04040 PARTIAL HOSP	0.270761	1,771,047	0	0	479,530	93.00
200.00	Subtotal (see instructions)		112,784,571	981	38,043	21,542,807	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		112,784,571	981	38,043	21,542,807	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/27/2013 2:24 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
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
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	225	8,717		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
76.01 03021 HRT & VASC CTR	0	0		76.01
76.02 03022 OP DIABETES EDUC	0	0		76.02
OUTPATIENT SERVICE COST CENTERS				
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
93.00 04040 PARTIAL HOSP	0	0		93.00
200.00 Subtotal (see instructions)	225	8,717		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	225	8,717		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/27/2013 2:24 pm
		Component CCN: 14S122	Title XVIII	Subprovider - IPF

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,453,391	71,204,617	0.034456	0	0	50.00
51.00	05100 RECOVERY ROOM	261,254	13,565,581	0.019259	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	841,777	10,890,578	0.077294	0	0	52.00
53.00	05300 ANESTHESIOLOGY	93,128	24,225,805	0.003844	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,750,142	63,716,167	0.027468	52,811	1,451	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	602,720	17,551,973	0.034339	0	0	55.00
56.00	05600 RADIOISOTOPE	348,040	7,558,279	0.046048	0	0	56.00
57.00	05700 CT SCAN	200,958	54,572,362	0.003682	90,711	334	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	493,942	28,864,617	0.017112	11,327	194	58.00
59.00	05900 CARDIAC CATHETERIZATION	385,233	20,895,552	0.018436	0	0	59.00
60.00	06000 LABORATORY	1,336,283	161,697,131	0.008264	428,238	3,539	60.00
65.00	06500 RESPIRATORY THERAPY	214,096	25,893,320	0.008268	58,139	481	65.00
66.00	06600 PHYSICAL THERAPY	643,903	10,791,762	0.059666	20,056	1,197	66.00
67.00	06700 OCCUPATIONAL THERAPY	316,757	3,904,336	0.081130	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	26,514	2,156,420	0.012295	884	11	68.00
69.00	06900 ELECTROCARDIOLOGY	134,043	17,266,078	0.007763	0	0	69.00
69.01	06901 CARDIAC REHAB	17,389	999,279	0.017402	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	201,834	7,291,868	0.027679	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	458,331	41,653,588	0.011003	11,064	122	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	733,499	66,484,345	0.011033	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	326,395	70,767,049	0.004612	951,596	4,389	73.00
74.00	07400 RENAL DIALYSIS	2,297	1,290,225	0.001780	3,268	6	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03021 HRT & VASC CTR	353,065	23,931,886	0.014753	0	0	76.01
76.02	03022 OP DIABETES EDUC	801	71,155	0.011257	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	394,270	10,474,515	0.037641	0	0	90.00
91.00	09100 EMERGENCY	1,352,668	51,686,881	0.026170	208,952	5,468	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,474,972	0.000000	0	0	92.00
93.00	04040 PARTIAL HOSP	676,393	11,570,890	0.058456	0	0	93.00
200.00	Total (lines 50-199)	14,619,123	827,451,231		1,837,046	17,192	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 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	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
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
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	0	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
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
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
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: 140122 Component CCN: 14S122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 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	71,204,617	0.000000	0.000000	0	50.00
51.00	05100 RECOVERY ROOM	0	13,565,581	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	10,890,578	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	24,225,805	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	63,716,167	0.000000	0.000000	52,811	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	17,551,973	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	7,558,279	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	54,572,362	0.000000	0.000000	90,711	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	28,864,617	0.000000	0.000000	11,327	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	20,895,552	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	161,697,131	0.000000	0.000000	428,238	60.00
65.00	06500 RESPIRATORY THERAPY	0	25,893,320	0.000000	0.000000	58,139	65.00
66.00	06600 PHYSICAL THERAPY	0	10,791,762	0.000000	0.000000	20,056	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,904,336	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,156,420	0.000000	0.000000	884	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,266,078	0.000000	0.000000	0	69.00
69.01	06901 CARDIAC REHAB	0	999,279	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	7,291,868	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,653,588	0.000000	0.000000	11,064	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	66,484,345	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	70,767,049	0.000000	0.000000	951,596	73.00
74.00	07400 RENAL DIALYSIS	0	1,290,225	0.000000	0.000000	3,268	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03021 HRT & VASC CTR	0	23,931,886	0.000000	0.000000	0	76.01
76.02	03022 OP DIABETES EDUC	0	71,155	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	10,474,515	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	51,686,881	0.000000	0.000000	208,952	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,474,972	0.000000	0.000000	0	92.00
93.00	04040 PARTIAL HOSP	0	11,570,890	0.000000	0.000000	0	93.00
200.00	Total (lines 50-199)	0	827,451,231			1,837,046	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
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	1,002	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	2,005	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
65.00	06500 RESPIRATORY THERAPY	0	881	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	337	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,233	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	0	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	3,339	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	9,797	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
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
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
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
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
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/27/2013 2:24 pm
		Component CCN: 14S122	Title XVIII	Subprovider - IPF
				PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.237818	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0.158451	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.662994	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063301	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185689	1,002	0	186	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171442	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.153620	0	0	0	56.00
57.00	05700	CT SCAN	0.024829	2,005	0	50	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080529	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089242	0	0	0	59.00
60.00	06000	LABORATORY	0.134326	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.162893	881	0	144	65.00
66.00	06600	PHYSICAL THERAPY	0.386610	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.377777	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.221738	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078771	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0.729242	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191702	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.334797	337	0	113	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.323439	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229125	2,233	0	512	73.00
74.00	07400	RENAL DIALYSIS	0.292276	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0	0	76.00
76.01	03021	HRT & VASC CTR	0.286891	0	0	0	76.01
76.02	03022	OP DIABETES EDUC	0.976558	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.282864	0	0	0	90.00
91.00	09100	EMERGENCY	0.163482	3,339	0	546	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585896	0	0	0	92.00
93.00	04040	PARTIAL HOSP	0.270761	0	0	0	93.00
200.00		Subtotal (see instructions)		9,797	0	1,551	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		9,797	0	1,551	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122 Component CCN: 14S122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/27/2013 2:24 pm
	Title XVII I	Subprovider - IPF	PPS

