

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: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/23/2013 1:51 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/23/2013	Time: 1:51 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by MEMORIAL HOSPITAL (140185) 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

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	305,703	70,109	2,496,239	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	32,044	-115		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	337,747	69,994	2,496,239	0	200.00

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

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Encryption Information
 ECR: Date: 5/23/2013 Time: 1:51 pm
 JX6KXI HJ1XovRkHb: 2: HMVi ofA2wl 0
 VmSu00. N5bbej bu9v4Ei : 4cbFvs9kS
 LorC1pYj 9U0BneBz
 PI: Date: 5/23/2013 Time: 1:51 pm
 A: j fsRj kKSW7bZgGpHQo7pD13KFfDO
 KZ09I 0Jki HgYws0gNCppsZKx86Bxti
 40sR0Z2myq0yul oe

(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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3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0	0	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	32,044	-115		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	337,747	69,994	2,496,239	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 1:50 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62226-		4.00 County: SAINT CLAIR				
1.00 Street: 4500 MEMORIAL DRIVE		2.00 City: BELLEVILLE								
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		
3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	MEMORIAL HOSPITAL	140185	41180	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	MEMORIAL CONVALESCENT CENTER	145102	41180		01/01/1967	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	MEMORIAL HOME CARE SERVICES	147443	41180		03/10/1986	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From: 1.00	To: 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)					2			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.	11,707	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	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: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 1:50 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				39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					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)	N				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: 140185

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

Worksheet S-2
Part I
Date/Time Prepared:
5/23/2013 1:50 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)		0.00	0.00	0.000000	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.		0.00	0.00	0.000000	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.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				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)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical		Occupational		
		1.00		2.00		
		Speech		Respiratory		
		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		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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	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		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
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		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140185			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 1:50 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)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 1:50 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2013	N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 1:50 pm
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	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.	VALORIE		COMLEY	41.00	
42.00	Enter the employer/company name of the cost report preparer.	MEMORIAL HOSPITAL			42.00	
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-257-5613		VCOMLEY@MEMHOSP.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)	03/31/2013	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)		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.	REVENUE CYCLE 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

HFS Supplemental Information		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/23/2013 1:50 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: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					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	296	108,336	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)		296	108,336	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		316	115,656	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	108	39,528		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00 HOSPICE	116.00	0	0		0	24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		424			0	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 Vi s i t s / Tri ps			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)	31,006	9,038	63,804			1.00
2.00 HMO	0	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	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)	31,006	9,038	63,804			7.00
8.00 INTENSIVE CARE UNIT	2,708	491	5,165			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		1,899	3,741			13.00
14.00 Total (see instructions)	33,714	11,428	72,710	0.00	1,837.41	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	14,386	0	20,723	0.00	120.59	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	7,390	0	13,662	0.00	25.17	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,983.17	27.00
28.00	Observation Bed Days		0	0			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		279	484			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	6,687	2,348	16,375	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	6,687	2,348	16,375	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2013 1:50 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	105,135,674	-2,540,034	102,595,640	4,108,071.00	24.97
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	3,483,219	-95,645	3,387,574	143,286.00	23.64
10.00	Excluded area salaries (see instructions)		2,040,796	-15,092	2,025,704	74,313.00	27.26
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,958,231	0	1,958,231	28,526.00	68.65
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		1,568,805	0	1,568,805	10,398.00	150.88
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		38,306,124	0	38,306,124		
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		1,817,649	-41,346	1,776,303		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	929,862	11,082	940,944	29,987.00	31.38
27.00	Administrative & General	5.00	10,323,586	-266,449	10,057,137	415,995.00	24.18
28.00	Administrative & General under contract (see inst.)		755,920	0	755,920	2,810.00	269.01
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	2,062,203	-6,952	2,055,251	115,641.00	17.77
31.00	Laundry & Linen Service	8.00	437,416	0	437,416	38,243.00	11.44
32.00	Housekeeping	9.00	1,868,246	0	1,868,246	164,583.00	11.35
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,505,914	-349,087	1,156,827	121,136.00	9.55
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	772,959	534,108	1,307,067	62,682.00	20.85
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	5,773,918	-1,709,023	4,064,895	110,635.00	36.74
39.00	Central Services and Supply	14.00	589,199	0	589,199	42,365.00	13.91
40.00	Pharmacy	15.00	3,158,473	-83,060	3,075,413	82,543.00	37.26
41.00	Medical Records & Medical Records Library	16.00	2,123,054	-40,525	2,082,529	106,500.00	19.55

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140185

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2013 1:50 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	687,784	0	687,784	27,300.00	25.19	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140185

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

Worksheet S-3
Part III
Date/Time Prepared:
5/23/2013 1:50 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	105,891,594	-2,540,034	103,351,560	4,110,881.00	25.14	1.00
2.00	Excluded area salaries (see instructions)	5,524,015	-110,737	5,413,278	217,599.00	24.88	2.00
3.00	Subtotal salaries (line 1 minus line 2)	100,367,579	-2,429,297	97,938,282	3,893,282.00	25.16	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,527,036	0	3,527,036	38,924.00	90.61	4.00
5.00	Subtotal wage-related costs (see inst.)	38,306,124	0	38,306,124	0.00	39.11	5.00
6.00	Total (sum of lines 3 thru 5)	142,200,739	-2,429,297	139,771,442	3,932,206.00	35.55	6.00
7.00	Total overhead cost (see instructions)	30,988,534	-1,909,906	29,078,628	1,320,420.00	22.02	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2013 1:50 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			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		4,106,357	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		12,018	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)		23,751,814	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		71,556	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)		288,381	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,658,516	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		5,942,320	17.00
18.00	Medicare Taxes - Employers Portion Only		1,487,637	18.00
19.00	Unemployment Insurance		188,647	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		798,878	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		38,306,124	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: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/23/2013 1:50 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140185 Component CCN: 147443		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/23/2013 1:50 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			ST. CLAIR, ILLINOIS		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	618	0	478	1,096	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	573.00	0.00	443.00	1,016.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			7.51	0.00	7.51	5.00
6.00	Direct Nursing Service			10.76	0.00	10.76	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			5.76	0.00	5.76	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.28	0.00	0.28	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.08	0.00	0.08	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.16	0.00	0.16	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.53	0.00	0.53	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,279	0	212	140	3,631	21.00
22.00	Skilled Nursing Visit Charges	1,057,884	0	68,496	45,360	1,171,740	22.00
23.00	Physical Therapy Visits	3,023	0	38	69	3,130	23.00
24.00	Physical Therapy Visit Charges	1,064,285	0	13,388	24,357	1,102,030	24.00
25.00	Occupational Therapy Visits	183	0	1	6	190	25.00
26.00	Occupational Therapy Visit Charges	64,940	0	356	2,136	67,432	26.00
27.00	Speech Pathology Visits	33	0	0	3	36	27.00
28.00	Speech Pathology Visit Charges	12,639	0	0	1,149	13,788	28.00
29.00	Medical Social Service Visits	48	0	3	5	56	29.00
30.00	Medical Social Service Visit Charges	24,798	0	1,557	2,595	28,950	30.00
31.00	Home Health Aide Visits	326	0	0	21	347	31.00
32.00	Home Health Aide Visit Charges	47,376	0	0	3,066	50,442	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	6,892	0	254	244	7,390	33.00
34.00	Other Charges	23,787	0	1,987	739	26,513	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	2,295,709	0	85,784	79,402	2,460,895	35.00
36.00	Total Number of Episodes (standard/non outlier)	571		90	26	687	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	23,787	0	1,987	739	26,513	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-7

Date/Time Prepared:
5/23/2013 1:50 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N			2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	3.00
4.00		RUL	0	0	4.00
5.00		RVX	0	0	5.00
6.00		RVL	21	0	6.00
7.00		RHX	22	0	7.00
8.00		RHL	14	0	8.00
9.00		RMX	0	0	9.00
10.00		RML	0	0	10.00
11.00		RLX	0	0	11.00
12.00		RUC	383	0	12.00
13.00		RUB	618	0	13.00
14.00		RUA	245	0	14.00
15.00		RVC	1,924	0	15.00
16.00		RVB	3,949	0	16.00
17.00		RVA	2,628	0	17.00
18.00		RHC	681	0	18.00
19.00		RHB	1,247	0	19.00
20.00		RHA	834	0	20.00
21.00		RMC	205	0	21.00
22.00		RMB	359	0	22.00
23.00		RMA	173	0	23.00
24.00		RLB	0	0	24.00
25.00		RLA	0	0	25.00
26.00		ES3	0	0	26.00
27.00		ES2	0	0	27.00
28.00		ES1	5	0	28.00
29.00		HE2	0	0	29.00
30.00		HE1	14	0	30.00
31.00		HD2	74	0	31.00
32.00		HD1	22	0	32.00
33.00		HC2	60	0	33.00
34.00		HC1	45	0	34.00
35.00		HB2	90	0	35.00
36.00		HB1	372	0	36.00
37.00		LE2	0	0	37.00
38.00		LE1	0	0	38.00
39.00		LD2	3	0	39.00
40.00		LD1	0	0	40.00
41.00		LC2	16	0	41.00
42.00		LC1	20	0	42.00
43.00		LB2	18	0	43.00
44.00		LB1	6	0	44.00
45.00		CE2	15	0	45.00
46.00		CE1	0	0	46.00
47.00		CD2	0	0	47.00
48.00		CD1	22	0	48.00
49.00		CC2	16	0	49.00
50.00		CC1	50	0	50.00
51.00		CB2	16	0	51.00
52.00		CB1	43	0	52.00
53.00		CA2	16	0	53.00
54.00		CA1	90	0	54.00
55.00		SE3	0	0	55.00
56.00		SE2	0	0	56.00
57.00		SE1	0	0	57.00
58.00		SSC	0	0	58.00
59.00		SSB	0	0	59.00
60.00		SSA	0	0	60.00
61.00		IB2	0	0	61.00
62.00		IB1	0	0	62.00
63.00		IA2	0	0	63.00
64.00		IA1	0	0	64.00
65.00		BB2	0	0	65.00
66.00		BB1	0	0	66.00
67.00		BA2	0	0	67.00
68.00		BA1	1	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140185

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

Worksheet S-7

Date/Time Prepared:
5/23/2013 1:50 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	7	0	7	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	9	0	9	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	42	0	42	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	11	0	11	199.00
200.00	TOTAL		14,386	0	14,386	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)
		1.00	2.00

201.00 SNF SERVICES
 Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).
 41180
 201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?
		1.00	2.00	3.00

A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)

202.00	Staffing	2,794,271	54.66	Y	202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	3,649	0.07	Y	205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	5,111,925			207.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/23/2013 1:50 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.228802	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		22,122,102	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?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		122,288,891	6.00	
7.00	Medicaid cost (line 1 times line 6)		27,979,943	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)		5,857,841	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		5,857,841	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	9,635,033	2,574,869	12,209,902	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,204,515	589,135	2,793,650	21.00
22.00	Partial payment by patients approved for charity care	8,450	49,200	57,650	22.00
23.00	Cost of charity care (line 21 minus line 22)	2,196,065	539,935	2,736,000	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		16,262,864	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,356,051	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		14,906,813	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,410,709	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		6,146,709	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,004,550	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/23/2013 1:50 pm			
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (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		3,718,553		2,048,537	5,767,090	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		162,163		149,162	311,325	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		11,941,255		627,215	12,568,470	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	929,862	38,992,421	39,922,283	21,167	39,943,450	4.00
5.01	00510	COMMUNICATIONS	235,320	220,428	455,748	0	455,748	5.01
5.02	00511	DATA PROCESSING	1,487,638	2,676,187	4,163,825	3,580	4,167,405	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	542,482	161,839	704,321	-64,474	639,847	5.03
5.04	00513	ADMINISTRATIVE	2,616,567	2,186,248	4,802,815	-1,397,732	3,405,083	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	0	1,433,335	1,433,335	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,441,579	18,891,743	24,333,322	-2,314,466	22,018,856	5.06
7.00	00700	OPERATION OF PLANT	1,993,244	3,639,179	5,632,423	0	5,632,423	7.00
7.01	00701	OPERATION OF PLANT CC	68,959	139,940	208,899	0	208,899	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	437,416	392,737	830,153	0	830,153	8.00
9.00	00900	HOUSEKEEPING	1,746,098	297,584	2,043,682	0	2,043,682	9.00
9.01	00901	HOUSEKEEPING CC	122,148	16,943	139,091	0	139,091	9.01
10.00	01000	DIETARY	1,505,914	950,473	2,456,387	-323,735	2,132,652	10.00
11.00	01100	CAFETERIA	772,959	476,688	1,249,647	745,105	1,994,752	11.00
13.00	01300	NURSING ADMINISTRATION	5,773,918	695,394	6,469,312	-1,766,354	4,702,958	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	589,199	895,456	1,484,655	-779,096	705,559	14.00
15.00	01500	PHARMACY	3,158,473	9,178,468	12,336,941	-8,252,110	4,084,831	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,123,054	898,832	3,021,886	2,104	3,023,990	16.00
17.00	01700	SOCIAL SERVICE	687,784	120,348	808,132	0	808,132	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,030,787	1,747,417	26,778,204	-193,884	26,584,320	30.00
31.00	03100	INTENSIVE CARE UNIT	4,066,657	1,314,797	5,381,454	-22,978	5,358,476	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	1,803,176	1,803,176	43.00
44.00	04400	SKILLED NURSING FACILITY	3,483,219	327,309	3,810,528	141,087	3,951,615	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,491,171	15,775,355	26,266,526	-13,445,018	12,821,508	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,237,150	337,431	2,574,581	0	2,574,581	52.00
53.00	05300	ANESTHESIOLOGY	0	803,787	803,787	0	803,787	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,390,446	2,129,653	5,520,099	3,887	5,523,986	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	470,962	801,789	1,272,751	2,750	1,275,501	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	321,459	370,461	691,920	0	691,920	58.00
59.00	05900	CARDIAC CATHETERIZATION	938,457	4,301,616	5,240,073	-3,889,934	1,350,139	59.00
60.00	06000	LABORATORY	4,648,052	6,811,073	11,459,125	12,950	11,472,075	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,208,668	456,309	2,664,977	0	2,664,977	65.00
66.00	06600	PHYSICAL THERAPY	4,469,101	318,298	4,787,399	-124,870	4,662,529	66.00
67.00	06700	OCCUPATIONAL THERAPY	728,152	22,535	750,687	92,602	843,289	67.00
68.00	06800	SPEECH PATHOLOGY	397,189	20,099	417,288	0	417,288	68.00
69.00	06900	ELECTROCARDIOLOGY	1,238,392	298,925	1,537,317	0	1,537,317	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	938,173	80,686	1,018,859	0	1,018,859	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	9,588,855	9,588,855	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	9,408,683	9,408,683	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	7,943,105	7,943,105	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	154,594	71,314	225,908	0	225,908	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	22,908	22,908	-22,908	0	90.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
90.01	09001	DIABETIC EDUCATION OP	151,063	7,198	158,261	0	158,261	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	54,314	54,314	90.02
91.00	09100	EMERGENCY	7,328,643	2,366,794	9,695,437	-639,198	9,056,239	91.00
91.01	09101	PARAMEDICS	169,929	57,222	227,151	-227,151	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	444,415	444,415	0	444,415	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,662,053	131,834	1,793,887	0	1,793,887	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	423,487	423,487	-423,487	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	104,756,931	136,095,591	240,852,522	194,219	241,046,741	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	378,743	483,811	862,554	-421,370	441,184	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	0	0	0	227,151	227,151	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	105,135,674	136,579,402	241,715,076	0	241,715,076	200.00
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	3,860	5,770,950				
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC	0	311,325				
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	12,568,470				
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0				
4.00	00400	EMPLOYEE BENEFITS	0	39,943,450				
5.01	00510	COMMUNICATIONS	-38,267	417,481				
5.02	00511	DATA PROCESSING	0	4,167,405				
5.03	00512	PURCHASING, RECEIVING AND STORES	0	639,847				
5.04	00513	ADMINISTRATIVE	0	3,405,083				
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	1,433,335				
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,723,074	19,295,782				
7.00	00700	OPERATION OF PLANT	0	5,632,423				
7.01	00701	OPERATION OF PLANT CC	0	208,899				
8.00	00800	LAUNDRY & LINEN SERVICE	0	830,153				
9.00	00900	HOUSEKEEPING	0	2,043,682				
9.01	00901	HOUSEKEEPING CC	0	139,091				
10.00	01000	DIETARY	-100,168	2,032,484				
11.00	01100	CAFETERIA	-1,290,270	704,482				
13.00	01300	NURSING ADMINISTRATION	-13,755	4,689,203				
14.00	01400	CENTRAL SERVICES & SUPPLY	0	705,559				
15.00	01500	PHARMACY	0	4,084,831				
16.00	01600	MEDICAL RECORDS & LIBRARY	-32,863	2,991,127				
17.00	01700	SOCIAL SERVICE	0	808,132				

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	0	26,584,320	30.00
31.00	03100 INTENSIVE CARE UNIT	0	5,358,476	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	1,803,176	43.00
44.00	04400 SKILLED NURSING FACILITY	-13,478	3,938,137	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-630,061	12,191,447	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-3,559	2,571,022	52.00
53.00	05300 ANESTHESIOLOGY	0	803,787	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-670,425	4,853,561	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	56.02
57.00	05700 CT SCAN	-2,671	1,272,830	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	691,920	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,350,139	59.00
60.00	06000 LABORATORY	-918,325	10,553,750	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	-2,048	2,662,929	65.00
66.00	06600 PHYSICAL THERAPY	0	4,662,529	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	843,289	67.00
68.00	06800 SPEECH PATHOLOGY	0	417,288	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,537,317	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-4,511	1,014,348	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,588,855	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	9,408,683	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,943,105	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	225,908	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	158,261	90.01
90.02	09003 HEART FAILURE CLINIC	0	54,314	90.02
91.00	09100 EMERGENCY	-1,595,058	7,461,181	91.00
91.01	09101 PARAMEDICS	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	91.02
91.03	09103 OP PSYCH	0	444,415	91.03
91.04	09104 ICU OTHER	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	1,793,887	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140185

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

Worksheet A
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
112.00	08600	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,034,673	233,012,068	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	-441,185	-1	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
192.01	19201	PHYSIATRY	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950	FOUNDATION	0	0	194.01
194.02	07951	EMT PROGRAM	0	227,151	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-8,475,858	233,239,218	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140185