Cost Center Description	Costs		
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	
	6.00	7.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.01 03021 HRT & VASC CTR	0	0	76.01
76.02 03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
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
93.00 04040 PARTIAL HOSP	0	0	93.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140122 Component CCN: 14T122		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/27/2013 2:24 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,453,391	71,204,617	0.034456	12,069	416	50.00
51.00	05100 RECOVERY ROOM	261,254	13,565,581	0.019259	3,546	68	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	841,777	10,890,578	0.077294	0	0	52.00
53.00	05300 ANESTHESIOLOGY	93,128	24,225,805	0.003844	3,703	14	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,750,142	63,716,167	0.027468	183,960	5,053	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	602,720	17,551,973	0.034339	35,753	1,228	55.00
56.00	05600 RADIOISOTOPE	348,040	7,558,279	0.046048	19,527	899	56.00
57.00	05700 CT SCAN	200,958	54,572,362	0.003682	125,513	462	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	493,942	28,864,617	0.017112	56,561	968	58.00
59.00	05900 CARDIAC CATHETERIZATION	385,233	20,895,552	0.018436	0	0	59.00
60.00	06000 LABORATORY	1,336,283	161,697,131	0.008264	920,164	7,604	60.00
65.00	06500 RESPIRATORY THERAPY	214,096	25,893,320	0.008268	553,812	4,579	65.00
66.00	06600 PHYSICAL THERAPY	643,903	10,791,762	0.059666	1,332,499	79,505	66.00
67.00	06700 OCCUPATIONAL THERAPY	316,757	3,904,336	0.081130	1,314,239	106,624	67.00
68.00	06800 SPEECH PATHOLOGY	26,514	2,156,420	0.012295	460,408	5,661	68.00
69.00	06900 ELECTROCARDIOLOGY	134,043	17,266,078	0.007763	35,589	276	69.00
69.01	06901 CARDIAC REHAB	17,389	999,279	0.017402	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	201,834	7,291,868	0.027679	7,142	198	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	458,331	41,653,588	0.011003	90,274	993	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	733,499	66,484,345	0.011033	5,223	58	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	326,395	70,767,049	0.004612	1,140,354	5,259	73.00
74.00	07400 RENAL DIALYSIS	2,297	1,290,225	0.001780	53,700	96	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03021 HRT & VASC CTR	353,065	23,931,886	0.014753	0	0	76.01
76.02	03022 OP DIABETES EDUC	801	71,155	0.011257	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	394,270	10,474,515	0.037641	0	0	90.00
91.00	09100 EMERGENCY	1,352,668	51,686,881	0.026170	2,490	65	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,474,972	0.000000	0	0	92.00
93.00	04040 PARTIAL HOSP	676,393	11,570,890	0.058456	0	0	93.00
200.00	Total (lines 50-199)	14,619,123	827,451,231		6,356,526	220,026	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 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
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
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	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
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	0	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
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
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
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: 140122 Component CCN: 14T122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	71,204,617	0.000000	0.000000	12,069	50.00
51.00 05100 RECOVERY ROOM	0	13,565,581	0.000000	0.000000	3,546	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	10,890,578	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	24,225,805	0.000000	0.000000	3,703	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	63,716,167	0.000000	0.000000	183,960	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	17,551,973	0.000000	0.000000	35,753	55.00
56.00 05600 RADIOISOTOPE	0	7,558,279	0.000000	0.000000	19,527	56.00
57.00 05700 CT SCAN	0	54,572,362	0.000000	0.000000	125,513	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	28,864,617	0.000000	0.000000	56,561	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	20,895,552	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	161,697,131	0.000000	0.000000	920,164	60.00
65.00 06500 RESPIRATORY THERAPY	0	25,893,320	0.000000	0.000000	553,812	65.00
66.00 06600 PHYSICAL THERAPY	0	10,791,762	0.000000	0.000000	1,332,499	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,904,336	0.000000	0.000000	1,314,239	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,156,420	0.000000	0.000000	460,408	68.00
69.00 06900 ELECTROCARDIOLOGY	0	17,266,078	0.000000	0.000000	35,589	69.00
69.01 06901 CARDIAC REHAB	0	999,279	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	7,291,868	0.000000	0.000000	7,142	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	41,653,588	0.000000	0.000000	90,274	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	66,484,345	0.000000	0.000000	5,223	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	70,767,049	0.000000	0.000000	1,140,354	73.00
74.00 07400 RENAL DIALYSIS	0	1,290,225	0.000000	0.000000	53,700	74.00
76.00 03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01 03021 HRT & VASC CTR	0	23,931,886	0.000000	0.000000	0	76.01
76.02 03022 OP DIABETES EDUC	0	71,155	0.000000	0.000000	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	10,474,515	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	51,686,881	0.000000	0.000000	2,490	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	6,474,972	0.000000	0.000000	0	92.00
93.00 04040 PARTIAL HOSP	0	11,570,890	0.000000	0.000000	0	93.00
200.00 Total (lines 50-199)	0	827,451,231			6,356,526	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
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	2,331	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	270	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	123	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,722	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	0	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS							
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
93.00	04040 PARTIAL HOSP	0	0	0	0	0	93.00
200.00	Total (lines 50-199)	0	5,446	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/27/2013 2:24 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
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
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
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03021 HRT & VASC CTR	0	0	76.01
76.02	03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS				
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
93.00	04040 PARTIAL HOSP	0	0	93.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/27/2013 2:24 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	0.237818	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.158451	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.662994	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.063301	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.185689	2,331	0	0	433	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.171442	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.153620	0	0	0	0	56.00
57.00 05700 CT SCAN	0.024829	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.080529	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.089242	0	0	0	0	59.00
60.00 06000 LABORATORY	0.134326	0	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.162893	270	0	0	44	65.00
66.00 06600 PHYSICAL THERAPY	0.386610	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.377777	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.221738	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.078771	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	0.729242	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.191702	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.334797	123	0	0	41	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.323439	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.229125	2,722	0	0	624	73.00
74.00 07400 RENAL DIALYSIS	0.292276	0	0	0	0	74.00
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01 03021 HRT & VASC CTR	0.286891	0	0	0	0	76.01
76.02 03022 OP DIABETES EDUC	0.976558	0	0	0	0	76.02
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0.282864	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.163482	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.585896	0	0	0	0	92.00
93.00 04040 PARTIAL HOSP	0.270761	0	0	0	0	93.00
200.00	Subtotal (see instructions)	5,446	0	0	1,142	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		5,446	0	1,142	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140122 Component CCN: 14T122	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/27/2013 2:24 pm
	Title XVIII	Subprovider - IRF	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
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
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 06901 CARDIAC REHAB	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 OTHER ANCILLARY	0	0	76.00
76.01 03021 HRT & VASC CTR	0	0	76.01
76.02 03022 OP DIABETES EDUC	0	0	76.02
OUTPATIENT SERVICE COST CENTERS			
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
93.00 04040 PARTIAL HOSP	0	0	93.00
200.00 Subtotal (see instructions)	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/27/2013 2:24 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		38,252	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		38,252	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)		34,534	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		15,587	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)		39,030,507	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)		39,030,507	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		44,299,268	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		44,299,268	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.881064	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)		1,282.77	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)		39,030,507	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)		1,020.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		15,904,195	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)		15,904,195	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/27/2013 2:24 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	18,469,541	12,169	1,517.75	3,598	5,460,865		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)					30,172,324		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					51,537,384		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)					3,183,529		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,361,208		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					5,544,737		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,992,647		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)					3,718		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,020.35		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					3,793,661		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/27/2013 2:24 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	6,298,318	39,030,507	0.161369	3,793,661	612,179	90.00
91.00	Nursing School cost	0	39,030,507	0.000000	3,793,661	0	91.00
92.00	Allied health cost	0	39,030,507	0.000000	3,793,661	0	92.00
93.00	All other Medical Education	0	39,030,507	0.000000	3,793,661	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S122		Date/Time Prepared: 5/27/2013 2:24 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)		5,405	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,405	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)		5,405	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)		2,924	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)		5,608,640	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)		5,608,640	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,215,600	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,215,600	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.682682	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)		1,520.00	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)		5,608,640	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)		1,037.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,034,176	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,034,176	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S122				Date/Time Prepared: 5/27/2013 2:24 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)					344,766		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,378,942		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)					632,871		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					17,192		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					650,063		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,728,879		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: 140122 Component CCN: 14S122		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/27/2013 2:24 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	1,169,881	5,608,640	0.208586	0	0	90.00
91.00	Nursing School cost	0	5,608,640	0.000000	0	0	91.00
92.00	Allied health cost	0	5,608,640	0.000000	0	0	92.00
93.00	All other Medical Education	0	5,608,640	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T122		Date/Time Prepared: 5/27/2013 2:24 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,551	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,551	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,033	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		4,116,620	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		4,116,620	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,205,289	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,205,289	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.663405	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)		1,363.50	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		4,116,620	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)		904.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,743,500	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)		2,743,500	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140122		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T122				Date/Time Prepared: 5/27/2013 2:24 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)					1,695,655		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,439,155		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)					472,147		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					220,026		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					692,173		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					3,746,982		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: 140122 Component CCN: 14T122		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/27/2013 2:24 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	708,435	4,116,620	0.172091	0	0	90.00