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

Worksheet Non-CMS W
Date/Time Prepared:
5/23/2013 1:50 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
1.01 NEW CAP REL COSTS-BLDG & FIXT CC	00101		1.01
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00 OTHER CAPITAL RELATED COSTS	00300		3.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.01 COMMUNICATIONS	00510		5.01
5.02 DATA PROCESSING	00511		5.02
5.03 PURCHASING, RECEIVING AND STORES	00512		5.03
5.04 ADMITTING	00513		5.04
5.05 CASHIERING/ACCOUNTS RECEIVABLE	00514		5.05
5.06 OTHER ADMINISTRATIVE AND GENERAL	00560		5.06
7.00 OPERATION OF PLANT	00700		7.00
7.01 OPERATION OF PLANT CC	00701		7.01
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
9.01 HOUSEKEEPING CC	00901		9.01
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
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
32.00 CORONARY CARE UNIT	03200		32.00
33.00 BURN INTENSIVE CARE UNIT	03300		33.00
34.00 SURGICAL INTENSIVE CARE UNIT	03400		34.00
40.00 SUBPROVIDER - I PF	04000		40.00
41.00 SUBPROVIDER - I RF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
45.00 NURSING FACILITY	04500		45.00
46.00 OTHER LONG TERM CARE	04600		46.00
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
55.01 HYPERBARIC MEDICINE	05501		55.01
56.00 RADIOISOTOPE	05600		56.00
56.02 MISC NURSING OP	05602		56.02
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
60.01 BLOOD LABORATORY	06001		60.01
61.00 PBP CLINICAL LAB SERVICES-PRGM ONLY	06100		61.00
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
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
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
75.00 ASC (NON-DISTINCT PART)	07500		75.00
76.00 OTHER ANCILLARY	03020		76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00

COST CENTERS USED IN COST REPORT

Provider CCN: 140185

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

Worksheet Non-CMS W
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
90.01	DIABETIC EDUCATION OP	09001		90.01
90.02	HEART FAILURE CLINIC	09003		90.02
91.00	EMERGENCY	09100		91.00
91.01	PARAMEDICS	09101		91.01
91.02	OP TELEMETRY	09102		91.02
91.03	OP PSYCH	09103		91.03
91.04	ICU OTHER	09104		91.04
92.00	OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	HOME PROGRAM DIALYSIS	09400		94.00
95.00	AMBULANCE SERVICES	09500		95.00
96.00	DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00	DURABLE MEDICAL EQUIP-SOLD	09700		97.00
98.00	OTHER REIMBURSABLE	05950		98.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
100.00	I&R SERVICES-NOT APPRVD PRGM	10000		100.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
105.00	KIDNEY ACQUISITION	10500		105.00
106.00	HEART ACQUISITION	10600		106.00
107.00	LIVER ACQUISITION	10700		107.00
108.00	LUNG ACQUISITION	10800		108.00
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00
112.00	OTHER ORGAN ACQUISITION	08600		112.00
113.00	INTEREST EXPENSE	11300		113.00
114.00	UTILIZATION REVIEW-SNF	11400		114.00
115.00	AMBULATORY SURGICAL CENTER (D.P.)	11500		115.00
116.00	HOSPICE	11600		116.00
117.00	OTHER SPECIAL PURPOSE	06950		117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PHYSIATRY	19201		192.01
193.00	NONPAID WORKERS	19300		193.00
194.00	SPORTS & HEALTH CENTER	07953		194.00
194.01	FOUNDATION	07950		194.01
194.02	EMT PROGRAM	07951		194.02
194.03	EMPLOYEE PHARMACY	07952		194.03
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6
Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	9,309,272	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
	TOTALS		0	9,309,272		
B - RECLASS DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,943,105	1.00	
	TOTALS		0	7,943,105		
C - RECLASS ADMISSION CENTER						
1.00	ADULTS & PEDIATRICS	30.00	1,063,040	40,714	1.00	
	TOTALS		1,063,040	40,714		
D - RECLASS DIETARY COST						
1.00	CAFETERIA	11.00	349,087	0	1.00	
2.00	DIETARY	10.00	0	25,352	2.00	
	TOTALS		349,087	25,352		
E - RECLASS PARAMEDIC TRNG						
1.00	EMT PROGRAM	194.02	169,929	57,222	1.00	
	TOTALS		169,929	57,222		
F - RECLASS EQUIPMENT RENTAL						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	530,894	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	
	TOTALS		0	530,894		
G - RECLASS EMP MEALS TO CAFETERIA						
1.00	CAFETERIA	11.00	185,021	236,349	1.00	
	TOTALS		185,021	236,349		
H - RECLASS MCC ACTIVITY THERAPY						
1.00	SKILLED NURSING FACILITY	44.00	48,884	9,032	1.00	
	TOTALS		48,884	9,032		
I - DEFAULT						
1.00	ADULTS & PEDIATRICS	30.00	597,099	7,585	1.00	
	TOTALS		597,099	7,585		
J - RECLASS MCC EXPENSES						
1.00	DATA PROCESSING	5.02	3,580	0	1.00	
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,104	0	2.00	
3.00	ADMINISTRATIVE	5.04	35,603	0	3.00	
4.00	EMPLOYEE BENEFITS	4.00	11,082	0	4.00	
	TOTALS		52,369	0		
K - RECLASS BLDG RENTAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	38,339	1.00	
	TOTALS		0	38,339		
L - RECLASS BUILDING RENTAL SIHVI						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,644,526	1.00	
	TOTALS		0	1,644,526		
M - RECLASS IPA ASSESSMENT MCC						
1.00	SKILLED NURSING FACILITY	44.00	0	83,171	1.00	
	TOTALS		0	83,171		
N - RECLASS OFALLON EXPENSE						
1.00		0.00	0	0	1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,887	2.00	
3.00	LABORATORY	60.00	0	12,950	3.00	
4.00	PHYSICAL THERAPY	66.00	0	6,071	4.00	
	TOTALS		0	22,908		
O - RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	180,693	1.00	
2.00	OTHER CAPITAL RELATED COSTS	3.00	0	6,975	2.00	
	TOTALS		0	187,668		
P - RECLASS OUTSIDE AGENCY SALARY EXP						
1.00	DATA PROCESSING	5.02	0	198,949	1.00	
3.00	OPERATION OF PLANT	7.00	0	6,952	3.00	
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	42,629	4.00	
5.00	ADULTS & PEDIATRICS	30.00	0	434,482	5.00	
6.00	INTENSIVE CARE UNIT	31.00	0	427,390	6.00	
7.00	SKILLED NURSING FACILITY	44.00	0	144,529	7.00	

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,641	8.00
9.00	LABORATORY	60.00	0	105,684	9.00
10.00	EMERGENCY	91.00	0	1,085,718	10.00
11.00	PHARMACY	15.00	0	83,060	11.00
	TOTALS		0	2,540,034	
Q - RECLASS NURSERY EXPENSE					
1.00	NURSERY	43.00	1,496,131	307,045	1.00
	TOTALS		1,496,131	307,045	
R - RECLASS COST MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	279,583	1.00
	TOTALS		0	279,583	
S - RECLASS OT EXPENSE					
1.00	OCCUPATIONAL THERAPY	67.00	86,382	6,220	1.00
	TOTALS		86,382	6,220	
U - RECLASS IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	9,408,683	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	9,408,683	
V - RECLASS UNASGN PHY FEE					
1.00	CT SCAN	57.00	0	2,750	1.00
	TOTALS		0	2,750	
W - RECLASS PENSION PLAN AUDIT FEES					
1.00	EMPLOYEE BENEFITS	4.00	0	10,085	1.00
	TOTALS		0	10,085	
X - RECLASS HEART FAILURE CLINIC EXPENSE					
1.00	HEART FAILURE CLINIC	90.02	54,314	0	1.00
	TOTALS		54,314	0	
Y - RECLASS INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	276,595	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT CC	1.01	0	146,892	2.00
	TOTALS		0	423,487	
Z - RECLASS PATIENT ACCTS EXPENSE					
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,319,124	114,211	1.00
	TOTALS		1,319,124	114,211	
500.00	Grand Total: Increases		5,421,380	33,228,235	500.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6

Date/Time Prepared:
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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	679,331	0		1.00
2.00	PURCHASING, RECEIVING AND STORES	5.03	0	64,474	0		2.00
3.00	OPERATING ROOM	50.00	0	4,661,745	0		3.00
4.00	OPERATING ROOM	50.00	0	681,029	0		4.00
5.00	EMERGENCY	91.00	0	639,198	0		5.00
6.00	CARDIAC CATHETERIZATION	59.00	0	2,211,572	0		6.00
7.00	OPERATING ROOM	50.00	0	371,923	0		7.00
	TOTALS		0	9,309,272			
B - RECLASS DRUGS SOLD							
1.00	PHARMACY	15.00	0	7,943,105	0		1.00
	TOTALS		0	7,943,105			
C - RECLASS ADMISSION CENTER							
1.00	NURSING ADMINISTRATION	13.00	1,063,040	40,714	0		1.00
	TOTALS		1,063,040	40,714			
D - RECLASS DIETARY COST							
1.00	DIETARY	10.00	349,087	0	0		1.00
2.00	CAFETERIA	11.00	0	25,352	0		2.00
	TOTALS		349,087	25,352			
E - RECLASS PARAMEDIC TRNG							
1.00	PARAMEDICS	91.01	169,929	57,222	0		1.00
	TOTALS		169,929	57,222			
F - RECLASS EQUIPMENT RENTAL							
1.00	PHARMACY	15.00	0	309,005	14		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	99,765	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	99,146	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	22,978	0		4.00
	TOTALS		0	530,894			
G - RECLASS EMP MEALS TO CAFETERIA							
1.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	185,021	236,349	0		1.00
	TOTALS		185,021	236,349			
H - RECLASS MCC ACTIVITY THERAPY							
1.00	NURSING ADMINISTRATION	13.00	48,884	9,032	0		1.00
	TOTALS		48,884	9,032			
I - DEFAULT							
1.00	NURSING ADMINISTRATION	13.00	597,099	7,585	0		1.00
	TOTALS		597,099	7,585			
J - RECLASS MCC EXPENSES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	52,369	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		52,369	0			
K - RECLASS BLDG RENTAL							
1.00	PHYSICAL THERAPY	66.00	0	38,339	14		1.00
	TOTALS		0	38,339			
L - RECLASS BUILDING RENTAL SIHVI							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,644,526	14		1.00
	TOTALS		0	1,644,526			
M - RECLASS IPA ASSESSMENT MCC							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	83,171	0		1.00
	TOTALS		0	83,171			
N - RECLASS OFALLON EXPENSE							
1.00	CLINIC	90.00	0	22,908	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
	TOTALS		0	22,908			
O - RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	187,668	3		1.00
2.00		0.00	0	0	3		2.00
	TOTALS		0	187,668			
P - RECLASS OUTSIDE AGENCY SALARY EXP							
1.00	DATA PROCESSING	5.02	198,949	0	0		1.00
3.00	OPERATION OF PLANT	7.00	6,952	0	0		3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	42,629	0	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	434,482	0	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	427,390	0	0		6.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6

Date/Time Prepared:
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
6.00	7.00	8.00	9.00	10.00		
7.00 SKILLED NURSING FACILITY	44.00	144,529	0	0	0	7.00
8.00 MAGNETIC RESONANCE IMAGING (MRI)	58.00	10,641	0	0	0	8.00
9.00 LABORATORY	60.00	105,684	0	0	0	9.00
10.00 EMERGENCY	91.00	1,085,718	0	0	0	10.00
11.00 PHARMACY	15.00	83,060	0	0	0	11.00
TOTALS		2,540,034	0			
Q - RECLASS NURSERY EXPENSE						
1.00 ADULTS & PEDIATRICS	30.00	1,496,131	307,045	0	0	1.00
TOTALS		1,496,131	307,045			
R - RECLASS COST MEDICAL SUPPLIES						
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	279,583	0	0	1.00
TOTALS		0	279,583			
S - RECLASS OT EXPENSE						
1.00 PHYSICAL THERAPY	66.00	86,382	6,220	0	0	1.00
TOTALS		86,382	6,220			
U - RECLASS IMPLANTABLE DEVICES						
1.00 OPERATING ROOM	50.00	0	7,730,321	0	0	1.00
2.00 CARDIAC CATHETERIZATION	59.00	0	1,678,362	0	0	2.00
TOTALS		0	9,408,683			
V - RECLASS UNASGN PHY FEE						
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	2,750	0	0	1.00
TOTALS		0	2,750			
W - RECLASS PENSION PLAN AUDIT FEES						
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	0	10,085	0	0	1.00
TOTALS		0	10,085			
X - RECLASS HEART FAILURE CLINIC EXPENSE						
1.00 OTHER ADMINISTRATIVE AND GENERAL	5.06	54,314	0	0	0	1.00
TOTALS		54,314	0			
Y - RECLASS INTEREST EXPENSE						
1.00 INTEREST EXPENSE	113.00	0	423,487	14	14	1.00
2.00	0.00	0	0	0	14	2.00
TOTALS		0	423,487			
Z - RECLASS PATIENT ACCTS EXPENSE						
1.00 ADMINISTRATION	5.04	1,319,124	114,211	0	0	1.00
TOTALS		1,319,124	114,211			
500.00 Grand Total: Decreases		7,961,414	30,688,201			500.00

RECLASSIFICATIONS

Provider CCN: 140185

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/23/2013 1:50 pm

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
2.00		0.00	0	PURCHASING, RECEIVING AND STORES	5.03	0
3.00		0.00	0	OPERATING ROOM	50.00	0
4.00		0.00	0	OPERATING ROOM	50.00	0
5.00		0.00	0	EMERGENCY	91.00	0
6.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0
7.00		0.00	0	OPERATING ROOM	50.00	0
	TOTALS		0	TOTALS		0
B - RECLASS DRUGS SOLD						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	PHARMACY	15.00	0
	TOTALS		0	TOTALS		0
C - RECLASS ADMISSION CENTER						
1.00	ADULTS & PEDIATRICS	30.00	1,063,040	NURSING ADMINISTRATION	13.00	1,063,040
	TOTALS		1,063,040	TOTALS		1,063,040
D - RECLASS DIETARY COST						
1.00	CAFETERIA	11.00	349,087	DIETARY	10.00	349,087
2.00	DIETARY	10.00	0	CAFETERIA	11.00	0
	TOTALS		349,087	TOTALS		349,087
E - RECLASS PARAMEDIC TRNG						
1.00	EMT PROGRAM	194.02	169,929	PARAMEDICS	91.01	169,929
	TOTALS		169,929	TOTALS		169,929
F - RECLASS EQUIPMENT RENTAL						
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	PHARMACY	15.00	0
2.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
3.00		0.00	0	ADULTS & PEDIATRICS	30.00	0
4.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
	TOTALS		0	TOTALS		0
G - RECLASS EMP MEALS TO CAFETERIA						
1.00	CAFETERIA	11.00	185,021	GI FT, FLOWER, COFFEE SHOP & CANTEEN	190.00	185,021
	TOTALS		185,021	TOTALS		185,021
H - RECLASS MCC ACTIVITY THERAPY						
1.00	SKILLED NURSING FACILITY	44.00	48,884	NURSING ADMINISTRATION	13.00	48,884
	TOTALS		48,884	TOTALS		48,884
I - DEFAULT						
1.00	ADULTS & PEDIATRICS	30.00	597,099	NURSING ADMINISTRATION	13.00	597,099
	TOTALS		597,099	TOTALS		597,099
J - RECLASS MCC EXPENSES						
1.00	DATA PROCESSING	5.02	3,580	OTHER ADMINISTRATIVE AND GENERAL	5.06	52,369
2.00	MEDICAL RECORDS & LIBRARY	16.00	2,104		0.00	0
3.00	ADMINISTRATIVE	5.04	35,603		0.00	0
4.00	EMPLOYEE BENEFITS	4.00	11,082		0.00	0
	TOTALS		52,369	TOTALS		52,369
K - RECLASS BLDG RENTAL						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	PHYSICAL THERAPY	66.00	0
	TOTALS		0	TOTALS		0
L - RECLASS BUILDING RENTAL SIHVI						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
M - RECLASS IPA ASSESSMENT MCC						
1.00	SKILLED NURSING FACILITY	44.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
	TOTALS		0	TOTALS		0
N - RECLASS OFALLON EXPENSE						
1.00		0.00	0	CLINIC	90.00	0
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0		0.00	0
3.00	LABORATORY	60.00	0		0.00	0
4.00	PHYSICAL THERAPY	66.00	0		0.00	0
	TOTALS		0	TOTALS		0
O - RECLASS PROPERTY INSURANCE						
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0
2.00	OTHER CAPITAL RELATED COSTS	3.00	0		0.00	0
	TOTALS		0	TOTALS		0

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
P - RECLASS OUTSIDE AGENCY SALARY EXP						
1.00	DATA PROCESSING	5.02	0	DATA PROCESSING	5.02	198,949 1.00
3.00	OPERATION OF PLANT	7.00	0	OPERATION OF PLANT	7.00	6,952 3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	MEDICAL RECORDS & LIBRARY	16.00	42,629 4.00
5.00	ADULTS & PEDIATRICS	30.00	0	ADULTS & PEDIATRICS	30.00	434,482 5.00
6.00	INTENSIVE CARE UNIT	31.00	0	INTENSIVE CARE UNIT	31.00	427,390 6.00
7.00	SKILLED NURSING FACILITY	44.00	0	SKILLED NURSING FACILITY	44.00	144,529 7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	MAGNETIC RESONANCE IMAGING (MRI)	58.00	10,641 8.00
9.00	LABORATORY	60.00	0	LABORATORY	60.00	105,684 9.00
10.00	EMERGENCY	91.00	0	EMERGENCY	91.00	1,085,718 10.00
11.00	PHARMACY	15.00	0	PHARMACY	15.00	83,060 11.00
	TOTALS		0	TOTALS		2,540,034
Q - RECLASS NURSERY EXPENSE						
1.00	NURSERY	43.00	1,496,131	ADULTS & PEDIATRICS	30.00	1,496,131 1.00
	TOTALS		1,496,131	TOTALS		1,496,131
R - RECLASS COST MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 1.00
	TOTALS		0	TOTALS		0
S - RECLASS OT EXPENSE						
1.00	OCCUPATIONAL THERAPY	67.00	86,382	PHYSICAL THERAPY	66.00	86,382 1.00
	TOTALS		86,382	TOTALS		86,382
U - RECLASS IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	OPERATING ROOM	50.00	0 1.00
2.00		0.00	0	CARDIAC CATHETERIZATION	59.00	0 2.00
	TOTALS		0	TOTALS		0
V - RECLASS UNASGN PHY FEE						
1.00	CT SCAN	57.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 1.00
	TOTALS		0	TOTALS		0
W - RECLASS PENSION PLAN AUDIT FEES						
1.00	EMPLOYEE BENEFITS	4.00	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 1.00
	TOTALS		0	TOTALS		0
X - RECLASS HEART FAILURE CLINIC EXPENSE						
1.00	HEART FAILURE CLINIC	90.02	54,314	OTHER ADMINISTRATIVE AND GENERAL	5.06	54,314 1.00
	TOTALS		54,314	TOTALS		54,314
Y - RECLASS 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-BLDG & FIXT_CC	1.01	0		0.00	0 2.00
	TOTALS		0	TOTALS		0
Z - RECLASS PATIENT ACCTS EXPENSE						
1.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	1,319,124	ADMINISTRATIVE	5.04	1,319,124 1.00
	TOTALS		1,319,124	TOTALS		1,319,124
500.00	Grand Total: Increases		5,421,380	Grand Total: Decreases		7,961,414 500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2013 1:50 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	1,446,451	0	0	0	1.00
2.00	Land Improvements	5,135,551	37,858	0	37,858	2.00
3.00	Buildings and Fixtures	33,474,879	3,451,544	0	3,451,544	3.00
4.00	Building Improvements	14,677,678	0	0	0	4.00
5.00	Fixed Equipment	46,534,020	5,033,484	0	5,033,484	5.00
6.00	Movable Equipment	106,781,533	9,446,197	0	9,446,197	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	208,050,112	17,969,083	0	17,969,083	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	208,050,112	17,969,083	0	17,969,083	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,446,451	0			1.00
2.00	Land Improvements	5,173,409	1,895,469			2.00
3.00	Buildings and Fixtures	36,785,125	13,071,704			3.00
4.00	Building Improvements	14,322,061	13,949,971			4.00
5.00	Fixed Equipment	51,128,677	5,692,780			5.00
6.00	Movable Equipment	113,579,167	40,502,536			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	222,434,890	75,112,460			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	222,434,890	75,112,460			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2013 1:50 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	3,718,553	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	162,163	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	11,941,255	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,821,971	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	3,718,553				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	162,163				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	11,941,255				2.00
3.00	Total (sum of lines 1-2)	0	15,821,971				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140185

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2013 1:50 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	98,751,834	0	98,751,834	0.474654	89,077	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	2,516,745	0	2,516,745	0.012097	2,270	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	106,781,533	0	106,781,533	0.513249	96,321	2.00
3.00	Total (sum of lines 1-2)	208,050,112	0	208,050,112	1.000000	187,668	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 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	89,077	3,718,553	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	0	2,270	162,163	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	96,321	11,941,255	0	2.00
3.00	Total (sum of lines 1-2)	0	0	187,668	15,821,971	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 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	89,077	0	1,963,320	5,770,950	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	0	2,270	0	146,892	311,325	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	96,321	0	530,894	12,568,470	2.00
3.00	Total (sum of lines 1-2)	0	187,668	0	2,641,106	18,650,745	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				3.00	4.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT CC (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT CC	1.01	0 1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00	Investment income - other (chapter 2)		0		0.00	0 3.00
4.00	Trade, quantity, and time discounts (chapter 8)	B	-621,708	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-38,267	COMMUNICATIONS	5.01	0 7.00
8.00	Television and radio service (chapter 21)		0		0.00	0 8.00
9.00	Parking lot (chapter 21)		0		0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-3,622,326			0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-18,465	RADIOLOGY-DIAGNOSTIC	54.00	0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0			0 12.00
13.00	Laundry and linen service		0		0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-1,290,270	CAFETERIA	11.00	0 14.00
15.00	Rental of quarters to employee and others		0		0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00	Sale of drugs to other than patients		0		0.00	0 17.00
18.00	Sale of medical records and abstracts	B	-32,863	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		ORESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)			OUTILIZATION REVIEW-SNF	114.00	25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	3,860	NEW CAP REL COSTS-BLDG & FIXT	1.00	14 26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT CC			ONEW CAP REL COSTS-BLDG & FIXT CC	1.01	0 26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW 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		OCCUPATIONAL THERAPY	67.00	30.00

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
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 PRE NATAL CLASS REGISTRATION	B	-3,559		DELIVERY ROOM & LABOR ROOM	52.00	0	33.00
33.01 COFFEE SHOP SALES	A	-441,185		GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	33.01
33.02 SALE OF X-RAY COPIES	B	-2,322		RADIOLOGY-DIAGNOSTIC	54.00	0	33.02
33.03 MISC OTHER INCOME	B	-145,499		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.03
33.05 ADVERTISING EXPENSE	A	-1,159,937		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.05
33.07 CARDIAC SURGEON FEES	A	-630,061		OPERATING ROOM	50.00	0	33.07
33.08 MALPRACTICE EXPENSE	A	-250,004		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.08
33.09			0		0.00	0	33.09
33.10 MISC FOOD SERVICE REVENUE	B	-100,168		DIETARY	10.00	0	33.10
33.11 LOBBYING EXPENSES	A	-94,676		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.11
33.13			0		0.00	0	33.13
33.14			0		0.00	0	33.14
33.15 MEDICAL STAFF'S DINNER LIQUOR EXPENS	A	-4,802		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.15
33.17 EMPLOYEE RECOGNITION DINNER	A	-6,405		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.17
33.18 ELIMINATE RENTAL EXPENSE FOR VP OFC	A	-16,025		OTHER ADMINISTRATIVE AND GENERAL	5.06	0	33.18
35.00 PATHOLOGY SLIDE FEES	B	-1,176		LABORATORY	60.00	0	35.00
36.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	36.00
37.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	37.00
38.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	38.00
39.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	39.00
40.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	40.00
41.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	41.00
42.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	42.00
43.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	43.00
44.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	44.00
45.00 OTHER ADJUSTMENTS (SPECIFY)			0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,475,858					50.00

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

Provider CCN: 140185

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2013 1:50 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	RENT	1,644,526	1,644,526 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			1,644,526	1,644,526 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	E	SW ILL HEALTH V	0.00	0.00	6.00
7.00	E	MEM FOUNDATION	0.00	0.00	7.00
8.00	E	MEM CAPTIVE INS	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: 140185

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2013 1:50 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	0	14		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	0	0		4.00
5.00	0			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			6.00
7.00			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: 140185

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2013 1:50 pm

1.00	Wkst. A Line #	Cost Center/Physician Identifier	2.00	3.00	4.00	5.00	6.00	7.00	8.00
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	1,095,692	0	1,095,692	171,400	8,151	1.00	
2.00	13.00	NURSING ADMINISTRATION	32,461	0	32,461	171,400	227	2.00	
3.00	44.00	SKILLED NURSING FACILITY	13,478	13,478	0	0	0	3.00	
4.00	54.00	RADIOLOGY-DIAGNOSTIC	649,638	649,638	0	0	0	4.00	
5.00	57.00	CT SCAN	2,671	2,671	0	0	0	5.00	
6.00	60.00	LABORATORY	1,085,468	720,642	364,826	219,500	1,595	6.00	
7.00	65.00	RESPIRATORY THERAPY	4,355	0	4,355	171,400	28	7.00	
8.00	70.00	ELECTROENCEPHALOGRAPHY	9,538	0	9,538	171,400	61	8.00	
9.00	91.00	EMERGENCY	1,536,732	1,536,732	0	0	0	9.00	
10.00	91.00	DR. A	18,983	13,033	5,950	171,400	34	10.00	
11.00	91.00	DR. B	12,798	11,048	1,750	171,400	10	11.00	
12.00	91.00	DR. C	54,233	0	54,233	171,400	292	12.00	
200.00			4,516,047	2,947,242	1,568,805		10,398	200.00	

1.00	Wkst. A Line #	Cost Center/Physician Identifier	8.00	9.00	12.00	13.00	14.00	15.00
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	671,674	33,584	0	0	0	1.00
2.00	13.00	NURSING ADMINISTRATION	18,706	935	0	0	0	2.00
3.00	44.00	SKILLED NURSING FACILITY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	168,319	8,416	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	2,307	115	0	0	0	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	5,027	251	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	91.00	DR. A	2,802	140	0	0	0	10.00
11.00	91.00	DR. B	824	41	0	0	0	11.00
12.00	91.00	DR. C	24,062	1,203	0	0	0	12.00
200.00			893,721	44,685	0	0	0	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	15.00	16.00	17.00	18.00	19.00
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	671,674	424,018	424,018	1.00
2.00	13.00	NURSING ADMINISTRATION	0	18,706	13,755	13,755	2.00
3.00	44.00	SKILLED NURSING FACILITY	0	0	0	13,478	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	649,638	4.00
5.00	57.00	CT SCAN	0	0	0	2,671	5.00
6.00	60.00	LABORATORY	0	168,319	196,507	917,149	6.00
7.00	65.00	RESPIRATORY THERAPY	0	2,307	2,048	2,048	7.00
8.00	70.00	ELECTROENCEPHALOGRAPHY	0	5,027	4,511	4,511	8.00
9.00	91.00	EMERGENCY	0	0	0	1,536,732	9.00
10.00	91.00	DR. A	0	2,802	3,148	16,181	10.00
11.00	91.00	DR. B	0	824	926	11,974	11.00
12.00	91.00	DR. C	0	24,062	30,171	30,171	12.00
200.00			0	893,721	675,084	3,622,326	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP	
	0	1.00	1.01	2.00	4.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,770,950	5,770,950			
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT CC	311,325	0	311,325		
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	12,568,470			12,568,470	
4.00 00400 EMPLOYEE BENEFITS	39,943,450		0	6,751	39,959,271
5.01 00510 COMMUNICATIONS	417,481	10,652	0	113,264	92,501
5.02 00511 DATA PROCESSING	4,167,405	88,670	0	4,185,611	507,975
5.03 00512 PURCHASING, RECEIVING AND STORES	639,847	97,043	0	88,066	213,243
5.04 00513 ADMITTING	3,405,083	21,764	0	1,904	524,004
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	1,433,335	77,257	0	11,497	518,532
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	19,295,782	465,888	71,280	72,579	2,097,084
7.00 00700 OPERATION OF PLANT	5,632,423	824,840	0	133,511	780,788
7.01 00701 OPERATION OF PLANT CC	208,899	0	9,651	8,099	27,107
8.00 00800 LAUNDRY & LINEN SERVICE	830,153	112,459	3,496	22,562	171,943
9.00 00900 HOUSEKEEPING	2,043,682	88,163	0	26,776	686,370
9.01 00901 HOUSEKEEPING CC	139,091	0	5,843	985	48,015
10.00 01000 DIETARY	2,032,484	79,046	5,506	19,763	454,735
11.00 01100 CAFETERIA	704,482	152,362	0	38,171	513,792
13.00 01300 NURSING ADMINISTRATION	4,689,203	46,218	0	194,299	1,597,861
14.00 01400 CENTRAL SERVICES & SUPPLY	705,559	105,479	0	219,048	231,607
15.00 01500 PHARMACY	4,084,831	61,287	3,196	327,861	1,241,558
16.00 01600 MEDICAL RECORDS & LIBRARY	2,991,127	69,423	0	50,281	818,617
17.00 01700 SOCIAL SERVICE	808,132	19,532	3,608	0	270,360
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	26,584,320	1,377,403	0	397,558	9,733,012
31.00 03100 INTENSIVE CARE UNIT	5,358,476	192,107	0	243,798	1,430,552
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	1,803,176	40,267	0	1,642	588,111
44.00 04400 SKILLED NURSING FACILITY	3,938,137	0	201,254	74,724	1,331,615
45.00 04500 NURSING FACILITY	0	0	0	0	0
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	12,191,447	471,522	0	1,547,892	4,123,953
51.00 05100 RECOVERY ROOM	0	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,571,022	96,615	0	126,515	879,397
53.00 05300 ANESTHESIOLOGY	803,787	10,700	0	229,209	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,853,561	218,698	0	1,361,339	1,332,744
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01 05501 HYPERBARIC MEDICINE	0	0	0	0	0
56.00 05600 RADIOISOTOPE	0	0	0	0	0
56.02 05602 MISC NURSING OP	0	0	0	0	0
57.00 05700 CT SCAN	1,272,830	38,922	0	485,939	185,130
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	691,920	52,106	0	736,278	122,179
59.00 05900 CARDIAC CATHETERIZATION	1,350,139	0	0	773,442	368,896
60.00 06000 LABORATORY	10,553,750	275,965	0	312,799	1,785,550
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	2,662,929	36,658	437	73,395	868,201
66.00 06600 PHYSICAL THERAPY	4,662,529	41,502	4,557	75,888	1,690,144
67.00 06700 OCCUPATIONAL THERAPY	843,289	17,743	2,497	13,605	320,184
68.00 06800 SPEECH PATHOLOGY	417,288	0	0	20,646	156,130
69.00 06900 ELECTROCARDIOLOGY	1,537,317	89,414	0	235,023	486,797
70.00 07000 ELECTROENCEPHALOGRAPHY	1,014,348	61,857	0	127,298	368,785
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,588,855	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	9,408,683	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	7,943,105	0	0	0	0
74.00 07400 RENAL DIALYSIS	0	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00 03020 OTHER ANCILLARY	225,908	2,865	0	4,306	60,769
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	158,261	934	0	656	59,381	90.01
90.02 09003 HEART FAILURE CLINIC	54,314	27,779	0	0	21,350	90.02
91.00 09100 EMERGENCY	7,461,181	256,876	0	189,980	2,454,019	91.00
91.01 09101 PARAMEDICS	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	444,415	45,221	0	320	0	91.03
91.04 09104 ICU OTHER	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	1,793,887	27,858	0	10,616	653,333	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	233,012,068	5,712,165	311,325	12,555,797	39,816,324	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	-1	46,044	0	3,216	76,150	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSIATRY	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 07950 FOUNDATION	0	1,899	0	9,045	0	194.01
194.02 07951 EMT PROGRAM	227,151	10,842	0	412	66,797	194.02
194.03 07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	233,239,218	5,770,950	311,325	12,568,470	39,959,271	202.00
Cost Center Description	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 COMMUNICATIONS	633,898					5.01
5.02 00511 DATA PROCESSING	28,646	8,978,307				5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	8,185	0	1,046,384			5.03
5.04 00513 ADMINITTING	33,148	279,225	6,705	4,271,833		5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	0	711,980	0	0	2,752,601	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	45,834	2,125,164	908	0	0	5.06
7.00 00700 OPERATION OF PLANT	18,006	0	205	0	0	7.00
7.01 00701 OPERATION OF PLANT CC	409	0	1	0	0	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	1,228	0	57	0	0	8.00
9.00 00900 HOUSEKEEPING	1,637	0	294	0	0	9.00
9.01 00901 HOUSEKEEPING CC	409	0	10	0	0	9.01
10.00 01000 DIETARY	4,092	0	2,557	0	0	10.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B Part I Date/Time Prepared: 5/23/2013 1:50 pm

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
11.00	01100 CAFETERIA	6,548	0	4,906	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	24,554	1,248,883	671	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	2,455	0	16,340	0	0	14.00
15.00	01500 PHARMACY	13,505	0	87,904	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	24,145	684,147	1,338	0	0	16.00
17.00	01700 SOCIAL SERVICE	5,729	0	1	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	62,612	0	118,514	3,954,150	294,724	30.00
31.00	03100 INTENSIVE CARE UNIT	13,505	0	50,572	317,683	59,515	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	3,274	0	2,835	0	13,666	43.00
44.00	04400 SKILLED NURSING FACILITY	10,231	30,526	16,286	0	13,710	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	104,351	368,111	589,805	0	316,794	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,683	0	17,166	0	23,049	52.00
53.00	05300 ANESTHESIOLOGY	2,046	0	21,388	0	51,239	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	43,378	114,922	11,611	0	185,829	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	0	12,571	56.02
57.00	05700 CT SCAN	8,185	167,894	1,024	0	271,087	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	3,274	49,381	287	0	78,986	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,505	0	17,688	0	49,746	59.00
60.00	06000 LABORATORY	36,422	1,522,721	6,186	0	436,917	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,957	0	9,780	0	101,563	65.00
66.00	06600 PHYSICAL THERAPY	15,960	0	1,942	0	95,789	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,092	0	41	0	21,476	67.00
68.00	06800 SPEECH PATHOLOGY	2,865	0	37	0	5,936	68.00
69.00	06900 ELECTROCARDIOLOGY	17,597	0	1,400	0	125,932	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	7,366	0	775	0	27,727	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	264,860	0	0	34,419	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	46,326	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	293,591	0	0	323,431	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	1,228	0	147	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	409	0	78	0	309	90.01
90.02	09003 HEART FAILURE CLINIC	3,274	0	0	0	77	90.02
91.00	09100 EMERGENCY	35,603	749,689	49,179	0	142,352	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	4,911	0	52	0	7,327	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	8,185	193,034	1,404	0	12,104	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B Part I Date/Time Prepared: 5/23/2013 1:50 pm