91.00	Nursing School cost	0	4,116,620	0.000000	0	0	91.00
92.00	Allied health cost	0	4,116,620	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,116,620	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/27/2013 2:24 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		19,859,571	30.00
31.00	03100	INTENSIVE CARE UNIT		7,719,424	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	0.238091	12,486,966	50.00
51.00	05100	RECOVERY ROOM	0.158451	2,375,279	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.662994	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063301	4,271,923	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185689	10,260,642	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171605	519,364	55.00
56.00	05600	RADIOISOTOPE	0.153620	1,713,810	56.00
57.00	05700	CT SCAN	0.024829	9,895,374	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080529	2,569,589	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089242	5,195,678	59.00
60.00	06000	LABORATORY	0.134326	25,117,080	60.00
65.00	06500	RESPIRATORY THERAPY	0.162893	13,027,884	65.00
66.00	06600	PHYSICAL THERAPY	0.386610	2,378,670	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.377777	1,177,642	67.00
68.00	06800	SPEECH PATHOLOGY	0.221738	495,177	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078771	4,905,071	69.00
69.01	06901	CARDIAC REHAB	0.729242	53,223	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191702	360,567	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.334797	9,534,560	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.323439	16,927,063	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229125	22,099,424	73.00
74.00	07400	RENAL DIALYSIS	0.292276	811,918	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03021	HRT & VASC CTR	0.286891	21,359	76.01
76.02	03022	OP DIABETES EDUC	0.976558	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.282864	26,635	90.00
91.00	09100	EMERGENCY	0.163482	9,451,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585896	660,860	92.00
93.00	04040	PARTIAL HOSP	0.270761	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		156,337,444	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)		156,337,444	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14S122		Date/Time Prepared: 5/27/2013 2:24 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		1,823,802	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	0.238091	0	50.00
51.00	05100	RECOVERY ROOM	0.158451	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.662994	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063301	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185689	52,811	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171605	0	55.00
56.00	05600	RADIOISOTOPE	0.153620	0	56.00
57.00	05700	CT SCAN	0.024829	90,711	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080529	11,327	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089242	0	59.00
60.00	06000	LABORATORY	0.134326	428,238	60.00
65.00	06500	RESPIRATORY THERAPY	0.162893	58,139	65.00
66.00	06600	PHYSICAL THERAPY	0.386610	20,056	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.377777	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.221738	884	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078771	0	69.00
69.01	06901	CARDIAC REHAB	0.729242	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191702	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.334797	11,064	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.323439	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229125	951,596	73.00
74.00	07400	RENAL DIALYSIS	0.292276	3,268	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03021	HRT & VASC CTR	0.286891	0	76.01
76.02	03022	OP DIABETES EDUC	0.976558	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.282864	0	90.00
91.00	09100	EMERGENCY	0.163482	208,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585896	0	92.00
93.00	04040	PARTIAL HOSP	0.270761	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		1,837,046	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)		1,837,046	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T122		Date/Time Prepared: 5/27/2013 2:24 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		4,135,496	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.238091	12,069	50.00
51.00	05100	RECOVERY ROOM	0.158451	3,546	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.662994	0	52.00
53.00	05300	ANESTHESIOLOGY	0.063301	3,703	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.185689	183,960	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.171605	35,753	55.00
56.00	05600	RADIOISOTOPE	0.153620	19,527	56.00
57.00	05700	CT SCAN	0.024829	125,513	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.080529	56,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.089242	0	59.00
60.00	06000	LABORATORY	0.134326	920,164	60.00
65.00	06500	RESPIRATORY THERAPY	0.162893	553,812	65.00
66.00	06600	PHYSICAL THERAPY	0.386610	1,332,499	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.377777	1,314,239	67.00
68.00	06800	SPEECH PATHOLOGY	0.221738	460,408	68.00
69.00	06900	ELECTROCARDIOLOGY	0.078771	35,589	69.00
69.01	06901	CARDIAC REHAB	0.729242	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.191702	7,142	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.334797	90,274	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.323439	5,223	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.229125	1,140,354	73.00
74.00	07400	RENAL DIALYSIS	0.292276	53,700	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03021	HRT & VASC CTR	0.286891	0	76.01
76.02	03022	OP DIABETES EDUC	0.976558	0	76.02
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.282864	0	90.00
91.00	09100	EMERGENCY	0.163482	2,490	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.585896	0	92.00
93.00	04040	PARTIAL HOSP	0.270761	0	93.00
200.00		Total (sum of lines 50-94 and 96-98)		6,356,526	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		6,356,526	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/27/2013 2:24 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		34,653,233	1.00
2.00	Outlier payments for discharges. (see instructions)		649,635	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		2,114,042	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		234.84	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)		25.75	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)		0.19	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)		25.56	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		26.22	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)		25.56	12.00
13.00	Total allowable FTE count for the prior year.		25.56	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.		25.56	14.00
15.00	Sum of lines 12 through 14 divided by 3.		25.56	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		25.56	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.108840	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.116542	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.108840	21.00
22.00	IME payment adjustment (see instructions)		2,120,957	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)		0.66	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)		2,120,957	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		1.72	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		13.45	31.00
32.00	Sum of lines 30 and 31		15.17	32.00
33.00	Allowable disproportionate share percentage (see instructions)		2.61	33.00
34.00	Disproportionate share adjustment (see instructions)		904,449	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	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		38,328,274	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)		38,328,274	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,215,123	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).		1,132,547	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/27/2013 2:24 pm
		Title XVIII	Hospital	PPS
		1.00		
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)			42,675,944 59.00
60.00	Primary payer payments			10,224 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			42,665,720 61.00
62.00	Deductibles billed to program beneficiaries			3,263,824 62.00
63.00	Coinurance billed to program beneficiaries			159,787 63.00
64.00	Allowable bad debts (see instructions)			220,446 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			154,312 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			184,781 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			39,396,421 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			152 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-20,494 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			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)			39,376,079 71.00
72.00	Interim payments			38,577,545 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			798,534 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			1,520,002 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/27/2013 2:24 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,942	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,542,807	2.00
3.00	PPS payments		17,530,878	3.00
4.00	Outlier payment (see instructions)		56,335	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)		8,942	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		39,024	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)		39,024	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)		39,024	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		30,082	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)		8,942	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)		17,587,213	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,693,998	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)		13,902,157	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		411,329	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,313,486	30.00
31.00	Primary payer payments		338	31.00
32.00	Subtotal (line 30 minus line 31)		14,313,148	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)		300,566	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		210,396	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		257,467	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		14,523,544	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		14,523,544	40.00
41.00	Interim payments		14,335,426	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		188,118	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/27/2013 2:24 pm
		Component CCN: 14S122	Title XVII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,551	2.00
3.00	PPS payments		1,419	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		1,419	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)		369	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)		1,050	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)		1,050	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,050	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 (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		1,050	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		1,050	40.00
41.00	Interim payments		1,050	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	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
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/27/2013 2:24 pm
		Component CCN: 14T122	Title XVIIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,142	2.00
3.00	PPS payments		244	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		244	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)		82	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)		162	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)		162	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		162	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 (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		162	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		162	40.00
41.00	Interim payments		162	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		0	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
		Overrides		
		1.00		
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2013 2:24 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		38,436,329		14,391,266	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	12/17/2012	251,124		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	12/17/2012	109,908	09/25/2012	22,618	3.50
3.51			0	12/17/2012	33,222	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)		141,216		-55,840	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)		38,577,545		14,335,426	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		798,534		188,118	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		39,376,079		14,523,544	7.00
				Contractor Number	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: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/27/2013 2:24 pm	
		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		2,185,767		1,050
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
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)				
Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0
3.02			0		0
3.03			0		0
3.04			0		0
3.05			0		0
Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		0		0
3.51			0		0
3.52			0		0
3.53			0		0
3.54			0		0
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0
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)		2,185,767		1,050
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)				
Program to Provider					
5.01	TENTATIVE TO PROVIDER		0		0
5.02			0		0
5.03			0		0
Provider to Program					
5.50	TENTATIVE TO PROGRAM		0		0
5.51			0		0
5.52			0		0
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0
6.00	Determined net settlement amount (balance due) based on the cost report. (1)				
6.01	SETTLEMENT TO PROVIDER		17,441		0
6.02	SETTLEMENT TO PROGRAM		0		0
7.00	Total Medicare program liability (see instructions)		2,203,208		1,050
				Contractor Number	Date (Mo/Day/Yr)
		0		1.00	2.00
8.00	Name of Contractor				