Cost Center Description		COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	631,443	8,804,128	1,040,094	4,271,833	2,752,601
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	409	0	749	0	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	174,179	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	2,046	0	5,541	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	194.03
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	633,898	8,978,307	1,046,384	4,271,833	2,752,601
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
		5A.05	5.06	7.00	7.01	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	24,174,519	24,174,519			5.06
7.00	00700	OPERATION OF PLANT	7,389,773	854,494	8,244,267		7.00
7.01	00701	OPERATION OF PLANT CC	246,067	28,453	0	274,520	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	1,141,898	132,040	222,030	4,165	1,500,133
9.00	00900	HOUSEKEEPING	2,846,922	329,195	174,062	0	21,771
9.01	00901	HOUSEKEEPING CC	194,353	22,473	0	6,962	0
10.00	01000	DIETARY	2,598,183	300,433	156,062	6,561	2,179
11.00	01100	CAFETERIA	1,420,261	164,228	300,811	0	2,226
13.00	01300	NURSING ADMINISTRATION	7,801,689	902,125	91,249	0	8
14.00	01400	CENTRAL SERVICES & SUPPLY	1,280,488	148,065	208,249	0	60,391
15.00	01500	PHARMACY	5,820,142	672,995	120,999	3,808	2,216
16.00	01600	MEDICAL RECORDS & LIBRARY	4,639,078	536,426	137,062	0	0
17.00	01700	SOCIAL SERVICE	1,107,362	128,046	38,562	4,299	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	42,522,293	4,916,888	2,719,423	0	501,088
31.00	03100	INTENSIVE CARE UNIT	7,666,208	886,459	379,279	0	80,525
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,452,971	283,642	79,500	0	24,105
44.00	04400	SKILLED NURSING FACILITY	5,616,483	649,445	0	239,799	112,130
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,713,875	2,279,555	930,932	0	210,625
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,717,447	429,856	190,749	0	49,395
53.00	05300	ANESTHESIOLOGY	1,118,369	129,319	21,125	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5A. 05	5. 06	7. 00	7. 01	8. 00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,122,082	939,173	431,779	0	69,648	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	12,571	1,454	0	0	0	56.02
57.00	05700	CT SCAN	2,431,011	281,103	76,843	0	18,216	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,734,411	200,553	102,874	0	17,644	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,573,416	297,569	0	0	18,182	59.00
60.00	06000	LABORATORY	14,930,310	1,726,422	544,841	0	1,210	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,759,920	434,767	72,375	521	0	65.00
66.00	06600	PHYSICAL THERAPY	6,588,311	761,820	81,937	5,430	83,656	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,222,927	141,409	35,031	2,975	1,814	67.00
68.00	06800	SPEECH PATHOLOGY	602,902	69,715	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,493,480	288,326	176,530	0	15,328	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,608,156	185,954	122,124	0	16,615	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,143,385	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,455,009	1,093,302	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,560,127	989,825	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	295,223	34,137	5,656	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	220,028	25,442	1,844	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	106,794	12,349	54,843	0	0	90.02
91.00	09100	EMERGENCY	11,338,879	1,311,137	507,153	0	191,040	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	502,246	58,076	89,281	0	11	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,700,421	312,255	55,000	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	232,614,739	24,102,310	8,128,205	274,520	1,500,023	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,567	14,635	90,906	0	110	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	174,179	20,141	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	10,944	1,265	3,750	0	0	194.01
194.02	07951	EMT PROGRAM	312,789	36,168	21,406	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
		5A. 05	5. 06	7. 00	7. 01	8. 00	
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	233,239,218	24,174,519	8,244,267	274,520	1,500,133	202.00
Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9. 00	9. 01	10. 00	11. 00	13. 00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 COMMUNICATIONS						5.01
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING, RECEIVING AND STORES						5.03
5.04	00513 ADMITTING						5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT CC						7.01
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING	3,371,950					9.00
9.01	00901 HOUSEKEEPING CC	0	223,788				9.01
10.00	01000 DIETARY	8,741	5,574	3,077,733			10.00
11.00	01100 CAFETERIA	27,550	0	0	1,915,076		11.00
13.00	01300 NURSING ADMINISTRATION	32,708	0	0	68,394	8,896,173	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	36,754	0	0	25,382	0	14.00
15.00	01500 PHARMACY	44,413	3,236	0	49,837	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	19,211	0	0	66,049	0	16.00
17.00	01700 SOCIAL SERVICE	2,069	3,653	0	16,382	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	1,471,232	0	2,191,442	592,753	4,840,546	30.00
31.00	03100 INTENSIVE CARE UNIT	128,298	0	176,095	68,895	562,616	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	67,824	0	0	29,475	240,676	43.00
44.00	04400 SKILLED NURSING FACILITY	0	203,741	710,196	89,342	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	512,204	0	0	206,619	1,687,303	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	144,204	0	0	43,201	352,786	52.00
53.00	05300 ANESTHESIOLOGY	7,783	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	53,524	0	0	79,861	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700 CT SCAN	8,802	0	0	12,894	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	22,546	0	0	6,731	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	85,676	0	0	17,526	0	59.00
60.00	06000 LABORATORY	98,679	0	0	116,057	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	18,778	442	0	56,369	0	65.00
66.00	06600 PHYSICAL THERAPY	4,664	4,614	0	99,353	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	556	2,528	0	17,413	0	67.00
68.00	06800 SPEECH PATHOLOGY	6,146	0	0	6,362	0	68.00
69.00	06900 ELECTROCARDIOLOGY	42,900	0	0	23,898	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	80,580	0	0	23,444	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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0	2,505	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	2,600	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	822	0	90.02
91.00	09100 EMERGENCY	315,618	0	0	148,444	1,212,246	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	88,054	0	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	8,277	0	0	31,073	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,337,791	223,788	3,077,733	1,901,681	8,896,173	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	29,094	0	0	9,453	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950 FOUNDATION	0	0	0	0	0	194.01
194.02	07951 EMT PROGRAM	5,065	0	0	3,942	0	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	3,371,950	223,788	3,077,733	1,915,076	8,896,173	202.00
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
		14.00	15.00	16.00	17.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 COMMUNICATIONS						5.01
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING, RECEIVING AND STORES						5.03
5.04	00513 ADMINISTRATION						5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700 OPERATION OF PLANT						7.00
7.01	00701 OPERATION OF PLANT CC						7.01
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
9.01	00901 HOUSEKEEPING CC						9.01
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	1,759,329					14.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
15.00	01500	PHARMACY	0	6,717,646				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	5,397,826			16.00
17.00	01700	SOCIAL SERVICE	0	0	0	1,300,373		17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	663	338,607	3,228,981	1,055,622	64,379,538	30.00
31.00	03100	INTENSIVE CARE UNIT	388	48,371	259,635	56,023	10,312,792	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	415	610	53,978	0	3,233,196	43.00
44.00	04400	SKILLED NURSING FACILITY	0	10,010	91,763	159,648	7,882,557	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,867	152,733	0	0	25,700,713	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,013	31,080	0	0	4,959,731	52.00
53.00	05300	ANESTHESIOLOGY	0	42,131	0	0	1,318,727	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	272	4,949	0	0	9,701,288	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	14,025	56.02
57.00	05700	CT SCAN	0	2,422	0	0	2,831,291	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	485	0	0	2,085,244	58.00
59.00	05900	CARDIAC CATHETERIZATION	109	13,183	0	0	3,005,661	59.00
60.00	06000	LABORATORY	0	0	0	0	17,417,519	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	4,343,172	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	7,629,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	1,424,653	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	685,125	68.00
69.00	06900	ELECTROCARDIOLOGY	1,576	202	0	0	3,042,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	100	175	0	0	2,037,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,739,852	0	0	0	12,771,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	10,548,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	5,886,244	0	0	15,436,196	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	943	0	0	338,464	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	249,914	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	174,808	90.02
91.00	09100	EMERGENCY	7,982	147,922	1,741,878	29,080	16,951,379	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	737,668	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	92	0	21,591	0	3,128,709	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,759,329	6,680,067	5,397,826	1,300,373	232,341,225	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	270,765	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	194,320	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	15,959	194.01
194.02	07951	EMT PROGRAM	0	37,579	0	0	416,949	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,759,329	6,717,646	5,397,826	1,300,373	233,239,218	202.00
Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total				
			25.00	26.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINISTRATIVE						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
7.01	00701	OPERATION OF PLANT CC						7.01
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
9.01	00901	HOUSEKEEPING CC						9.01
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
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-2,842,316	61,537,222				30.00
31.00	03100	INTENSIVE CARE UNIT	-27,384	10,285,408				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - I PF	0	0				40.00
41.00	04100	SUBPROVIDER - I RF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	3,233,196				43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,882,557				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
46.00	04600	OTHER LONG TERM CARE	0	0				46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	25,700,713				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,959,731				52.00
53.00	05300	ANESTHESIOLOGY	0	1,318,727				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,701,288				54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0				55.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

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Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
55.01	05501	HYPERBARIC MEDICINE	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	56.00
56.02	05602	MISC NURSING OP	2,634,505	2,648,530	56.02
57.00	05700	CT SCAN	0	2,831,291	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,085,244	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	3,005,661	59.00
60.00	06000	LABORATORY	0	17,417,519	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,343,172	65.00
66.00	06600	PHYSICAL THERAPY	0	7,629,785	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,424,653	67.00
68.00	06800	SPEECH PATHOLOGY	0	685,125	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,042,240	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,037,148	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,771,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	10,548,311	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,436,196	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	338,464	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	249,914	90.01
90.02	09003	HEART FAILURE CLINIC	0	174,808	90.02
91.00	09100	EMERGENCY	0	16,951,379	91.00
91.01	09101	PARAMEDICS	0	0	91.01
91.02	09102	OP TELEMETRY	207,811	207,811	91.02
91.03	09103	OP PSYCH	0	737,668	91.03
91.04	09104	ICU OTHER	27,384	27,384	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	3,128,709	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	232,341,225	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	270,765	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	194,320	192.00
192.01	19201	PHYSIATRY	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950	FOUNDATION	0	15,959	194.01
194.02	07951	EMT PROGRAM	0	416,949	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140185

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

Worksheet B
Part I
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	233,239,218	202.00

COST ALLOCATION STATISTICS

Provider CCN: 140185

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

Worksheet Non-CMS W

Date/Time Prepared:
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Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
GENERAL SERVICE COST CENTERS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT CC	20	SQUARE	FEET	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4	DOLLAR	VALUE	2.00
4.00	EMPLOYEE BENEFITS	5	GROSS	SALARIES	4.00
5.01	COMMUNICATIONS	22	PHONES		5.01
5.02	DATA PROCESSING	23	%	RESOURCES	5.02
5.03	PURCHASING, RECEIVING AND STORES	24	STORE	REQUISITIONS	5.03
5.04	ADMINISTRATIVE	25	PATIENT	DAYS	5.04
5.05	CASHIERING/ACCOUNTS RECEIVABLE	26	GROSS	REVENUE	5.05
5.06	OTHER ADMINISTRATIVE AND GENERAL	-27	ACCUM.	COST	5.06
7.00	OPERATION OF PLANT	1	SQUARE	FEET	7.00
7.01	OPERATION OF PLANT CC	20	SQUARE	FEET	7.01
8.00	LAUNDRY & LINEN SERVICE	6	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	7	HOURS OF	SERVICE	9.00
9.01	HOUSEKEEPING CC	20	SQUARE	FEET	9.01
10.00	DIETARY	8	PATIENT	MEALS	10.00
11.00	CAFETERIA	9	EMPLOYEE	MEALS	11.00
13.00	NURSING ADMINISTRATION	11	TIME	SPENT	13.00
14.00	CENTRAL SERVICES & SUPPLY	12	COSTED	REQUISITIONS	14.00
15.00	PHARMACY	13	COSTED	REQUISITIONS	15.00
16.00	MEDICAL RECORDS & LIBRARY	14	TIME	SPENT	16.00
17.00	SOCIAL SERVICE	15	TIME	SPENT	17.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		0	1.00	1.01		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	9,070	0	6,751	15,821 4.00
5.01 00510	COMMUNICATIONS	0	10,652	0	113,264	123,916 5.01
5.02 00511	DATA PROCESSING	0	88,670	0	4,185,611	4,274,281 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	97,043	0	88,066	185,109 5.03
5.04 00513	ADMINISTRATIVE	0	21,764	0	1,904	23,668 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	77,257	0	11,497	88,754 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	465,888	71,280	72,579	609,747 5.06
7.00 00700	OPERATION OF PLANT	0	824,840	0	133,511	958,351 7.00
7.01 00701	OPERATION OF PLANT CC	0	0	9,651	0	9,651 7.01
8.00 00800	LAUNDRY & LINEN SERVICE	0	112,459	3,496	22,562	138,517 8.00
9.00 00900	HOUSEKEEPING	0	88,163	0	26,776	114,939 9.00
9.01 00901	HOUSEKEEPING CC	0	0	5,843	985	6,828 9.01
10.00 01000	DIETARY	0	79,046	5,506	19,763	104,315 10.00
11.00 01100	CAFETERIA	0	152,362	0	38,171	190,533 11.00
13.00 01300	NURSING ADMINISTRATION	0	46,218	0	194,299	240,517 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	105,479	0	219,048	324,527 14.00
15.00 01500	PHARMACY	0	61,287	3,196	327,861	392,344 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	69,423	0	50,281	119,704 16.00
17.00 01700	SOCIAL SERVICE	0	19,532	3,608	0	23,140 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,377,403	0	397,558	1,774,961 30.00
31.00 03100	INTENSIVE CARE UNIT	0	192,107	0	243,798	435,905 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	40,267	0	1,642	41,909 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	201,254	74,724	275,978 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	471,522	0	1,547,892	2,019,414 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	96,615	0	126,515	223,130 52.00
53.00 05300	ANESTHESIOLOGY	0	10,700	0	229,209	239,909 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	218,698	0	1,361,339	1,580,037 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	HYPERBARIC MEDICINE	0	0	0	0	0 55.01
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
56.02 05602	MISC NURSING OP	0	0	0	0	0 56.02
57.00 05700	CT SCAN	0	38,922	0	485,939	524,861 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	52,106	0	736,278	788,384 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	773,442	773,442 59.00
60.00 06000	LABORATORY	0	275,965	0	312,799	588,764 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	36,658	437	73,395	110,490 65.00
66.00 06600	PHYSICAL THERAPY	0	41,502	4,557	75,888	121,947 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	17,743	2,497	13,605	33,845 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	20,646	20,646 68.00
69.00 06900	ELECTROCARDIOLOGY	0	89,414	0	235,023	324,437 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	61,857	0	127,298	189,155 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO 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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
76.00 03020	OTHER ANCILLARY	0	2,865	0	4,306	7,171 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	0	934	0	656	1,590	90.01
90.02 09003 HEART FAILURE CLINIC	0	27,779	0	0	27,779	90.02
91.00 09100 EMERGENCY	0	256,876	0	189,980	446,856	91.00
91.01 09101 PARAMEDICS	0	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03 09103 OP PSYCH	0	45,221	0	320	45,541	91.03
91.04 09104 ICU OTHER	0	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	27,858	0	10,616	38,474	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
117.00 06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	5,712,165	311,325	12,555,797	18,579,287	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,044	0	3,216	49,260	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 PHYSIATRY	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01 07950 FOUNDATION	0	1,899	0	9,045	10,944	194.01
194.02 07951 EMT PROGRAM	0	10,842	0	412	11,254	194.02
194.03 07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	5,770,950	311,325	12,568,470	18,650,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 1:50 pm		
Cost Center Description			EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE
			4.00	5.01	5.02	5.03	5.04
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	15,821				4.00
5.01	00510	COMMUNICATIONS	37	123,953			5.01
5.02	00511	DATA PROCESSING	202	5,601	4,280,084		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	85	1,600	0	186,794	5.03
5.04	00513	ADMINISTRATIVE	208	6,482	133,111	1,197	164,666
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	206	0	339,411	0	0
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	832	8,962	1,013,096	162	0
7.00	00700	OPERATION OF PLANT	310	3,521	0	37	0
7.01	00701	OPERATION OF PLANT CC	11	80	0	0	0
8.00	00800	LAUNDRY & LINEN SERVICE	68	240	0	10	0
9.00	00900	HOUSEKEEPING	272	320	0	52	0
9.01	00901	HOUSEKEEPING CC	19	80	0	2	0
10.00	01000	DIETARY	180	800	0	456	0
11.00	01100	CAFETERIA	204	1,280	0	876	0
13.00	01300	NURSING ADMINISTRATION	634	4,801	595,360	120	0
14.00	01400	CENTRAL SERVICES & SUPPLY	92	480	0	2,917	0
15.00	01500	PHARMACY	493	2,641	0	15,692	0
16.00	01600	MEDICAL RECORDS & LIBRARY	325	4,721	326,142	239	0
17.00	01700	SOCIAL SERVICE	107	1,120	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,826	12,243	0	21,157	152,420
31.00	03100	INTENSIVE CARE UNIT	568	2,641	0	9,028	12,246
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	233	640	0	506	0
44.00	04400	SKILLED NURSING FACILITY	528	2,001	14,552	2,907	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,637	20,410	175,483	105,289	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	349	720	0	3,064	0
53.00	05300	ANESTHESIOLOGY	0	400	0	3,818	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	529	8,482	54,785	2,073	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	0	0	0	0	0
57.00	05700	CT SCAN	73	1,600	80,038	183	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	48	640	23,540	51	0
59.00	05900	CARDIAC CATHETERIZATION	146	2,641	0	3,157	0
60.00	06000	LABORATORY	709	7,122	725,902	1,104	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	345	1,360	0	1,746	0
66.00	06600	PHYSICAL THERAPY	671	3,121	0	347	0
67.00	06700	OCCUPATIONAL THERAPY	127	800	0	7	0
68.00	06800	SPEECH PATHOLOGY	62	560	0	7	0
69.00	06900	ELECTROCARDIOLOGY	193	3,441	0	250	0
70.00	07000	ELECTROENCEPHALOGRAPHY	146	1,440	0	138	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	126,262	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	139,959	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DI STINCT PART)	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	24	240	0	26	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETIC EDUCATION OP	24	80	0	14	0
90.02	09003	HEART FAILURE CLINIC	8	640	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
91.00	09100	EMERGENCY	974	6,962	357,387	8,779	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	960	0	9	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	259	1,600	92,022	251	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	15,764	123,473	4,197,050	185,671	164,666	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	30	80	0	134	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	83,034	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	27	400	0	989	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	15,821	123,953	4,280,084	186,794	164,666	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 1:50 pm		
Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE 5.05	OTHER ADMINISTRATIVE AND GENERAL 5.06	OPERATION OF PLANT 7.00	OPERATION OF PLANT CC 7.01	LAUNDRY & LINEN SERVICE 8.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	428,371				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,632,799			5.06
7.00	00700	OPERATION OF PLANT	0	57,714	1,019,933		7.00
7.01	00701	OPERATION OF PLANT CC	0	1,922	0	11,664	7.01
8.00	00800	LAUNDRY & LINEN SERVICE	0	8,918	27,468	177	175,398
9.00	00900	HOUSEKEEPING	0	22,234	21,534	0	2,545
9.01	00901	HOUSEKEEPING CC	0	1,518	0	296	0
10.00	01000	DIETARY	0	20,292	19,307	279	255
11.00	01100	CAFETERIA	0	11,092	37,215	0	260
13.00	01300	NURSING ADMINISTRATION	0	60,931	11,289	0	1
14.00	01400	CENTRAL SERVICES & SUPPLY	0	10,001	25,763	0	7,061
15.00	01500	PHARMACY	0	45,455	14,969	162	259
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,231	16,956	0	0
17.00	01700	SOCIAL SERVICE	0	8,648	4,771	183	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,824	332,105	336,432	0	58,589
31.00	03100	INTENSIVE CARE UNIT	9,253	59,873	46,922	0	9,415
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	2,125	19,158	9,835	0	2,818
44.00	04400	SKILLED NURSING FACILITY	2,132	43,865	0	10,188	13,110
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	49,255	153,965	115,170	0	24,627
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,584	29,033	23,598	0	5,775
53.00	05300	ANESTHESIOLOGY	7,967	8,734	2,613	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	28,893	63,433	53,417	0	8,143
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
56.02	05602	MISC NURSING OP	1,955	98	0	0	0
57.00	05700	CT SCAN	42,149	18,986	9,507	0	2,130
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	12,281	13,546	12,727	0	2,063
59.00	05900	CARDIAC CATHETERIZATION	7,735	20,098	0	0	2,126
60.00	06000	LABORATORY	68,326	116,606	67,405	0	142
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	15,791	29,365	8,954	22	0
66.00	06600	PHYSICAL THERAPY	14,893	51,455	10,137	231	9,781
67.00	06700	OCCUPATIONAL THERAPY	3,339	9,551	4,334	126	212
68.00	06800	SPEECH PATHOLOGY	923	4,709	0	0	0
69.00	06900	ELECTROCARDIOLOGY	19,580	19,474	21,839	0	1,792
70.00	07000	ELECTROENCEPHALOGRAPHY	4,311	12,560	15,109	0	1,943
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,351	77,226	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	7,203	73,844	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	50,287	66,855	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03020	OTHER ANCILLARY	0	2,306	700	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
90.01	09001	DIABETIC EDUCATION OP	48	1,718	228	0	0
90.02	09003	HEART FAILURE CLINIC	12	834	6,785	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	
			5.05	5.06	7.00	7.01	8.00	
91.00	09100	EMERGENCY	22,133	88,557	62,742	0	22,337	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	1,139	3,923	11,045	0	1	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,882	21,090	6,804	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	428,371	1,627,923	1,005,575	11,664	175,385	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	988	11,246	0	13	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,360	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	85	464	0	0	194.01
194.02	07951	EMT PROGRAM	0	2,443	2,648	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	428,371	1,632,799	1,019,933	11,664	175,398	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 1:50 pm				
Cost Center Description		HOUSEKEEPING 9.00	HOUSEKEEPING CC 9.01	DIETARY 10.00	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC				1.01		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.01	00510	COMMUNICATIONS				5.01		
5.02	00511	DATA PROCESSING				5.02		
5.03	00512	PURCHASING, RECEIVING AND STORES				5.03		
5.04	00513	ADMITTING				5.04		
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OPERATION OF PLANT CC				7.01		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING	161,896			9.00		
9.01	00901	HOUSEKEEPING CC	0	8,743		9.01		
10.00	01000	DIETARY	420	218	146,522	10.00		
11.00	01100	CAFETERIA	1,323	0	0	242,783	11.00	
13.00	01300	NURSING ADMINISTRATION	1,570	0	0	8,671	923,894	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,765	0	0	3,218	0	14.00
15.00	01500	PHARMACY	2,132	126	0	6,318	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	922	0	0	8,373	0	16.00
17.00	01700	SOCIAL SERVICE	99	143	0	2,077	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	70,635	0	104,329	75,146	502,706	30.00
31.00	03100	INTENSIVE CARE UNIT	6,160	0	8,383	8,734	58,429	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	3,256	0	0	3,737	24,995	43.00
44.00	04400	SKILLED NURSING FACILITY	0	7,960	33,810	11,326	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,592	0	0	26,194	175,231	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,924	0	0	5,477	36,638	52.00
53.00	05300	ANESTHESIOLOGY	374	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,570	0	0	10,124	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	0	56.02
57.00	05700	CT SCAN	423	0	0	1,635	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,083	0	0	853	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	4,114	0	0	2,222	0	59.00
60.00	06000	LABORATORY	4,738	0	0	14,713	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	902	17	0	7,146	0	65.00
66.00	06600	PHYSICAL THERAPY	224	180	0	12,595	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	27	99	0	2,207	0	67.00
68.00	06800	SPEECH PATHOLOGY	295	0	0	807	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,060	0	0	3,030	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,869	0	0	2,972	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
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	318	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	330	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	104	0	90.02
91.00	09100	EMERGENCY	15,154	0	0	18,819	125,895	91.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		9.00	9.01	10.00	11.00	13.00	
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	4,228	0	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	397	0	0	3,939	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	160,256	8,743	146,522	241,085	923,894	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,397	0	0	1,198	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950 FOUNDATION	0	0	0	0	0	194.01
194.02	07951 EMT PROGRAM	243	0	0	500	0	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	161,896	8,743	146,522	242,783	923,894	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 1:50 pm				
Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal		
		14.00	15.00	16.00	17.00	24.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC				1.01		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.01	00510	COMMUNICATIONS				5.01		
5.02	00511	DATA PROCESSING				5.02		
5.03	00512	PURCHASING, RECEIVING AND STORES				5.03		
5.04	00513	ADMITTING				5.04		
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06		
7.00	00700	OPERATION OF PLANT				7.00		
7.01	00701	OPERATION OF PLANT CC				7.01		
8.00	00800	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
9.01	00901	HOUSEKEEPING CC				9.01		
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	375,824			14.00		
15.00	01500	PHARMACY	0	480,591		15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	513,613	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	17.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	142	24,224	307,244	32,705	3,854,688	30.00
31.00	03100	INTENSIVE CARE UNIT	83	3,461	24,705	1,736	697,542	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	89	44	5,136	0	114,481	43.00
44.00	04400	SKILLED NURSING FACILITY	0	716	8,731	4,946	432,750	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,467	10,927	0	0	2,903,661	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	216	2,224	0	0	340,732	52.00
53.00	05300	ANESTHESIOLOGY	0	3,014	0	0	266,829	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	58	354	0	0	1,812,898	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	2,053	56.02
57.00	05700	CT SCAN	0	173	0	0	681,758	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	35	0	0	855,251	58.00
59.00	05900	CARDIAC CATHETERIZATION	23	943	0	0	816,647	59.00
60.00	06000	LABORATORY	0	0	0	0	1,595,531	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	176,138	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	225,582	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	54,674	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	28,009	68.00
69.00	06900	ELECTROCARDIOLOGY	337	14	0	0	396,447	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	21	13	0	0	231,677	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	371,663	0	0	0	580,502	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	81,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	421,111	0	0	678,212	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	67	0	0	10,852	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	4,032	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	36,162	90.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	
			14.00	15.00	16.00	17.00	24.00	
91.00	09100	EMERGENCY	1,705	10,583	165,743	901	1,355,527	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	66,846	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	20	0	2,054	0	168,792	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	375,824	477,903	513,613	40,288	18,469,320	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	64,346	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	84,394	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	11,493	194.01
194.02	07951	EMT PROGRAM	0	2,688	0	0	21,192	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	375,824	480,591	513,613	40,288	18,650,745	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 1:50 pm
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT CC		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	COMMUNICATIONS		5.01
5.02	00511	DATA PROCESSING		5.02
5.03	00512	PURCHASING, RECEIVING AND STORES		5.03
5.04	00513	ADMITTING		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
7.01	00701	OPERATION OF PLANT CC		7.01
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
9.01	00901	HOUSEKEEPING CC		9.01
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
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-169,931	30.00
31.00	03100	INTENSIVE CARE UNIT	-1,850	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	55.01
56.00	05600	RADIOISOTOPE	0	56.00
56.02	05602	MISC NURSING OP	157,507	56.02
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
76.00	03020	OTHER ANCILLARY	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	0	90.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140185

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
90.01	09001 DIABETIC EDUCATION OP	0	4,032	90.01
90.02	09003 HEART FAILURE CLINIC	0	36,162	90.02
91.00	09100 EMERGENCY	0	1,355,527	91.00
91.01	09101 PARAMEDICS	0	0	91.01
91.02	09102 OP TELEMETRY	12,424	12,424	91.02
91.03	09103 OP PSYCH	0	66,846	91.03
91.04	09104 ICU OTHER	1,850	1,850	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	168,792	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	112.00
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	18,469,320	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	64,346	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	84,394	192.00
192.01	19201 PHYSIATRY	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	194.00
194.01	07950 FOUNDATION	0	11,493	194.01
194.02	07951 EMT PROGRAM	0	21,192	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	194.03
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	18,650,745	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONES)	5.01
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	364,599					1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT CC	0	24,935				1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP			12,485,687			2.00
4.00 00400 EMPLOYEE BENEFITS	573	0	6,707	101,654,696		4.00
5.01 00510 COMMUNICATIONS	673	0	112,518	235,320	1,549	5.01
5.02 00511 DATA PROCESSING	5,602	0	4,158,038	1,292,269	70	5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	6,131	0	87,486	542,482	20	5.03
5.04 00513 ADMINITTING	1,375	0	1,891	1,333,046	81	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	4,881	0	11,421	1,319,124	0	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	29,434	5,709	72,101	5,334,896	112	5.06
7.00 00700 OPERATION OF PLANT	52,112	0	132,632	1,986,292	44	7.00
7.01 00701 OPERATION OF PLANT CC	0	773	0	68,959	1	7.01
8.00 00800 LAUNDRY & LINEN SERVICE	7,105	280	22,413	437,416	3	8.00
9.00 00900 HOUSEKEEPING	5,570	0	26,600	1,746,098	4	9.00
9.01 00901 HOUSEKEEPING CC	0	468	979	122,148	1	9.01
10.00 01000 DIETARY	4,994	441	19,633	1,156,827	10	10.00
11.00 01100 CAFETERIA	9,626	0	37,920	1,307,067	16	11.00
13.00 01300 NURSING ADMINISTRATION	2,920	0	193,019	4,064,895	60	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	6,664	0	217,605	589,199	6	14.00
15.00 01500 PHARMACY	3,872	256	325,702	3,158,473	33	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,386	0	49,950	2,082,529	59	16.00
17.00 01700 SOCIAL SERVICE	1,234	289	0	687,784	14	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	87,022	0	394,940	24,760,313	153	30.00
31.00 03100 INTENSIVE CARE UNIT	12,137	0	242,192	3,639,267	33	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,544	0	1,631	1,496,131	8	43.00
44.00 04400 SKILLED NURSING FACILITY	0	16,119	74,232	3,387,574	25	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	29,790	0	1,537,697	10,491,171	255	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,104	0	125,682	2,237,150	9	52.00
53.00 05300 ANESTHESIOLOGY	676	0	227,699	0	5	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,817	0	1,352,373	3,390,446	106	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0	0	0	0	0	56.02
57.00 05700 CT SCAN	2,459	0	482,738	470,962	20	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	3,292	0	731,429	310,818	8	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	768,348	938,457	33	59.00
60.00 06000 LABORATORY	17,435	0	310,739	4,542,368	89	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,316	35	72,912	2,208,668	17	65.00
66.00 06600 PHYSICAL THERAPY	2,622	365	75,388	4,299,659	39	66.00
67.00 06700 OCCUPATIONAL THERAPY	1,121	200	13,515	814,534	10	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	20,510	397,189	7	68.00
69.00 06900 ELECTROCARDIOLOGY	5,649	0	233,475	1,238,392	43	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	3,908	0	126,460	938,173	18	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
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03020 OTHER ANCILLARY	181	0	4,278	154,594	3	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONES)	
			NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
			1.00	1.01	2.00			
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	59	0	652	151,063	1	90.01
90.02	09003	HEART FAILURE CLINIC	1,755	0	0	54,314	8	90.02
91.00	09100	EMERGENCY	16,229	0	188,729	6,242,925	87	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	2,857	0	318	0	12	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,760	0	10,546	1,662,053	20	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	360,885	24,935	12,473,098	101,291,045	1,543	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,909	0	3,195	193,722	1	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	120	0	8,985	0	0	194.01
194.02	07951	EMT PROGRAM	685	0	409	169,929	5	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	5,770,950	311,325	12,568,470	39,959,271	633,898	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	15.828211	12.485462	1.006630	0.393088	409.230471	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)				15,821	123,953	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)				0.000156	80.021304	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		DATA PROCESSING (% RESOURCES)	PURCHASING, RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511	10,000					5.02
5.03	00512	0	10,675,216				5.03
5.04	00513	311	68,404	69,453			5.04
5.05	00514	793	0	0	1,026,224,877		5.05
5.06	00560	2,367	9,268	0	0	-24,174,519	5.06
7.00	00700	0	2,095	0	0	0	7.00
7.01	00701	0	15	0	0	0	7.01
8.00	00800	0	582	0	0	0	8.00
9.00	00900	0	2,998	0	0	0	9.00
9.01	00901	0	97	0	0	0	9.01
10.00	01000	0	26,082	0	0	0	10.00
11.00	01100	0	50,047	0	0	0	11.00
13.00	01300	1,391	6,846	0	0	0	13.00
14.00	01400	0	166,704	0	0	0	14.00
15.00	01500	0	896,796	0	0	0	15.00
16.00	01600	762	13,652	0	0	0	16.00
17.00	01700	0	12	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	1,209,083	64,288	109,889,588	0	30.00
31.00	03100	0	515,940	5,165	22,190,644	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	28,922	0	5,095,421	0	43.00
44.00	04400	34	166,150	0	5,111,925	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	410	6,017,192	0	118,118,606	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	175,130	0	8,593,822	0	52.00
53.00	05300	0	218,201	0	19,104,695	0	53.00
54.00	05400	128	118,451	0	69,287,610	0	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	4,687,055	0	56.02
57.00	05700	187	10,446	0	101,076,572	0	57.00
58.00	05800	55	2,923	0	29,450,577	0	58.00
59.00	05900	0	180,449	0	18,548,221	0	59.00
60.00	06000	1,696	63,108	0	162,807,496	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	99,778	0	37,868,281	0	65.00
66.00	06600	0	19,816	0	35,715,618	0	66.00
67.00	06700	0	423	0	8,007,290	0	67.00
68.00	06800	0	373	0	2,213,305	0	68.00
69.00	06900	0	14,278	0	46,954,508	0	69.00
70.00	07000	0	7,910	0	10,338,069	0	70.00
71.00	07100	295	0	0	12,833,228	0	71.00
72.00	07200	0	0	0	17,272,931	0	72.00
73.00	07300	327	0	0	120,593,309	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	1,501	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			DATA PROCESSING (% RESOURCES)	PURCHASING, RECEIVING AND STORES (STORE REQUIREMENTS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	
			5.02	5.03	5.04	5.05	5A.06	
90.01	09001	DIABETIC EDUCATION OP	0	791	0	115,266	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	28,876	0	90.02
91.00	09100	EMERGENCY	835	501,726	0	53,076,969	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMTRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	534	0	2,731,967	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	215	14,327	0	4,513,028	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	PANCREAS ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	9,806	10,611,050	69,453	1,026,224,877	-24,174,519	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,639	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	194	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	0	56,527	0	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	8,978,307	1,046,384	4,271,833	2,752,601		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	897.830700	0.098020	61.506818	0.002682		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	4,280,084	186,794	164,666	428,371		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	428.008400	0.017498	2.370898	0.000417		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560	209,064,699					5.06
7.00	00700	7,389,773	263,818				7.00
7.01	00701	246,067	0	18,453			7.01
8.00	00800	1,141,898	7,105	280	2,142,708		8.00
9.00	00900	2,846,922	5,570	0	31,096	109,176	9.00
9.01	00901	194,353	0	468	0	0	9.01
10.00	01000	2,598,183	4,994	441	3,112	283	10.00
11.00	01100	1,420,261	9,626	0	3,179	892	11.00
13.00	01300	7,801,689	2,920	0	11	1,059	13.00
14.00	01400	1,280,488	6,664	0	86,259	1,190	14.00
15.00	01500	5,820,142	3,872	256	3,165	1,438	15.00
16.00	01600	4,639,078	4,386	0	0	622	16.00
17.00	01700	1,107,362	1,234	289	0	67	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	42,522,293	87,022	0	715,728	47,635	30.00
31.00	03100	7,666,208	12,137	0	115,018	4,154	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	2,452,971	2,544	0	34,430	2,196	43.00
44.00	04400	5,616,483	0	16,119	160,160	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	19,713,875	29,790	0	300,845	16,584	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	3,717,447	6,104	0	70,553	4,669	52.00
53.00	05300	1,118,369	676	0	0	252	53.00
54.00	05400	8,122,082	13,817	0	99,481	1,733	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.02	05602	12,571	0	0	0	0	56.02
57.00	05700	2,431,011	2,459	0	26,019	285	57.00
58.00	05800	1,734,411	3,292	0	25,202	730	58.00
59.00	05900	2,573,416	0	0	25,970	2,774	59.00
60.00	06000	14,930,310	17,435	0	1,729	3,195	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	3,759,920	2,316	35	0	608	65.00
66.00	06600	6,588,311	2,622	365	119,490	151	66.00
67.00	06700	1,222,927	1,121	200	2,591	18	67.00
68.00	06800	602,902	0	0	0	199	68.00
69.00	06900	2,493,480	5,649	0	21,894	1,389	69.00
70.00	07000	1,608,156	3,908	0	23,732	2,609	70.00
71.00	07100	9,888,134	0	0	0	0	71.00
72.00	07200	9,455,009	0	0	0	0	72.00
73.00	07300	8,560,127	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	295,223	181	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5.06	7.00	7.01	8.00	9.00	
90.01	09001 DIABETIC EDUCATION OP	220,028	59	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	106,794	1,755	0	0	0	90.02
91.00	09100 EMERGENCY	11,338,879	16,229	0	272,871	10,219	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMTRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	502,246	2,857	0	16	2,851	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	2,700,421	1,760	0	0	268	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	208,440,220	260,104	18,453	2,142,551	108,070	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	126,567	2,909	0	157	942	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	174,179	0	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950 FOUNDATION	10,944	120	0	0	0	194.01
194.02	07951 EMT PROGRAM	312,789	685	0	0	164	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	24,174,519	8,244,267	274,520	1,500,133	3,371,950	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.115632	31.249828	14.876714	0.700111	30.885451	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,632,799	1,019,933	11,664	175,398	161,896	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.007810	3.866048	0.632092	0.081858	1.482890	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
		9.01	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
7.01	00701						7.01
8.00	00800						8.00
9.00	00900						9.00
9.01	00901	17,705					9.01
10.00	01000	441	269,418				10.00
11.00	01100	0	0	202,585			11.00
13.00	01300	0	0	7,235	4,064,895		13.00
14.00	01400	0	0	2,685	0	1,034,844	14.00
15.00	01500	256	0	5,272	0	0	15.00
16.00	01600	0	0	6,987	0	0	16.00
17.00	01700	289	0	1,733	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	191,834	62,704	2,211,773	390	30.00
31.00	03100	0	15,415	7,288	257,074	228	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	3,118	109,971	244	43.00
44.00	04400	16,119	62,169	9,451	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	0	21,857	770,973	4,039	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	4,570	161,197	596	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	8,448	0	160	54.00
55.00	05500	0	0	0	0	0	55.00
55.01	05501	0	0	0	0	0	55.01
56.00	05600	0	0	0	0	0	56.00
56.02	05602	0	0	0	0	0	56.02
57.00	05700	0	0	1,364	0	0	57.00
58.00	05800	0	0	712	0	0	58.00
59.00	05900	0	0	1,854	0	64	59.00
60.00	06000	0	0	12,277	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	35	0	5,963	0	0	65.00
66.00	06600	365	0	10,510	0	0	66.00
67.00	06700	200	0	1,842	0	0	67.00
68.00	06800	0	0	673	0	0	68.00
69.00	06900	0	0	2,528	0	927	69.00
70.00	07000	0	0	2,480	0	59	70.00
71.00	07100	0	0	0	0	1,023,388	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
76.00	03020	0	0	265	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description			HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	
			9.01	10.00	11.00	13.00	14.00	
90.01	09001	DIABETIC EDUCATION OP	0	0	275	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	87	0	0	90.02
91.00	09100	EMERGENCY	0	0	15,703	553,907	4,695	91.00
91.01	09101	PARAMEDICS	0	0	0	0	0	91.01
91.02	09102	OP TELEMTRY	0	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	3,287	0	54	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0	0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0	0	0	0	117.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	17,705	269,418	201,168	4,064,895	1,034,844	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	1,000	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	PHYSIATRY	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07953	SPORTS & HEALTH CENTER	0	0	0	0	0	194.00
194.01	07950	FOUNDATION	0	0	0	0	0	194.01
194.02	07951	EMT PROGRAM	0	0	417	0	0	194.02
194.03	07952	EMPLOYEE PHARMACY	0	0	0	0	0	194.03
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)	223,788	3,077,733	1,915,076	8,896,173	1,759,329	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.639819	11.423635	9.453197	2.188537	1.700091	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	8,743	146,522	242,783	923,894	375,824	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.493815	0.543846	1.198425	0.227286	0.363170	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT CC				1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400 EMPLOYEE BENEFITS				4.00
5.01	00510 COMMUNICATIONS				5.01
5.02	00511 DATA PROCESSING				5.02
5.03	00512 PURCHASING, RECEIVING AND STORES				5.03
5.04	00513 ADMITTING				5.04
5.05	00514 CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700 OPERATION OF PLANT				7.00
7.01	00701 OPERATION OF PLANT CC				7.01
8.00	00800 LAUNDRY & LINEN SERVICE				8.00
9.00	00900 HOUSEKEEPING				9.00
9.01	00901 HOUSEKEEPING CC				9.01
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	9,065,028			15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	0	10,000		16.00
17.00	01700 SOCIAL SERVICE	0	0	20,078	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	456,928	5,982	16,299	30.00
31.00	03100 INTENSIVE CARE UNIT	65,274	481	865	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	42.00
43.00	04300 NURSERY	823	100	0	43.00
44.00	04400 SKILLED NURSING FACILITY	13,508	170	2,465	44.00
45.00	04500 NURSING FACILITY	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	206,103	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	41,941	0	0	52.00
53.00	05300 ANESTHESIOLOGY	56,853	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,678	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	0	56.02
57.00	05700 CT SCAN	3,269	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	654	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	17,789	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	272	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	236	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,943,105	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	1,273	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140185