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140122
Component CCN: 14T122

Period:
From 01/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		4,200,328		162	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	10/04/2012	22,374		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)		22,374		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)		4,222,702		162	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		10,288		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,232,990		162	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/27/2013 2:24 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			11,744 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			19,185 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,093 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			46,703 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			939,734,890 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			10,861,994 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)			1,357,015 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,369,236 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-12,221 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/27/2013 2:24 pm
		Component CCN: 14S122	Title XVII	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)		2,405,200	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 other than FTEs in the first 3 years 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 first 3 years 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)		14.767760	9.00
10.00	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	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)		2,405,200	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	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)		2,405,200	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		2,405,200	18.00
19.00	Deductibles		203,556	19.00
20.00	Subtotal (line 18 minus line 19)		2,201,644	20.00
21.00	Coinsurance		15,877	21.00
22.00	Subtotal (line 20 minus line 21)		2,185,767	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		24,916	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		17,441	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		19,556	25.00
26.00	Subtotal (sum of lines 22 and 24)		2,203,208	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)		2,203,208	31.00
32.00	Interim payments		2,185,767	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		17,441	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: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/27/2013 2:24 pm
		Component CCN: 14T122	Title XVIIII	Subprovider - IRF
		PPS		
		1.00		
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)		4,118,367	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)		0.0110	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)		76,832	3.00
4.00	Outlier Payments		105,706	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 other than FTEs in the first 3 years 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 first 3 years 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)		12.434426	10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.		0.000000	11.00
12.00	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)		4,300,905	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)		0	14.00
15.00	Organ acquisition		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)		4,300,905	17.00
18.00	Primary payer payments		0	18.00
19.00	Subtotal (line 17 less line 18).		4,300,905	19.00
20.00	Deductibles		46,240	20.00
21.00	Subtotal (line 19 minus line 20)		4,254,665	21.00
22.00	Coinsurance		21,675	22.00
23.00	Subtotal (line 21 minus line 22)		4,232,990	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)		0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	26.00
27.00	Subtotal (sum of lines 23 and 25)		4,232,990	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)		4,232,990	32.00
33.00	Interim payments		4,222,702	33.00
34.00	Tentative settlement (for contractor use only)		0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)		10,288	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		105,706	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

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/27/2013 2:24 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			25.75	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-1.21	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			24.54	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			26.22	6.00
7.00	Enter the lesser of line 5 or line 6			24.54	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	26.22	0.00	26.22	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	24.54	0.00	24.54	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	24.54	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	24.54	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	24.54	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	24.54	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	24.54	0.00		17.00
18.00	Per resident amount	136,441.73	0.00		18.00
19.00	Approved amount for resident costs	3,348,280	0	3,348,280	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.68	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,348,280	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	25,142	1,145		26.00
27.00	Total Inpatient Days (see instructions)	56,659	56,659		27.00
28.00	Ratio of inpatient days to total inpatient days	0.443742	0.020209		28.00
29.00	Program direct GME amount	1,485,772	67,665		29.00
30.00	Reduction for direct GME payments for Medicare managed care		9,561		30.00
31.00	Net Program direct GME amount			1,543,876	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/27/2013 2:24 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			1,290,225 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			59,355,481 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			10,224 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			59,345,257 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			21,554,442 42.00
43.00	Primary payer payments (see instructions)			922 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			21,553,520 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			80,898,777 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.733574 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.266426 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			1,543,876 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			1,132,547 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (Title XVIII only) (see instructions)			411,329 50.00

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

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet G

Date/Time Prepared:
5/27/2013 2:24 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	125,477,935	0	0	0	1.00
2.00	Temporary investments	18,058,505	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	38,216,275	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-9,676,330	0	0	0	6.00
7.00	Inventory	7,503,159	0	0	0	7.00
8.00	Prepaid expenses	3,304,272	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	182,883,816	0	0	0	11.00
FIXED ASSETS						
12.00	Land	13,051,326	0	0	0	12.00
13.00	Land improvements	576,699	0	0	0	13.00
14.00	Accumulated depreciation	-439,532	0	0	0	14.00
15.00	Buildings	278,088,971	0	0	0	15.00
16.00	Accumulated depreciation	-154,640,048	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	45,858,367	0	0	0	19.00
20.00	Accumulated depreciation	-25,424,065	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	91,347,703	0	0	0	23.00
24.00	Accumulated depreciation	-72,587,640	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	175,831,781	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	17,040,121	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	16,966,570	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	34,006,691	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	392,722,288	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	8,725,834	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,460,310	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	9,887,274	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	38,959,700	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	72,033,118	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	153,452,162	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,085,153	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	160,537,315	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	232,570,433	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	160,151,855				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	160,151,855	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	392,722,288	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-1

Date/Time Prepared:
5/27/2013 2:24 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		152,536,808		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		329,927			2.00
3.00	Total (sum of line 1 and line 2)		152,866,735		0	3.00
4.00	DONOR RESTRICTED FUND BAL	7,285,120		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)		7,285,120		0	10.00
11.00	Subtotal (line 3 plus line 10)		160,151,855		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		160,151,855		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	DONOR RESTRICTED FUND BAL		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	44,299,268		44,299,268	1.00
2.00	SUBPROVIDER - IPF	8,215,600		8,215,600	2.00
3.00	SUBPROVIDER - IRF	6,205,289		6,205,289	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	58,720,157		58,720,157	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	30,019,759		30,019,759	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)	30,019,759		30,019,759	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	88,739,916		88,739,916	17.00
18.00	Ancillary services	344,146,742	435,688,020	779,834,762	18.00
19.00	Outpatient services	18,828,062	32,858,819	51,686,881	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		11,083,574	11,083,574	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	8,389,751	8,389,751	26.00
27.00	PROF FEES	757,458	9,768,205	10,525,663	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	452,472,178	497,788,369	950,260,547	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		291,278,940		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		291,278,940		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140122

Period:
From 01/01/2012
To 12/31/2012

Worksheet G-3

Date/Time Prepared:
5/27/2013 2:24 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	950,260,547	1.00
2.00	Less contractual allowances and discounts on patients' accounts	670,833,418	2.00
3.00	Net patient revenues (line 1 minus line 2)	279,427,129	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	291,278,940	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-11,851,811	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 telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER REVENUE	12,181,738	24.00
25.00	Total other income (sum of lines 6-24)	12,181,738	25.00
26.00	Total (line 5 plus line 25)	329,927	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	329,927	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet H

HHA CCN: 147207

To 12/31/2012

Date/Time Prepared: 5/27/2013 2:24 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	2,522,089	0	0	0	1,074,380	3,596,469	5.00
HHA REIMBURSABLE SERVICES							
6.00	2,390,993	0	0	0	328,326	2,719,319	6.00
7.00	1,523,948	0	0	0	196,222	1,720,170	7.00
8.00	172,414	0	0	0	24,106	196,520	8.00
9.00	38,020	0	0	0	6,431	44,451	9.00
10.00	76,518	0	0	0	9,859	86,377	10.00
11.00	59,178	0	0	0	15,323	74,501	11.00
12.00	0	0	0	0	243,500	243,500	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	6,783,160	0	0	0	1,898,147	8,681,307	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-509,030	3,087,439	-285,621	2,801,818			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	2,719,319	0	2,719,319			6.00
7.00	0	1,720,170	0	1,720,170			7.00
8.00	0	196,520	0	196,520			8.00
9.00	0	44,451	0	44,451			9.00
10.00	0	86,377	0	86,377			10.00
11.00	0	74,501	0	74,501			11.00
12.00	0	243,500	0	243,500			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-509,030	8,172,277	-285,621	7,886,656			24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/27/2013 2:24 pm
		HHA CCN: 147207	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	2,801,818	0	0	0	2,801,818	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	2,719,319	0	0	0	2,719,319	6.00
7.00	Physical Therapy	1,720,170	0	0	0	1,720,170	7.00
8.00	Occupational Therapy	196,520	0	0	0	196,520	8.00
9.00	Speech Pathology	44,451	0	0	0	44,451	9.00
10.00	Medical Social Services	86,377	0	0	0	86,377	10.00
11.00	Home Health Aide	74,501	0	0	0	74,501	11.00
12.00	Supplies (see instructions)	243,500	0	0	0	243,500	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	7,886,656	0	0	0	7,886,656	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	2,801,818					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,498,384	4,217,703				6.00
7.00	Physical Therapy	947,838	2,668,008				7.00
8.00	Occupational Therapy	108,285	304,805				8.00
9.00	Speech Pathology	24,493	68,944				9.00
10.00	Medical Social Services	47,595	133,972				10.00
11.00	Home Health Aide	41,051	115,552				11.00
12.00	Supplies (see instructions)	134,172	377,672				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		7,886,656				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part II Date/Time Prepared: 5/27/2013 2:24 pm PPS
			Home Health Agency I	

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-2,801,818	5,084,838
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	2,719,319
7.00	Physical Therapy	0	0	0	0	0	1,720,170
8.00	Occupational Therapy	0	0	0	0	0	196,520
9.00	Speech Pathology	0	0	0	0	0	44,451
10.00	Medical Social Services	0	0	0	0	0	86,377
11.00	Home Health Aide	0	0	0	0	0	74,501
12.00	Supplies (see instructions)	0	0	0	0	0	243,500
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-2,801,818	5,084,838
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		2,801,818
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.551014