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

Worksheet B-1
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		PHARMACY (COSTED REQUIREMENTS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		15.00	16.00	17.00	
90.01	09001 DIABETIC EDUCATION OP	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	90.02
91.00	09100 EMERGENCY	199,611	3,227	449	91.00
91.01	09101 PARAMEDICS	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	91.02
91.03	09103 OP PSYCH	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	98.00
99.00	09900 CMHC	0	0	0	99.00
99.10	09910 CORF	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	40	0	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500 KIDNEY ACQUISITION	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	111.00
112.00	08600 OTHER ORGAN ACQUISITION	0	0	0	112.00
113.00	11300 INTEREST EXPENSE				113.00
114.00	11400 UTILIZATION REVIEW-SNF				114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	116.00
117.00	06950 OTHER SPECIAL PURPOSE	0	0	0	117.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	9,014,317	10,000	20,078	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201 PHYSIATRY	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	193.00
194.00	07953 SPORTS & HEALTH CENTER	0	0	0	194.00
194.01	07950 FOUNDATION	0	0	0	194.01
194.02	07951 EMT PROGRAM	50,711	0	0	194.02
194.03	07952 EMPLOYEE PHARMACY	0	0	0	194.03
200.00	Cross Foot Adjustments				200.00
201.00	Negative Cost Centers				201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,717,646	5,397,826	1,300,373	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.741051	539.782600	64.766062	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	480,591	513,613	40,288	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.053016	51.361300	2.006574	205.00

Provider CCN: 140185

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

Worksheet B-2

Date/Time Prepared:
 5/23/2013 1:50 pm

	Description	Worksheet		Amount	
		Part	Line No.		
	1.00	2.00	3.00	4.00	
1.00	ADJ FOR EPO COSTS IN RENAL DIALYSIS	1	74.00	0	1.00
2.00	ADJ FOR EPO COSTS IN HOME PROGRAM	1	94.00	0	2.00
3.00	ADJ FOR ARANESP COSTS IN RENAL DIALYSIS	1	74.00	0	3.00
4.00	ADJ FOR ARANESP COSTS IN HOME PROGRAM	1	94.00	0	4.00
5.00	MISC NURSING OP	1	56.02	2,634,505	5.00
6.00	ADULTS & PEDIATRICS	1	30.00	-2,842,316	6.00
7.00	OP TELEMETRY	1	91.02	207,811	7.00
8.00	MISC NURSING OP	2	56.02	157,507	8.00
9.00	ADULTS & PEDIATRICS	2	30.00	-169,931	9.00
10.00	OP TELEMETRY	2	91.02	12,424	10.00
11.00	ICU OTHER	1	91.04	27,384	11.00
12.00	ICU	1	31.00	-27,384	12.00
13.00	ICU OTHER	2	91.04	1,850	13.00
14.00	ICU	2	31.00	-1,850	14.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/23/2013 1:50 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 Dissallowance	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	61,537,222		61,537,222	0	61,537,222	109,519,870	30.00
31.00	03100	INTENSIVE CARE UNIT	10,285,408		10,285,408	0	10,285,408	22,131,740	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,233,196		3,233,196	0	3,233,196	5,095,421	43.00
44.00	04400	SKILLED NURSING FACILITY	7,882,557		7,882,557	0	7,882,557	5,111,925	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,700,713		25,700,713	0	25,700,713	34,863,472	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,959,731		4,959,731	0	4,959,731	6,924,512	52.00
53.00	05300	ANESTHESIOLOGY	1,318,727		1,318,727	0	1,318,727	10,974,064	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,701,288		9,701,288	0	9,701,288	16,680,743	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0		0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
56.02	05602	MISC NURSING OP	2,648,530		2,648,530	0	2,648,530	0	56.02
57.00	05700	CT SCAN	2,831,291		2,831,291	0	2,831,291	24,892,557	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,085,244		2,085,244	0	2,085,244	6,308,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,005,661		3,005,661	0	3,005,661	12,772,595	59.00
60.00	06000	LABORATORY	17,417,519		17,417,519	196,507	17,614,026	77,738,689	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,343,172	0	4,343,172	2,048	4,345,220	32,790,059	65.00
66.00	06600	PHYSICAL THERAPY	7,629,785	0	7,629,785	0	7,629,785	11,630,326	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,424,653	0	1,424,653	0	1,424,653	5,473,219	67.00
68.00	06800	SPEECH PATHOLOGY	685,125	0	685,125	0	685,125	1,178,414	68.00
69.00	06900	ELECTROCARDIOLOGY	3,042,240	0	3,042,240	0	3,042,240	25,809,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,037,148	0	2,037,148	4,511	2,041,659	749,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,771,371	0	12,771,371	0	12,771,371	5,745,078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,548,311	0	10,548,311	0	10,548,311	12,770,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,436,196	0	15,436,196	0	15,436,196	96,552,197	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	338,464		338,464	0	338,464	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	249,914		249,914	0	249,914	0	90.01
90.02	09003	HEART FAILURE CLINIC	174,808		174,808	0	174,808	0	90.02
91.00	09100	EMERGENCY	16,951,379		16,951,379	34,245	16,985,624	14,432,329	91.00
91.01	09101	PARAMEDICS	0		0	0	0	0	91.01
91.02	09102	OP TELEMETRY	207,811		207,811	0	207,811	0	91.02
91.03	09103	OP PSYCH	737,668		737,668	0	737,668	564	91.03
91.04	09104	ICU OTHER	27,384		27,384	0	27,384	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 1:50 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 Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0		0	0	0	0	0	98.00
99.00 09900 CMHC	0		0	0	0	0	0	99.00
99.10 09910 CORF	0		0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	3,128,709		3,128,709		3,128,709			101.00
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0		0		0		0	105.00
106.00 10600 HEART ACQUISITION	0		0		0		0	106.00
107.00 10700 LIVER ACQUISITION	0		0		0		0	107.00
108.00 10800 LUNG ACQUISITION	0		0		0		0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0		0		0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0		0		0	110.00
111.00 11100 ISLET ACQUISITION	0		0		0		0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0		0		0		0	112.00
113.00 11300 INTEREST EXPENSE								113.00
114.00 11400 UTILIZATION REVIEW-SNF								114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0		0	115.00
116.00 11600 HOSPICE	0		0		0		0	116.00
117.00 06950 OTHER SPECIAL PURPOSE	0		0		0		0	117.00
200.00 Subtotal (see instructions)	232,341,225	0	232,341,225	237,311	232,578,536	540,145,815		200.00
201.00 Less Observation Beds	0		0		0			201.00
202.00 Total (see instructions)	232,341,225	0	232,341,225	237,311	232,578,536	540,145,815		202.00
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						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS		109,519,870						30.00
31.00 03100 INTENSIVE CARE UNIT		22,131,740						31.00
32.00 03200 CORONARY CARE UNIT		0						32.00
33.00 03300 BURN INTENSIVE CARE UNIT		0						33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0						34.00
40.00 04000 SUBPROVIDER - I PF		0						40.00
41.00 04100 SUBPROVIDER - I RF		0						41.00
42.00 04200 SUBPROVIDER		0						42.00
43.00 04300 NURSERY		5,095,421						43.00
44.00 04400 SKILLED NURSING FACILITY		5,111,925						44.00
45.00 04500 NURSING FACILITY		0						45.00
46.00 04600 OTHER LONG TERM CARE		0						46.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	83,255,134	118,118,606	0.217584	0.000000	0.217584			50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0.000000			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,669,310	8,593,822	0.577127	0.000000	0.577127			52.00
53.00 05300 ANESTHESIOLOGY	8,130,631	19,104,695	0.069026	0.000000	0.069026			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	52,606,867	69,287,610	0.140015	0.000000	0.140015			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000			55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0.000000			55.01
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0.000000			56.00
56.02 05602 MIC NURSING OP	4,687,055	4,687,055	0.565073	0.000000	0.565073			56.02
57.00 05700 CT SCAN	76,184,015	101,076,572	0.028011	0.000000	0.028011			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	23,141,705	29,450,577	0.070805	0.000000	0.070805			58.00
59.00 05900 CARDIAC CATHETERIZATION	5,775,626	18,548,221	0.162046	0.000000	0.162046			59.00
60.00 06000 LABORATORY	79,850,872	157,589,561	0.110525	0.000000	0.111772			60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000			62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000			63.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
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			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00				9.00	10.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	5,078,222	37,868,281	0.114692	0.000000	0.114746		65.00
66.00	06600	PHYSICAL THERAPY	24,085,292	35,715,618	0.213626	0.000000	0.213626		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,534,071	8,007,290	0.177919	0.000000	0.177919		67.00
68.00	06800	SPEECH PATHOLOGY	1,034,891	2,213,305	0.309548	0.000000	0.309548		68.00
69.00	06900	ELECTROCARDIOLOGY	21,145,095	46,954,508	0.064791	0.000000	0.064791		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,588,517	10,338,068	0.197053	0.000000	0.197489		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,088,150	12,833,228	0.995180	0.000000	0.995180		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,502,726	17,272,931	0.610684	0.000000	0.610684		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,041,112	120,593,309	0.128002	0.000000	0.128002		73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	09001	DIABETIC EDUCATION OP	115,266	115,266	2.168150	0.000000	2.168150		90.01
90.02	09003	HEART FAILURE CLINIC	28,876	28,876	6.053747	0.000000	6.053747		90.02
91.00	09100	EMERGENCY	37,619,666	52,051,995	0.325662	0.000000	0.326320		91.00
91.01	09101	PARAMEDICS	0	0	0.000000	0.000000	0.000000		91.01
91.02	09102	OP TELEMETRY	369,718	369,718	0.562080	0.000000	0.562080		91.02
91.03	09103	OP PSYCH	2,731,403	2,731,967	0.270014	0.000000	0.270014		91.03
91.04	09104	ICU OTHER	58,904	58,904	0.464892	0.000000	0.464892		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0.000000	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0					99.00
99.10	09910	CORF	0	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0					105.00
106.00	10600	HEART ACQUISITION	0	0					106.00
107.00	10700	LIVER ACQUISITION	0	0					107.00
108.00	10800	LUNG ACQUISITION	0	0					108.00
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0					112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00
116.00	11600	HOSPICE	0	0					116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0					117.00
200.00		Subtotal (see instructions)	475,323,124	1,015,468,939					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	475,323,124	1,015,468,939					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 1:50 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 Dissallowance	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	61,537,222		61,537,222	0	0	109,519,870	30.00
31.00	03100	INTENSIVE CARE UNIT	10,285,408		10,285,408	0	0	22,131,740	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,233,196		3,233,196	0	0	5,095,421	43.00
44.00	04400	SKILLED NURSING FACILITY	7,882,557		7,882,557	0	0	5,111,925	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,700,713		25,700,713	0	0	34,863,472	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,959,731		4,959,731	0	0	6,924,512	52.00
53.00	05300	ANESTHESIOLOGY	1,318,727		1,318,727	0	0	10,974,064	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,701,288		9,701,288	0	0	16,680,743	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0		0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
56.02	05602	MISC NURSING OP	2,648,530		2,648,530	0	0	0	56.02
57.00	05700	CT SCAN	2,831,291		2,831,291	0	0	24,892,557	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,085,244		2,085,244	0	0	6,308,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,005,661		3,005,661	0	0	12,772,595	59.00
60.00	06000	LABORATORY	17,417,519		17,417,519	0	0	77,738,689	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,343,172	0	4,343,172	0	0	32,790,059	65.00
66.00	06600	PHYSICAL THERAPY	7,629,785	0	7,629,785	0	0	11,630,326	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,424,653	0	1,424,653	0	0	5,473,219	67.00
68.00	06800	SPEECH PATHOLOGY	685,125	0	685,125	0	0	1,178,414	68.00
69.00	06900	ELECTROCARDIOLOGY	3,042,240		3,042,240	0	0	25,809,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,037,148		2,037,148	0	0	749,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,771,371		12,771,371	0	0	5,745,078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,548,311		10,548,311	0	0	12,770,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,436,196		15,436,196	0	0	96,552,197	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	338,464		338,464	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	249,914		249,914	0	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	174,808		174,808	0	0	0	90.02
91.00	09100	EMERGENCY	16,951,379		16,951,379	0	0	14,432,329	91.00
91.01	09101	PARAMEDICS	0		0	0	0	0	91.01
91.02	09102	OP TELEMETRY	207,811		207,811	0	0	0	91.02
91.03	09103	OP PSYCH	737,668		737,668	0	0	564	91.03
91.04	09104	ICU OTHER	27,384		27,384	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 1:50 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 Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0		0	0	0	0	0	98.00
99.00 09900 CMHC	0		0	0	0	0	0	99.00
99.10 09910 CORF	0		0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	3,128,709		3,128,709		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0		0		0		0	105.00
106.00 10600 HEART ACQUISITION	0		0		0		0	106.00
107.00 10700 LIVER ACQUISITION	0		0		0		0	107.00
108.00 10800 LUNG ACQUISITION	0		0		0		0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0		0		0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0		0		0	110.00
111.00 11100 ISLET ACQUISITION	0		0		0		0	111.00
112.00 08600 OTHER ORGAN ACQUISITION	0		0		0		0	112.00
113.00 11300 INTEREST EXPENSE								113.00
114.00 11400 UTILIZATION REVIEW-SNF								114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0		0	115.00
116.00 11600 HOSPICE	0		0		0		0	116.00
117.00 06950 OTHER SPECIAL PURPOSE	0		0		0		0	117.00
200.00 Subtotal (see instructions)	232,341,225	0	232,341,225	0	0	540,145,815	200.00	
201.00 Less Observation Beds	0		0		0		201.00	
202.00 Total (see instructions)	232,341,225	0	232,341,225	0	0	540,145,815	202.00	
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						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS		109,519,870						30.00
31.00 03100 INTENSIVE CARE UNIT		22,131,740						31.00
32.00 03200 CORONARY CARE UNIT		0						32.00
33.00 03300 BURN INTENSIVE CARE UNIT		0						33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0						34.00
40.00 04000 SUBPROVIDER - I PF		0						40.00
41.00 04100 SUBPROVIDER - I RF		0						41.00
42.00 04200 SUBPROVIDER		0						42.00
43.00 04300 NURSERY		5,095,421						43.00
44.00 04400 SKILLED NURSING FACILITY		5,111,925						44.00
45.00 04500 NURSING FACILITY		0						45.00
46.00 04600 OTHER LONG TERM CARE		0						46.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	83,255,134	118,118,606	0.217584	0.000000	0.000000			50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0.000000			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,669,310	8,593,822	0.577127	0.000000	0.000000			52.00
53.00 05300 ANESTHESIOLOGY	8,130,631	19,104,695	0.069026	0.000000	0.000000			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	52,606,867	69,287,610	0.140015	0.000000	0.000000			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000			55.00
55.01 05501 HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0.000000			55.01
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0.000000			56.00
56.02 05602 MISC NURSING OP	4,687,055	4,687,055	0.565073	0.000000	0.000000			56.02
57.00 05700 CT SCAN	76,184,015	101,076,572	0.028011	0.000000	0.000000			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	23,141,705	29,450,577	0.070805	0.000000	0.000000			58.00
59.00 05900 CARDIAC CATHETERIZATION	5,775,626	18,548,221	0.162046	0.000000	0.000000			59.00
60.00 06000 LABORATORY	79,850,872	157,589,561	0.110525	0.000000	0.000000			60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000			62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000			63.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	9.00	10.00				
	7.00	8.00						
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	5,078,222	37,868,281	0.114692	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	24,085,292	35,715,618	0.213626	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,534,071	8,007,290	0.177919	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	1,034,891	2,213,305	0.309548	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	21,145,095	46,954,508	0.064791	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,588,517	10,338,068	0.197053	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,088,150	12,833,228	0.995180	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,502,726	17,272,931	0.610684	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,041,112	120,593,309	0.128002	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0.000000	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000	90.00
90.01	09001	DIABETIC EDUCATION OP	115,266	115,266	2.168150	0.000000	0.000000	90.01
90.02	09003	HEART FAILURE CLINIC	28,876	28,876	6.053747	0.000000	0.000000	90.02
91.00	09100	EMERGENCY	37,619,666	52,051,995	0.325662	0.000000	0.000000	91.00
91.01	09101	PARAMEDICS	0	0	0.000000	0.000000	0.000000	91.01
91.02	09102	OP TELEMETRY	369,718	369,718	0.562080	0.000000	0.000000	91.02
91.03	09103	OP PSYCH	2,731,403	2,731,967	0.270014	0.000000	0.000000	91.03
91.04	09104	ICU OTHER	58,904	58,904	0.464892	0.000000	0.000000	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0.000000	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0				112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	0	0				116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0				117.00
200.00		Subtotal (see instructions)	475,323,124	1,015,468,939				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	475,323,124	1,015,468,939				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

		Title V		Hospital					
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	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	61,537,222		61,537,222	0	0	109,519,870	30.00
31.00	03100	INTENSIVE CARE UNIT	10,285,408		10,285,408	0	0	22,131,740	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	3,233,196		3,233,196	0	0	5,095,421	43.00
44.00	04400	SKILLED NURSING FACILITY	7,882,557		7,882,557	0	0	5,111,925	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	25,700,713		25,700,713	0	0	34,863,472	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,959,731		4,959,731	0	0	6,924,512	52.00
53.00	05300	ANESTHESIOLOGY	1,318,727		1,318,727	0	0	10,974,064	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,701,288		9,701,288	0	0	16,680,743	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0		0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
56.02	05602	MISC NURSING OP	2,648,530		2,648,530	0	0	0	56.02
57.00	05700	CT SCAN	2,831,291		2,831,291	0	0	24,892,557	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,085,244		2,085,244	0	0	6,308,872	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,005,661		3,005,661	0	0	12,772,595	59.00
60.00	06000	LABORATORY	17,417,519		17,417,519	0	0	77,738,689	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,343,172	0	4,343,172	0	0	32,790,059	65.00
66.00	06600	PHYSICAL THERAPY	7,629,785	0	7,629,785	0	0	11,630,326	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,424,653	0	1,424,653	0	0	5,473,219	67.00
68.00	06800	SPEECH PATHOLOGY	685,125	0	685,125	0	0	1,178,414	68.00
69.00	06900	ELECTROCARDIOLOGY	3,042,240		3,042,240	0	0	25,809,413	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,037,148		2,037,148	0	0	749,551	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,771,371		12,771,371	0	0	5,745,078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,548,311		10,548,311	0	0	12,770,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,436,196		15,436,196	0	0	96,552,197	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	338,464		338,464	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	249,914		249,914	0	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	174,808		174,808	0	0	0	90.02
91.00	09100	EMERGENCY	16,951,379		16,951,379	0	0	14,432,329	91.00
91.01	09101	PARAMEDICS	0		0	0	0	0	91.01
91.02	09102	OP TELEMETRY	207,811		207,811	0	0	0	91.02
91.03	09103	OP PSYCH	737,668		737,668	0	0	564	91.03
91.04	09104	ICU OTHER	27,384		27,384	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/23/2013 1:50 pm
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			Title V		Hospital			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0		0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,128,709		3,128,709	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0	0	0	105.00
106.00	10600	HEART ACQUISITION	0		0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0		0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0		0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
112.00	08600	OTHER ORGAN ACQUISITION	0		0	0	0	112.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	115.00
116.00	11600	HOSPICE	0		0	0	0	116.00
117.00	06950	OTHER SPECIAL PURPOSE	0		0	0	0	117.00
200.00		Subtotal (see instructions)	232,341,225	0	232,341,225	0	540,145,815	200.00
201.00		Less Observation Beds	0		0	0		201.00
202.00		Total (see instructions)	232,341,225	0	232,341,225	0	540,145,815	202.00
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						
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		109,519,870				30.00
31.00	03100	INTENSIVE CARE UNIT		22,131,740				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - I PF		0				40.00
41.00	04100	SUBPROVIDER - I RF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		5,095,421				43.00
44.00	04400	SKILLED NURSING FACILITY		5,111,925				44.00
45.00	04500	NURSING FACILITY		0				45.00
46.00	04600	OTHER LONG TERM CARE		0				46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,255,134	118,118,606	0.217584	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,669,310	8,593,822	0.577127	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	8,130,631	19,104,695	0.069026	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	52,606,867	69,287,610	0.140015	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0.000000	55.01
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000	56.00
56.02	05602	MISC NURSING OP	4,687,055	4,687,055	0.565073	0.000000	0.000000	56.02
57.00	05700	CT SCAN	76,184,015	101,076,572	0.028011	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	23,141,705	29,450,577	0.070805	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,775,626	18,548,221	0.162046	0.000000	0.000000	59.00
60.00	06000	LABORATORY	79,850,872	157,589,561	0.110525	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140185

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00				9.00	10.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	5,078,222	37,868,281	0.114692	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	24,085,292	35,715,618	0.213626	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,534,071	8,007,290	0.177919	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	1,034,891	2,213,305	0.309548	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	21,145,095	46,954,508	0.064791	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	9,588,517	10,338,068	0.197053	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,088,150	12,833,228	0.995180	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,502,726	17,272,931	0.610684	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,041,112	120,593,309	0.128002	0.000000	0.000000		73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
90.01	09001	DIABETIC EDUCATION OP	115,266	115,266	2.168150	0.000000	0.000000		90.01
90.02	09003	HEART FAILURE CLINIC	28,876	28,876	6.053747	0.000000	0.000000		90.02
91.00	09100	EMERGENCY	37,619,666	52,051,995	0.325662	0.000000	0.000000		91.00
91.01	09101	PARAMEDICS	0	0	0.000000	0.000000	0.000000		91.01
91.02	09102	OP TELEMETRY	369,718	369,718	0.562080	0.000000	0.000000		91.02
91.03	09103	OP PSYCH	2,731,403	2,731,967	0.270014	0.000000	0.000000		91.03
91.04	09104	ICU OTHER	58,904	58,904	0.464892	0.000000	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0.000000	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0					99.00
99.10	09910	CORF	0	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0					105.00
106.00	10600	HEART ACQUISITION	0	0					106.00
107.00	10700	LIVER ACQUISITION	0	0					107.00
108.00	10800	LUNG ACQUISITION	0	0					108.00
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
112.00	08600	OTHER ORGAN ACQUISITION	0	0					112.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00
116.00	11600	HOSPICE	0	0					116.00
117.00	06950	OTHER SPECIAL PURPOSE	0	0					117.00
200.00		Subtotal (see instructions)	475,323,124	1,015,468,939					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	475,323,124	1,015,468,939					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/23/2013 1:50 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)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	3,684,757	0	3,684,757	63,804	57.75	30.00
31.00	INTENSIVE CARE UNIT	695,692		695,692	5,165	134.69	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	114,481		114,481	3,741	30.60	43.00
44.00	SKILLED NURSING FACILITY	432,750		432,750	20,723	20.88	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,927,680		4,927,680	93,433		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	31,006	1,790,597				
31.00	INTENSIVE CARE UNIT	2,708	364,741				
32.00	CORONARY CARE UNIT	0	0				
33.00	BURN INTENSIVE CARE UNIT	0	0				
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	14,386	300,380				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	48,100	2,455,718				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/23/2013 1:50 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,903,661	118,118,606	0.024583	14,641,298	359,927	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	340,732	8,593,822	0.039648	43,166	1,711	52.00
53.00	05300 ANESTHESIOLOGY	266,829	19,104,695	0.013967	2,575,748	35,975	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,812,898	69,287,610	0.026165	8,745,598	228,829	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0.000000	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.02	05602 MI SC NURSING OP	159,560	4,687,055	0.034043	0	0	56.02
57.00	05700 CT SCAN	681,758	101,076,572	0.006745	14,406,264	97,170	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	855,251	29,450,577	0.029040	2,587,800	75,150	58.00
59.00	05900 CARDIAC CATHETERIZATION	816,647	18,548,221	0.044028	3,683,318	162,169	59.00
60.00	06000 LABORATORY	1,595,531	157,589,561	0.010125	38,558,219	390,402	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	176,138	37,868,281	0.004651	18,195,130	84,626	65.00
66.00	06600 PHYSICAL THERAPY	225,582	35,715,618	0.006316	3,364,842	21,252	66.00
67.00	06700 OCCUPATIONAL THERAPY	54,674	8,007,290	0.006828	400,885	2,737	67.00
68.00	06800 SPEECH PATHOLOGY	28,009	2,213,305	0.012655	187,872	2,378	68.00
69.00	06900 ELECTROCARDIOLOGY	396,447	46,954,508	0.008443	13,528,853	114,224	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	231,677	10,338,068	0.022410	446,648	10,009	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	580,502	12,833,228	0.045234	2,303,316	104,188	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	81,047	17,272,931	0.004692	6,486,435	30,434	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	678,212	120,593,309	0.005624	43,559,974	244,981	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03020 OTHER ANCILLARY	10,852	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	4,032	115,266	0.034980	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	36,162	28,876	1.252320	0	0	90.02
91.00	09100 EMERGENCY	1,355,527	52,051,995	0.026042	7,147,046	186,123	91.00
91.01	09101 PARAMEDICS	0	0	0.000000	0	0	91.01
91.02	09102 OP TELEMETRY	12,424	369,718	0.033604	0	0	91.02
91.03	09103 OP PSYCH	66,846	2,731,967	0.024468	564	14	91.03
91.04	09104 ICU OTHER	1,850	58,904	0.031407	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09800 OTHER REIMBURSABLE	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	13,372,848	873,609,983		180,862,976	2,152,299	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/23/2013 1:50 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
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
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	63,804	0.00	31,006	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,165	0.00	2,708	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,741	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	20,723	0.00	14,386	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	93,433		48,100	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
32.00	03200	CORONARY CARE UNIT	0	0			32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0			33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0			34.00
40.00	04000	SUBPROVIDER - IPF	0	0			40.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	0			43.00
44.00	04400	SKILLED NURSING FACILITY	0	0			44.00
45.00	04500	NURSING FACILITY	0	0			45.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 1:50 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	55.01	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
56.02	05602	MISC NURSING OP	0	0	0	0	56.02	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	90.01	
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	90.02	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
91.01	09101	PARAMEDICS	0	0	0	0	91.01	
91.02	09102	OP TELEMETRY	0	0	0	0	91.02	
91.03	09103	OP PSYCH	0	0	0	0	91.03	
91.04	09104	ICU OTHER	0	0	0	0	91.04	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES					95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 1:50 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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	118,118,606	0.000000	0.000000	14,641,298	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,593,822	0.000000	0.000000	43,166	52.00
53.00	05300 ANESTHESIOLOGY	0	19,104,695	0.000000	0.000000	2,575,748	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	69,287,610	0.000000	0.000000	8,745,598	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0.000000	0.000000	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.02	05602 MISC NURSING OP	0	4,687,055	0.000000	0.000000	0	56.02
57.00	05700 CT SCAN	0	101,076,572	0.000000	0.000000	14,406,264	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	29,450,577	0.000000	0.000000	2,587,800	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	18,548,221	0.000000	0.000000	3,683,318	59.00
60.00	06000 LABORATORY	0	157,589,561	0.000000	0.000000	38,558,219	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	37,868,281	0.000000	0.000000	18,195,130	65.00
66.00	06600 PHYSICAL THERAPY	0	35,715,618	0.000000	0.000000	3,364,842	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	8,007,290	0.000000	0.000000	400,885	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,213,305	0.000000	0.000000	187,872	68.00
69.00	06900 ELECTROCARDIOLOGY	0	46,954,508	0.000000	0.000000	13,528,853	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	10,338,068	0.000000	0.000000	446,648	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,833,228	0.000000	0.000000	2,303,316	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	17,272,931	0.000000	0.000000	6,486,435	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	120,593,309	0.000000	0.000000	43,559,974	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	115,266	0.000000	0.000000	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	28,876	0.000000	0.000000	0	90.02
91.00	09100 EMERGENCY	0	52,051,995	0.000000	0.000000	7,147,046	91.00
91.01	09101 PARAMEDICS	0	0	0.000000	0.000000	0	91.01
91.02	09102 OP TELEMETRY	0	369,718	0.000000	0.000000	0	91.02
91.03	09103 OP PSYCH	0	2,731,967	0.000000	0.000000	564	91.03
91.04	09104 ICU OTHER	0	58,904	0.000000	0.000000	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09800 OTHER REIMBURSABLE	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	873,609,983			180,862,976	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 1:50 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	23,019,807	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	13,132	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,612,428	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,097,880	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISC NURSING OP	0	1,503,007	0	0	0	56.02
57.00	05700 CT SCAN	0	17,766,900	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,632,147	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	905,713	0	0	0	59.00
60.00	06000 LABORATORY	0	2,110,410	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,300,146	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	893,131	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	7,616,234	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,972,288	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	2,000,606	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,224,822	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	6,189,216	0	0	0	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	49,089	0	0	0	91.02
91.03	09103 OP PSYCH	0	2,699,279	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	95,606,235	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 1:50 pm
	Title XVIII	Hospital	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
55.01 05501 HYPERBARIC MEDICINE	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MISC NURSING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO 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
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
90.02 09003 HEART FAILURE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARAMEDICS	0	0		91.01
91.02 09102 OP TELEMETRY	0	0		91.02
91.03 09103 OP PSYCH	0	0		91.03
91.04 09104 ICU OTHER	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE	0	0		98.00
200.00 Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 1:50 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	0.217584	23,019,807	0	5,008,742	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.577127	13,132	0	7,579	52.00	
53.00	05300 ANESTHESIOLOGY	0.069026	1,612,428	0	111,299	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.140015	13,097,880	0	1,833,900	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00	
55.01	05501 HYPERBARIC MEDICINE	0.000000	0	0	0	55.01	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	56.00	
56.02	05602 MISC NURSING OP	0.565073	1,503,007	0	849,309	56.02	
57.00	05700 CT SCAN	0.028011	17,766,900	0	497,669	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070805	5,632,147	0	398,784	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.162046	905,713	0	146,767	59.00	
60.00	06000 LABORATORY	0.110525	2,110,410	0	233,253	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0.114692	1,300,146	0	149,116	65.00	
66.00	06600 PHYSICAL THERAPY	0.213626	893,131	0	190,796	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.177919	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.309548	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.064791	7,616,234	0	493,463	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.197053	1,972,288	0	388,645	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.995180	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.610684	2,000,606	0	1,221,738	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.128002	7,224,822	0	78,745	924,792	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	2.168150	0	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	6.053747	0	0	0	0	90.02
91.00	09100 EMERGENCY	0.325662	6,189,216	0	2,015,592	0	91.00
91.01	09101 PARAMEDICS	0.000000	0	0	0	0	91.01
91.02	09102 OP TELEMTRY	0.562080	49,089	0	27,592	0	91.02
91.03	09103 OP PSYCH	0.270014	2,699,279	0	728,843	0	91.03
91.04	09104 ICU OTHER	0.464892	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		95,606,235	0	78,745	15,227,879	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		95,606,235	0	78,745	15,227,879	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 1:50 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs		Hospital	PPS
	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
55.01 05501 HYPERBARIC MEDICINE	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MISC NURSING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10,080		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
90.02 09003 HEART FAILURE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARAMEDICS	0	0		91.01
91.02 09102 OP TELEMETRY	0	0		91.02
91.03 09103 OP PSYCH	0	0		91.03
91.04 09104 ICU OTHER	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE	0	0		98.00
200.00	Subtotal (see instructions)	0	10,080	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	10,080	202.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 1:50 pm
	Title XVIII	Skilled Nursing Facility	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
55.01	05501 HYPERBARIC MEDICINE	0	0	0	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.02	05602 MISCELLANEOUS NURSING OP	0	0	0	0	0	56.02
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO 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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	0	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	0	0	0	90.02
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
91.01	09101 PARAMEDICS	0	0	0	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	0	0	0	91.02
91.03	09103 OP PSYCH	0	0	0	0	0	91.03
91.04	09104 ICU OTHER	0	0	0	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	0	0	0	98.00
200.00	Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185 Component CCN: 145102		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 5/23/2013 1:50 pm	
		Title XVIII		Skilled Nursing Facility		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	118,118,606	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	0	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,593,822	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	19,104,695	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,287,610	0.000000	0.000000	129,890	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0.000000	0.000000		55.00
55.01	05501	HYPERBARIC MEDICINE	0	0.000000	0.000000		55.01
56.00	05600	RADIOISOTOPE	0	0.000000	0.000000		56.00
56.02	05602	MISC NURSING OP	4,687,055	0.000000	0.000000		56.02
57.00	05700	CT SCAN	101,076,572	0.000000	0.000000	108,644	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	29,450,577	0.000000	0.000000	14,976	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,548,221	0.000000	0.000000		59.00
60.00	06000	LABORATORY	157,589,561	0.000000	0.000000	1,650,534	60.00
60.01	06001	BLOOD LABORATORY	0	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	37,868,281	0.000000	0.000000	852,412	65.00
66.00	06600	PHYSICAL THERAPY	35,715,618	0.000000	0.000000	4,531,439	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,007,290	0.000000	0.000000	3,676,574	67.00
68.00	06800	SPEECH PATHOLOGY	2,213,305	0.000000	0.000000	636,265	68.00
69.00	06900	ELECTROCARDIOLOGY	46,954,508	0.000000	0.000000	69,710	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	10,338,068	0.000000	0.000000	966	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,833,228	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,272,931	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	120,593,309	0.000000	0.000000	5,654,991	73.00
74.00	07400	RENAL DIALYSIS	0	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0.000000	0.000000		75.00
76.00	03020	OTHER ANCILLARY	0	0.000000	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0.000000	0.000000		90.00
90.01	09001	DIABETIC EDUCATION OP	115,266	0.000000	0.000000		90.01
90.02	09003	HEART FAILURE CLINIC	28,876	0.000000	0.000000		90.02
91.00	09100	EMERGENCY	52,051,995	0.000000	0.000000		91.00
91.01	09101	PARAMEDICS	0	0.000000	0.000000		91.01
91.02	09102	OP TELEMETRY	369,718	0.000000	0.000000		91.02
91.03	09103	OP PSYCH	2,731,967	0.000000	0.000000		91.03
91.04	09104	ICU OTHER	58,904	0.000000	0.000000		91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE	0	0.000000	0.000000		98.00
200.00		Total (lines 50-199)	873,609,983			17,326,401	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140185 Component CCN: 145102		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 5/23/2013 1:50 pm	
		Title XVIII		Skilled Nursing Facility		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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0	0	0	0	55.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.02	05602	MISC NURSING OP	0	0	0	0	56.02
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETIC EDUCATION OP	0	0	0	0	90.01
90.02	09003	HEART FAILURE CLINIC	0	0	0	0	90.02
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	PARAMEDICS	0	0	0	0	91.01
91.02	09102	OP TELEMETRY	0	0	0	0	91.02
91.03	09103	OP PSYCH	0	0	0	0	91.03
91.04	09104	ICU OTHER	0	0	0	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 1:50 pm
	Title XVIII	Skilled Nursing Facility	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
55.01	05501 HYPERBARIC MEDICINE	0	0	55.01
56.00	05600 RADIOISOTOPE	0	0	56.00
56.02	05602 MISC NURSING OP	0	0	56.02
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO 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
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETIC EDUCATION OP	0	0	90.01
90.02	09003 HEART FAILURE CLINIC	0	0	90.02
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 PARAMEDICS	0	0	91.01
91.02	09102 OP TELEMETRY	0	0	91.02
91.03	09103 OP PSYCH	0	0	91.03
91.04	09104 ICU OTHER	0	0	91.04
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE	0	0	98.00
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 1:50 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS Services (see inst.)	Costs (see inst.)
		Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.217584	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.577127	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.069026	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.140015	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01 05501 HYPERBARIC MEDICINE	0.000000	0	0	0	0	55.01
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.02 05602 MISC NURSING OP	0.565073	0	0	0	0	56.02
57.00 05700 CT SCAN	0.028011	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070805	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.162046	0	0	0	0	59.00
60.00 06000 LABORATORY	0.110525	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.114692	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.213626	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.177919	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.309548	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.064791	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.197053	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.995180	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.610684	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.128002	0	1,599	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
76.00 03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
90.01 09001 DIABETIC EDUCATION OP	2.168150	0	0	0	0	90.01
90.02 09003 HEART FAILURE CLINIC	6.053747	0	0	0	0	90.02
91.00 09100 EMERGENCY	0.325662	0	0	0	0	91.00
91.01 09101 PARAMEDICS	0.000000	0	0	0	0	91.01
91.02 09102 OP TELEMETRY	0.562080	0	0	0	0	91.02
91.03 09103 OP PSYCH	0.270014	0	0	0	0	91.03
91.04 09104 ICU OTHER	0.464892	0	0	0	0	91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)	0	1,599	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	1,599	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 1:50 pm
	Component CCN: 145102	Title XVIII	Skilled Nursing Facility 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
55.01 05501 HYPERBARIC MEDICINE	0	0		55.01
56.00 05600 RADIOISOTOPE	0	0		56.00
56.02 05602 MISC NURSING OP	0	0		56.02
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	205	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03020 OTHER ANCILLARY	0	0		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
90.01 09001 DIABETIC EDUCATION OP	0	0		90.01
90.02 09003 HEART FAILURE CLINIC	0	0		90.02
91.00 09100 EMERGENCY	0	0		91.00
91.01 09101 PARAMEDICS	0	0		91.01
91.02 09102 OP TELEMETRY	0	0		91.02
91.03 09103 OP PSYCH	0	0		91.03
91.04 09104 ICU OTHER	0	0		91.04
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE	0	0		98.00
200.00 Subtotal (see instructions)	205	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	205	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/23/2013 1:50 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,804	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,804	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		1,324	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		62,480	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)		31,006	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)		509	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)		61,537,222	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)		61,537,222	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		109,519,870	28.00
29.00	Private room charges (excluding swing-bed charges)		2,185,924	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		107,333,946	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.561882	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,651.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,717.89	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)		61,537,222	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)		964.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		29,904,357	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)		29,904,357	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/23/2013 1:50 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)		
	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	10,285,408	5,165	1,991.37	2,708	5,392,630		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,168,680		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					63,465,667		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					2,155,338		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,152,299		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,307,637		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					59,158,030		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: 140185		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 1:50 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	3,684,757	61,537,222	0.059879	0	0	90.00
91.00	Nursing School cost	0	61,537,222	0.000000	0	0	91.00
92.00	Allied health cost	0	61,537,222	0.000000	0	0	92.00
93.00	All other Medical Education	0	61,537,222	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 145102		Date/Time Prepared: 5/23/2013 1:50 pm
		Title XVIII	Skilled Nursing Facility	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)		20,723	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		20,723	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		1,334	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		19,389	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)		14,386	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)		7,882,557	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)		7,882,557	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,111,925	28.00
29.00	Private room charges (excluding swing-bed charges)		313,138	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,798,787	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.541994	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		234.74	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		247.50	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)		7,882,557	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1	
		Component CCN: 145102		Date/Time Prepared: 5/23/2013 1:50 pm	
		Title XVIII	Skilled Nursing Facility	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)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				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)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				7,882,557 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				380.38 71.00
72.00	Program routine service cost (line 9 x line 71)				5,472,147 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				5,472,147 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				5,472,147 83.00
84.00	Program inpatient ancillary services (see instructions)				2,850,157 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				8,322,304 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: 140185 Component CCN: 145102		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 1:50 pm	
		Title XVIII		Skilled Nursing Facility		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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 1:50 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		53,641,294	30.00
31.00	03100	INTENSIVE CARE UNIT		11,989,190	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217584	14,641,298	3,185,712 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.577127	43,166	24,912 52.00
53.00	05300	ANESTHESIOLOGY	0.069026	2,575,748	177,794 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140015	8,745,598	1,224,515 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	HYPERBARIC MEDICINE	0.000000	0	0 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602	MISC NURSING OP	0.565073	0	0 56.02
57.00	05700	CT SCAN	0.028011	14,406,264	403,534 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070805	2,587,800	183,229 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162046	3,683,318	596,867 59.00
60.00	06000	LABORATORY	0.111772	38,558,219	4,309,729 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.114746	18,195,130	2,087,818 65.00
66.00	06600	PHYSICAL THERAPY	0.213626	3,364,842	718,818 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.177919	400,885	71,325 67.00
68.00	06800	SPEECH PATHOLOGY	0.309548	187,872	58,155 68.00
69.00	06900	ELECTROCARDIOLOGY	0.064791	13,528,853	876,548 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197489	446,648	88,208 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.995180	2,303,316	2,292,214 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.610684	6,486,435	3,961,162 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128002	43,559,974	5,575,764 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	2.168150	0	0 90.01
90.02	09003	HEART FAILURE CLINIC	6.053747	0	0 90.02
91.00	09100	EMERGENCY	0.326320	7,147,046	2,332,224 91.00
91.01	09101	PARAMEDICS	0.000000	0	0 91.01
91.02	09102	OP TELEMTRY	0.562080	0	0 91.02
91.03	09103	OP PSYCH	0.270014	564	152 91.03
91.04	09104	ICU OTHER	0.464892	0	0 91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		180,862,976	28,168,680 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		180,862,976	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 145102		Date/Time Prepared: 5/23/2013 1:50 pm	
		Title XVIII	Skilled Nursing Facility	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		3,580,831	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217584	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.577127	0	52.00
53.00	05300	ANESTHESIOLOGY	0.069026	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140015	129,890	18,187
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	HYPERBARIC MEDICINE	0.000000	0	55.01
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
56.02	05602	MISC NURSING OP	0.565073	0	56.02
57.00	05700	CT SCAN	0.028011	108,644	3,043
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070805	14,976	1,060
59.00	05900	CARDIAC CATHETERIZATION	0.162046	0	59.00
60.00	06000	LABORATORY	0.110525	1,650,534	182,425
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.114692	852,412	97,765
66.00	06600	PHYSICAL THERAPY	0.213626	4,531,439	968,033
67.00	06700	OCCUPATIONAL THERAPY	0.177919	3,676,574	654,132
68.00	06800	SPEECH PATHOLOGY	0.309548	636,265	196,955
69.00	06900	ELECTROCARDIOLOGY	0.064791	69,710	4,517
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197053	966	190
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.995180	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.610684	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128002	5,654,991	723,850
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETIC EDUCATION OP	2.168150	0	90.01
90.02	09003	HEART FAILURE CLINIC	6.053747	0	90.02
91.00	09100	EMERGENCY	0.325662	0	91.00
91.01	09101	PARAMEDICS	0.000000	0	91.01
91.02	09102	OP TELEMETRY	0.562080	0	91.02
91.03	09103	OP PSYCH	0.270014	0	91.03
91.04	09104	ICU OTHER	0.464892	0	91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		17,326,401	2,850,157
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0
202.00		Net Charges (line 200 minus line 201)		17,326,401	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 1:50 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		14,183,227	30.00
31.00	03100	INTENSIVE CARE UNIT		2,155,227	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		2,628,128	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.217584	3,397,770	739,300 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.577127	3,728,945	2,152,075 52.00
53.00	05300	ANESTHESIOLOGY	0.069026	3,101,038	214,052 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140015	1,757,481	246,074 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	HYPERBARIC MEDICINE	0.000000	0	0 55.01
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
56.02	05602	MISC NURSING OP	0.565073	0	0 56.02
57.00	05700	CT SCAN	0.028011	3,249,911	91,033 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070805	665,770	47,140 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.162046	758,966	122,987 59.00
60.00	06000	LABORATORY	0.110525	9,262,995	1,023,793 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.114692	3,196,033	366,559 65.00
66.00	06600	PHYSICAL THERAPY	0.213626	288,672	61,668 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.177919	47,320	8,419 67.00
68.00	06800	SPEECH PATHOLOGY	0.309548	21,612	6,690 68.00
69.00	06900	ELECTROCARDIOLOGY	0.064791	2,136,366	138,417 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.197053	146,408	28,850 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.995180	415,186	413,185 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.610684	662,743	404,727 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.128002	11,467,696	1,467,888 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03020	OTHER ANCILLARY	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
90.01	09001	DIABETIC EDUCATION OP	2.168150	0	0 90.01
90.02	09003	HEART FAILURE CLINIC	6.053747	0	0 90.02
91.00	09100	EMERGENCY	0.325662	1,555,871	506,688 91.00
91.01	09101	PARAMEDICS	0.000000	0	0 91.01
91.02	09102	OP TELEMTRY	0.562080	0	0 91.02
91.03	09103	OP PSYCH	0.270014	0	0 91.03
91.04	09104	ICU OTHER	0.464892	0	0 91.04
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		45,860,783	8,039,545 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		45,860,783	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 1:50 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		50,101,951	1.00
2.00	Outlier payments for discharges. (see instructions)		1,779,665	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		316.00	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.73	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.99	31.00
32.00	Sum of lines 30 and 31		21.72	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.13	33.00
34.00	Disproportionate share adjustment (see instructions)		3,572,269	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)		55,453,885	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)		55,453,885	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,280,953	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 1:50 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)			59,734,838 59.00
60.00	Primary payer payments			25,005 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			59,709,833 61.00
62.00	Deductibles billed to program beneficiaries			5,276,616 62.00
63.00	Coinurance billed to program beneficiaries			271,058 63.00
64.00	Allowable bad debts (see instructions)			1,182,317 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			827,622 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			910,096 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			54,989,781 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)			-3,764 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-29,140 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)			54,956,877 71.00
72.00	Interim payments			54,651,174 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)			305,703 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			449,000 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: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 1:50 pm
		Title VIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,080	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,227,879	2.00
3.00	PPS payments		17,573,151	3.00
4.00	Outlier payment (see instructions)		31,208	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.892	5.00
6.00	Line 2 times line 5		13,583,268	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)		10,080	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		78,745	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)		78,745	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)		78,745	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		68,665	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)		10,080	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)		17,604,359	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)		4,201,198	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)		13,413,241	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)		13,413,241	30.00
31.00	Primary payer payments		10,241	31.00
32.00	Subtotal (line 30 minus line 31)		13,403,000	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)		709,120	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		496,384	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		570,554	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		13,899,384	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)		13,899,384	40.00
41.00	Interim payments		13,829,275	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)		70,109	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: 140185 Component CCN: 145102	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 1:50 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		205	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments			3.00
4.00	Outlier payment (see instructions)			4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			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)		205	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		1,599	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)		1,599	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)		1,599	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		1,394	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)		205	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)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		320	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			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)		-115	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)		-115	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		-115	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)		-115	37.00
38.00	MSP-LCC reconciliation amount from PS&R			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)		-115	40.00
41.00	Interim payments		0	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)		-115	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)			90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			91.00
92.00	The rate used to calculate the Time Value of Money			92.00
93.00	Time Value of Money (see instructions)			93.00
94.00	Total (sum of lines 91 and 93)			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: 140185