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122

Period: From 01/01/2012 To 12/31/2012

Worksheet H-2 Part I

HHA CCN: 147207

Date/Time Prepared: 5/27/2013 2:24 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	SHARED SERVICES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		1.00	2.00					
1.00 Administrative and General	0	0	0	1,162,852	1,162,852	93,404	1.00	
2.00 Skilled Nursing Care	4,217,703	0	0	0	4,217,703	338,779	2.00	
3.00 Physical Therapy	2,668,008	0	0	0	2,668,008	214,302	3.00	
4.00 Occupational Therapy	304,805	0	0	0	304,805	24,483	4.00	
5.00 Speech Pathology	68,944	0	0	0	68,944	5,538	5.00	
6.00 Medical Social Services	133,972	0	0	0	133,972	10,761	6.00	
7.00 Home Health Aide	115,552	0	0	0	115,552	9,281	7.00	
8.00 Supplies (see instructions)	377,672	0	0	0	377,672	30,336	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	7,886,656	0	0	1,162,852	9,049,508	726,884	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	

Cost Center Description	Subtotal	OTHER A&G	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5A.01	5.02	5A.02	5.03	7.00	8.00	
1.00 Administrative and General	1,256,256	4,227	1,260,483	176,654	0	0	1.00
2.00 Skilled Nursing Care	4,556,482	15,333	4,571,815	640,731	0	0	2.00
3.00 Physical Therapy	2,882,310	9,699	2,892,009	405,309	0	0	3.00
4.00 Occupational Therapy	329,288	1,108	330,396	46,304	0	0	4.00
5.00 Speech Pathology	74,482	251	74,733	10,474	0	0	5.00
6.00 Medical Social Services	144,733	487	145,220	20,352	0	0	6.00
7.00 Home Health Aide	124,833	420	125,253	17,554	0	0	7.00
8.00 Supplies (see instructions)	408,008	1,373	409,381	57,374	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	9,776,392	32,898	9,809,290	1,374,752	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000		0.000000				21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122
HHA CCN: 147207

Period: From 01/01/2012 To 12/31/2012

Worksheet H-2 Part I
Date/Time Prepared: 5/27/2013 2:24 pm

Cost Center Description		HOUSEKEEPING		DIETARY		CAFETERIA		NURSING ADMINISTRATION		CENTRAL SERVICES & SUPPLY		PHARMACY	
		9.00		10.00		11.00		13.00		14.00		15.00	
1.00	Administrative and General	0	0	0	0	0	0	0	0	8,131	0	4	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	0	0	8,131	0	4	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.												21.00

Cost Center Description		MEDICAL RECORDS & LIBRARY		SOCIAL SERVICES		INTERNS & RESIDENTS		Subtotal		Intern & Residents Cost & Post Stepdown Adjustments	
		16.00		17.00		SERVICES-SALARY & FRINGES	21.00	SERVICES-OTHER PRGM COSTS	22.00	24.00	25.00
1.00	Administrative and General	0	0	0	0	0	0	0	1,445,272	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	5,212,546	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3,297,318	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	376,700	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	85,207	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	165,572	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	142,807	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	466,755	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	0	0	0	11,192,177	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.										21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140122
HHA CCN: 147207

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part I
Date/Time Prepared:
5/27/2013 2:24 pm
PPS

Cost Center Description		Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		26.00	27.00	28.00		
1.00	Administrative and General	1,445,272				1.00
2.00	Skilled Nursing Care	5,212,546	772,919	5,985,465		2.00
3.00	Physical Therapy	3,297,318	488,926	3,786,244		3.00
4.00	Occupational Therapy	376,700	55,857	432,557		4.00
5.00	Speech Pathology	85,207	12,634	97,841		5.00
6.00	Medical Social Services	165,572	24,551	190,123		6.00
7.00	Home Health Aide	142,807	21,175	163,982		7.00
8.00	Supplies (see instructions)	466,755	69,210	535,965		8.00
9.00	Drugs	0	0	0		9.00
10.00	DME	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0		13.00
14.00	Clinic	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0		15.00
16.00	Day Care Program	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0		17.00
18.00	Homemaker Service	0	0	0		18.00
19.00	All Others (specify)	0	0	0		19.00
20.00	Total (sum of lines 1-19) (2)	11,192,177	1,445,272	11,192,177		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.148280			21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140122
HHA CCN: 147207

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-2
Part II
Date/Time Prepared:
5/27/2013 2:24 pm
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	0	0	6,785,661	0	1,162,852	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	4,217,703	0	2.00
3.00	Physical Therapy	0	0	0	0	2,668,008	0	3.00
4.00	Occupational Therapy	0	0	0	0	304,805	0	4.00
5.00	Speech Pathology	0	0	0	0	68,944	0	5.00
6.00	Medical Social Services	0	0	0	0	133,972	0	6.00
7.00	Home Health Aide	0	0	0	0	115,552	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	377,672	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	6,785,661		9,049,508		20.00
21.00	Total cost to be allocated	0	0	1,162,852		726,884		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.171369		0.080323		22.00
Cost Center Description		OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (TOTAL PATIENT DAYS)	HOUSEKEEPING (SQUARE FEET)	
		5.02	5A.03	5.03	7.00	8.00	9.00	
		1.00	Administrative and General	1,256,256	0	1,260,483	0	0
2.00	Skilled Nursing Care	4,556,482	0	4,571,815	0	0	0	2.00
3.00	Physical Therapy	2,882,310	0	2,892,009	0	0	0	3.00
4.00	Occupational Therapy	329,288	0	330,396	0	0	0	4.00
5.00	Speech Pathology	74,482	0	74,733	0	0	0	5.00
6.00	Medical Social Services	144,733	0	145,220	0	0	0	6.00
7.00	Home Health Aide	124,833	0	125,253	0	0	0	7.00
8.00	Supplies (see instructions)	408,008	0	409,381	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	9,776,392		9,809,290		0		20.00
21.00	Total cost to be allocated	32,898		1,374,752		0		21.00
22.00	Unit cost multiplier	0.003365		0.140148	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140122
HHA CCN: 147207

Period: From 01/01/2012 To 12/31/2012

Worksheet H-2 Part II
Date/Time Prepared: 5/27/2013 2:24 pm

Home Health Agency I

PPS

Cost Center Description	DIETARY (TOTAL PATIENT DAYS)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
	10.00	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	0	0	0	35,019	62	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	35,019	62	0	20.00
21.00 Total cost to be allocated	0	0	0	8,131	4	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.232188	0.064516	0.000000	22.00

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

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/27/2013 2:24 pm		
				HHA CCN: 147207	Title XVIII		Home Health Agency I	
						PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (col. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	5,985,465		5,985,465	29,753	201.17	1.00
2.00	Physical Therapy	3.00	3,786,244	0	3,786,244	18,498	204.68	2.00
3.00	Occupational Therapy	4.00	432,557	0	432,557	2,354	183.75	3.00
4.00	Speech Pathology	5.00	97,841	0	97,841	603	162.26	4.00
5.00	Medical Social Services	6.00	190,123		190,123	697	272.77	5.00
6.00	Home Health Aide	7.00	163,982		163,982	1,683	97.43	6.00
7.00	Total (sum of lines 1-6)		10,656,212	0	10,656,212	53,588		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0	1.00	2.00	3.00	4.00	5.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care		16974	13,298	8,812			8.00
9.00	Physical Therapy		16974	9,521	4,652			9.00
10.00	Occupational Therapy		16974	1,159	663			10.00
11.00	Speech Pathology		16974	347	118			11.00
12.00	Medical Social Services		16974	341	264			12.00
13.00	Home Health Aide		16974	654	890			13.00
14.00	Total (sum of lines 8-13)			25,320	15,399			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (col. 1 + 2)								
Total Charges (from HHA Record)								
Ratio (col. 3 + col. 4)								
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	535,965	0	535,965	9,544,778	0.056153	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Cost of Services								
Part A								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	13,298	8,812		2,675,159	1,772,710		1.00
2.00	Physical Therapy	9,521	4,652		1,948,758	952,171		2.00
3.00	Occupational Therapy	1,159	663		212,966	121,826		3.00
4.00	Speech Pathology	347	118		56,304	19,147		4.00
5.00	Medical Social Services	341	264		93,015	72,011		5.00
6.00	Home Health Aide	654	890		63,719	86,713		6.00
7.00	Total (sum of lines 1-6)	25,320	15,399		5,049,921	3,024,578		7.00
Cost Center Description								
6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140122 HHA CCN: 147207		Period: From 01/01/2012 To 12/31/2012		Worksheet H-3 Part I Date/Time Prepared: 5/27/2013 2:24 pm		
				Title XVII I		Home Health Agency I		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance		Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies		0			0	15.00	
16.00	Cost of Drugs		0			0	16.00	
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	4,447,869						1.00
2.00	Physical Therapy	2,900,929						2.00
3.00	Occupational Therapy	334,792						3.00
4.00	Speech Pathology	75,451						4.00
5.00	Medical Social Services	165,026						5.00
6.00	Home Health Aide	150,432						6.00
7.00	Total (sum of lines 1-6)	8,074,499						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140122

Period:

Worksheet H-3

HHA CCN: 147207

From 01/01/2012
To 12/31/2012

Part II
Date/Time Prepared:
5/27/2013 2:24 pm

Home Health
Agency I

PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.386610	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.377777	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.221738	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.334797	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.229125	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2013 2:24 pm	
		Title XVII	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	584	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)			0	-584 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers			4,835,267	2,723,032 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers			28,057	70,787 12.00
13.00	Total PPS Reimbursement - LUPA Episodes			80,124	76,660 13.00
14.00	Total PPS Reimbursement - PEP Episodes			74,386	45,462 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			11,050	45,823 15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes			1,481	831 16.00
17.00	Total Other Payments			0	0 17.00
18.00	DME Payments			0	0 18.00
19.00	Oxygen Payments			0	0 19.00
20.00	Prosthetic and Orthotic Payments			0	0 20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)				0 21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)			5,030,365	2,962,011 22.00
23.00	Excess reasonable cost (from line 8)			0	0 23.00
24.00	Subtotal (line 22 minus line 23)			5,030,365	2,962,011 24.00
25.00	Coinsurance billed to program patients (from your records)				0 25.00
26.00	Net cost (line 24 minus line 25)			5,030,365	2,962,011 26.00
27.00	Reimbursable bad debts (from your records)			0	0 27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0	0 28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/27/2013 2:24 pm	
		Title XVIII	Home Health Agency I	PPS	
			Part A Services	Part B Services	
			1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)		5,030,365	2,962,011	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		-629	1	30.00
31.00	Subtotal (line 29 plus/minus line 30)		5,029,736	2,962,012	31.00
32.00	Interim payments (see instructions)		5,029,736	2,962,012	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0	35.00

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

Provider CCN: 140122
HHA CCN: 147207

Period:
From 01/01/2012
To 12/31/2012

Worksheet H-5
Date/Time Prepared:
5/27/2013 2:24 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		5,029,736		2,962,012	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		5,029,736		2,962,012	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		5,029,736		2,962,012	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 140122 HHA CCN: 147207	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/27/2013 2:24 pm
			Home Health Agency I	PPS
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K

Hospice CCN: 141507

To 12/31/2012

Date/Time Prepared: 5/27/2013 2:24 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	23,312	0	0	0	0	5.00
6.00	Administrative and General	1,015,609	0	0	0	3,179,534	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,146,590	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	139,010	0	0	0	0	15.00
16.00	Spiritual Counseling	114,800	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	129,959	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,913	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,609,193	0	0	0	3,179,534	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K

Hospice CCN: 141507

To 12/31/2012

Date/Time Prepared: 5/27/2013 2:24 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	23,312	0	23,312	0	23,312	5.00
6.00	Administrative and General	4,195,143	-665,971	3,529,172	-383,355	3,145,817	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,146,590	0	1,146,590	0	1,146,590	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	139,010	0	139,010	0	139,010	15.00
16.00	Spiritual Counseling	114,800	0	114,800	0	114,800	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	129,959	0	129,959	0	129,959	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,913	0	39,913	0	39,913	37.00
38.00	Other Program Costs	0	0	0	1	1	38.00
39.00	Total (sum of lines 1 thru 38)	5,788,727	-665,971	5,122,756	-383,354	4,739,402	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 141507

To 12/31/2012

Date/Time Prepared: 5/27/2013 2:24 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	104,217	0	78,243	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	1,146,590	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	139,010	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	104,217	139,010	78,243	1,146,590	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 141507

To 12/31/2012

Date/Time Prepared: 5/27/2013 2:24 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	23,312	5.00
6.00	Administrative and General		0	833,149	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	114,800	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	129,959	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	39,913	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	1,141,133	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140122
 Hospice CCN: 141507

Period:
 From 01/01/2012
 To 12/31/2012

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/27/2013 2:24 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	23,312	0	0	0	0	5.00
6.00	Administrative and General	3,145,817	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	1,146,590	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	139,010	0	0	0	0	15.00
16.00	Spiritual Counseling	114,800	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	129,959	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	39,913	0	0	0	0	37.00
38.00	Other Program Costs	1	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,739,402	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 141507

To 12/31/2012

Part I
Date/Time Prepared:
5/27/2013 2:24 pm

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	23,312				5.00
6.00	Administrative and General	23,312	3,169,129	3,169,129		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	1,146,590	2,314,050	3,460,640	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	139,010	280,550	419,560	15.00
16.00	Spiritual Counseling	0	114,800	231,690	346,490	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	129,959	262,284	392,243	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	39,913	80,553	120,466	37.00
38.00	Other Program Costs	0	1	2	3	38.00
39.00	Total (sum of lines 1 thru 38)	23,312	4,739,402		4,739,402	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 141507

To 12/31/2012

Part II
Date/Time Prepared:
5/27/2013 2:24 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	492	5.00
6.00	Administrative and General	0	0	0	0	492	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	23,312	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	47.382114	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-4
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-3,169,129	1,570,273	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	1,146,590	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	139,010	15.00
16.00	Spiritual Counseling	0	114,800	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	129,959	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	39,913	37.00
38.00	Other Program Costs	0	1	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		3,169,129	39.00
40.00	Unit Cost Multiplier		2.018203	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 141507

To 12/31/2012

Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	Subtotal	
		Hospice Trial Balance (1)	NEW BLDG & FIXT	NEW MVBLE EQUIP	4.00			
			1.00	2.00				
1.00	Administrative and General	0	0	0	447,135	447,135	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	0	0	4.00	
5.00	Nursing Care	3,460,640	0	0	0	3,460,640	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	419,560	0	0	0	419,560	10.00	
11.00	Spiritual Counseling	346,490	0	0	0	346,490	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	392,243	0	0	0	392,243	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	120,466	0	0	0	120,466	32.00	
33.00	Other Program Costs	3	0	0	0	3	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	4,739,402	0	0	447,135	5,186,537	34.00	
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 141507

To 12/31/2012

Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Hospice I		OTHER			
		SHARED SERVICES	Subtotal	OTHER A&G	Subtotal		ADMINISTRATIVE AND GENERAL
		5.01	5A.01	5.02	5A.02	5.03	
1.00	Administrative and General	35,915	483,050	1,625	484,675	67,926	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	277,970	3,738,610	12,581	3,751,191	525,723	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	33,700	453,260	1,525	454,785	63,737	10.00
11.00	Spiritual Counseling	27,831	374,321	1,260	375,581	52,637	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	31,506	423,749	1,426	425,175	59,587	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	9,676	130,142	438	130,580	18,301	32.00
33.00	Other Program Costs	0	3	0	3	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	416,598	5,603,135	18,855	5,621,990	787,911	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000		0.000000		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period:

Worksheet K-5

Hospice CCN: 141507

From 01/01/2012

Part I

To 12/31/2012

Date/Time Prepared:
5/27/2013 2:24 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 141507

To 12/31/2012

Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Hospice I					
		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	0	10,992	30,085	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	10,992	30,085	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 141507

To 12/31/2012

Part I
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal (col s. 4A-23)	Hospice I Intern & Post Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS				
		21.00	22.00				
1.00	Administrative and General	0	0	593,678			1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	4,276,914	0	4,276,914	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	518,522	0	518,522	10.00
11.00	Spiritual Counseling	0	0	428,218	0	428,218	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	484,762	0	484,762	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	148,881	0	148,881	32.00
33.00	Other Program Costs	0	0	3	0	3	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	6,450,978	0	6,450,978	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet K-5 Part I Date/Time Prepared: 5/27/2013 2:24 pm
		Hospice CCN: 141507	Hospice I	

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	0	0	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	433,495	4,710,409	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	52,556	571,078	10.00
11.00	Spiritual Counseling	43,403	471,621	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	49,134	533,896	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	15,090	163,971	32.00
33.00	Other Program Costs	0	3	33.00
34.00	Total (sum of lines 1 thru 33) (2)		6,450,978	34.00
35.00	Unit Cost Multiplier (see instructions)	0.101357		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	SHARED SERVICES (ACCUM. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
1.00	Administrative and General	0	0	2,609,193	0	447,135	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	3,460,640	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	419,560	10.00
11.00	Spiritual Counseling	0	0	0	0	346,490	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	392,243	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	120,466	32.00
33.00	Other Program Costs	0	0	0	0	3	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	2,609,193		5,186,537	34.00
35.00	Total cost to be allocated	0	0	447,135		416,598	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.171369		0.080323	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description	Hospice I					
	Reconciliation	OTHER A&G (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5A.02	5.02	5A.03	5.03	7.00	
1.00 Administrative and General	0	483,050	0	484,675	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	3,738,610	0	3,751,191	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	453,260	0	454,785	0	10.00
11.00 Spiritual Counseling	0	374,321	0	375,581	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	423,749	0	425,175	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	130,142	0	130,580	0	32.00
33.00 Other Program Costs	0	3	0	3	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)		5,603,135		5,621,990		34.00
35.00 Total cost to be allocated		18,855		787,911		35.00
36.00 Unit Cost Multiplier (see instructions)		0.003365		0.140148	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Hospice I					INTERNS & RESIDENTS	
		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TOTAL PATIENT DAYS)	SERVICES-SALARY & FRINGES (ASSIGNED TIME)		
		14.00	15.00	16.00	17.00	21.00		
1.00	Administrative and General	47,340	424,075	8,389,751	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	47,340	424,075	8,389,751	0	0	0	34.00
35.00	Total cost to be allocated	10,992	30,085	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.232193	0.070943	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140122
Hospice CCN: 141507

Period:
From 01/01/2012
To 12/31/2012

Worksheet K-5
Part II
Date/Time Prepared:
5/27/2013 2:24 pm

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 141507

To 12/31/2012

Part III
Date/Time Prepared:
5/27/2013 2:24 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.386610	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.377777	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.221738	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.229125	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.134326	0	0 6.00
6.01	BLOOD LABORATORY	60.01			6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.334797	0	0 7.00
8.00	PARTIAL HOSP	93.00	0.270761	0	0 8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.171605	0	0 9.00
10.00	OTHER ANCI LLARY	76.00	0.000000	0	0 10.00
10.01	HRT & VASC CTR	76.01	0.286891	0	0 10.01
10.02	OP DIABETES EDUC	76.02	0.976558	0	0 10.02
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140122

Period: From 01/01/2012

Worksheet K-6

Hospice CCN: 141507

To 12/31/2012

Date/Time Prepared: 5/27/2013 2:24 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				6,450,975	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				81,742	2.00
3.00	Average cost per diem (line 1 divided by line 2)				78.92	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	39,222				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	3,095,400				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		733			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		57,848			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			41,787		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			3,297,830		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140122	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/27/2013 2:24 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,790,369	1.00
2.00	Capital DRG outlier payments		175,295	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		127.60	3.00
4.00	Number of interns & residents (see instructions)		25.56	4.00
5.00	Indirect medical education percentage (see instructions)		5.82	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		162,399	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		1.72	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		13.45	8.00
9.00	Sum of lines 7 and 8		15.17	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.12	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		87,060	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,215,123	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