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 1:50 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		55,089,863		13,874,729	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM	08/23/2012	438,689	08/23/2012	45,454	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)		-438,689		-45,454	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)		54,651,174		13,829,275	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		305,703		70,109	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		54,956,877		13,899,384	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: 140185
Component CCN: 145102

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Title XVIII

Skilled Nursing
Facility

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		4,948,902		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		4,948,902		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		32,044		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		115	6.02
7.00	Total Medicare program liability (see instructions)		4,980,946		-115	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: 140185

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

Worksheet E-1
Part II
Date/Time Prepared:
5/23/2013 1:50 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			16,375 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			33,714 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			68,969 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,015,468,939 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			12,209,902 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)			2,496,239 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			2,496,239 32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 Component CCN: 145102	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/23/2013 1:50 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		5,699,868	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		5,699,868	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		750,967	7.00
8.00	Allowable bad debts (see instructions)		39,653	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		14,292	9.00
10.00	Allowable reimbursable bad debts (see instructions)		32,045	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		4,980,946	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		4,980,946	15.00
16.00	Interim payments		4,948,902	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		32,044	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140185

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

Worksheet G

Date/Time Prepared:
5/23/2013 1:50 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	17,850,247	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	64,402,382	0	0	0	4.00
5.00	Other receivable	1,408,846	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,365,709	0	0	0	6.00
7.00	Inventory	3,036,697	0	0	0	7.00
8.00	Prepaid expenses	3,476,931	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)	77,809,394	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,486,451	0	0	0	12.00
13.00	Land improvements	5,210,871	0	0	0	13.00
14.00	Accumulated depreciation	-3,714,431	0	0	0	14.00
15.00	Buildings	34,984,323	0	0	0	15.00
16.00	Accumulated depreciation	-28,658,840	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	67,406,615	0	0	0	19.00
20.00	Accumulated depreciation	-38,211,326	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	114,644,228	0	0	0	23.00
24.00	Accumulated depreciation	-79,150,587	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)	73,997,304	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	38,214,400	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	15,435,911	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	53,650,311	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	205,457,009	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,134,750	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,308,615	0	0	0	38.00
39.00	Payroll taxes payable	57,960	0	0	0	39.00
40.00	Notes and loans payable (short term)	1,112,066	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	27,613,391	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	34,178,273	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	34,178,273	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	61,791,664	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	143,665,345	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	143,665,345	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	205,457,009	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140185

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

Worksheet G-1

Date/Time Prepared:
5/23/2013 1:50 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		128,738,129		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		25,818,296			2.00
3.00	Total (sum of line 1 and line 2)		154,556,425		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		154,556,425		0	11.00
12.00	TRANSFER TO AFFILIATE	10,891,080		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)		10,891,080		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		143,665,345		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFER TO AFFILIATE		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: 140185

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2013 1:50 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	109,519,870		109,519,870	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	5,111,925		5,111,925	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	114,631,795		114,631,795	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	22,131,740		22,131,740	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	22,131,740		22,131,740	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	136,763,535		136,763,535	17.00
18.00	Ancillary services	390,604,272	441,267,072	831,871,344	18.00
19.00	Outpatient services	14,813,449	38,263,520	53,076,969	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		4,513,028	4,513,028	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	542,181,256	484,043,620	1,026,224,876	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		241,715,076		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)		241,715,076		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140185

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

Worksheet G-3

Date/Time Prepared:
5/23/2013 1:50 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,026,224,876	1.00
2.00	Less contractual allowances and discounts on patients' accounts	765,485,889	2.00
3.00	Net patient revenues (line 1 minus line 2)	260,738,987	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	241,715,076	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,023,911	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	502,723	6.00
7.00	Income from investments	3,739,076	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	621,708	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	804,223	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	32,863	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	994,952	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	MISC REVENUE	98,840	24.00
25.00	Total other income (sum of lines 6-24)	6,794,385	25.00
26.00	Total (line 5 plus line 25)	25,818,296	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)	25,818,296	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140185

Period: From 01/01/2012

Worksheet H

HHA CCN: 147443

To 12/31/2012

Date/Time Prepared: 5/23/2013 1:50 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	335,943	0	21	0	17,061	353,025	5.00
HHA REIMBURSABLE SERVICES							
6.00	921,918	0	43,432	7,300	0	972,650	6.00
7.00	353,513	0	35,707	0	0	389,220	7.00
8.00	21,589	0	1,553	0	0	23,142	8.00
9.00	5,430	0	622	0	0	6,052	9.00
10.00	9,039	0	598	0	0	9,637	10.00
11.00	14,621	0	2,160	0	0	16,781	11.00
12.00	0	0	0	0	23,380	23,380	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	1,662,053	0	84,093	7,300	40,441	1,793,887	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	0	353,025	0	353,025			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	972,650	0	972,650			6.00
7.00	0	389,220	0	389,220			7.00
8.00	0	23,142	0	23,142			8.00
9.00	0	6,052	0	6,052			9.00
10.00	0	9,637	0	9,637			10.00
11.00	0	16,781	0	16,781			11.00
12.00	0	23,380	0	23,380			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	0	1,793,887	0	1,793,887			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: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/23/2013 1:50 pm
		HHA CCN: 147443	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					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	353,025	0	0	0	353,025	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	972,650	0	0	0	972,650	6.00	
7.00	Physical Therapy	389,220	0	0	0	389,220	7.00	
8.00	Occupational Therapy	23,142	0	0	0	23,142	8.00	
9.00	Speech Pathology	6,052	0	0	0	6,052	9.00	
10.00	Medical Social Services	9,637	0	0	0	9,637	10.00	
11.00	Home Health Aide	16,781	0	0	0	16,781	11.00	
12.00	Supplies (see instructions)	23,380	0	0	0	23,380	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,793,887	0	0	0	1,793,887	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	353,025					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	238,308	1,210,958				6.00	
7.00	Physical Therapy	95,363	484,583				7.00	
8.00	Occupational Therapy	5,670	28,812				8.00	
9.00	Speech Pathology	1,483	7,535				9.00	
10.00	Medical Social Services	2,361	11,998				10.00	
11.00	Home Health Aide	4,112	20,893				11.00	
12.00	Supplies (see instructions)	5,728	29,108				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,793,887				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140185
HHA CCN: 147443

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

Worksheet H-1
Part II
Date/Time Prepared:
5/23/2013 1:50 pm
PPS

	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	-353,025	1,440,862
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	972,650
7.00	Physical Therapy	0	0	0	0	0	389,220
8.00	Occupational Therapy	0	0	0	0	0	23,142
9.00	Speech Pathology	0	0	0	0	0	6,052
10.00	Medical Social Services	0	0	0	0	0	9,637
11.00	Home Health Aide	0	0	0	0	0	16,781
12.00	Supplies (see instructions)	0	0	0	0	0	23,380
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	-353,025	1,440,862
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		353,025
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.245010

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

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

Worksheet H-2 Part I

HHA CCN: 147443

Date/Time Prepared: 5/23/2013 1:50 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW BLDG & FIXT CC	NEW MVBLE EQUIP			
		1.00	1.01	2.00			
1.00 Administrative and General	0	27,858	0	10,616	132,055	8,185	1.00
2.00 Skilled Nursing Care	1,210,958	0	0	0	362,396	0	2.00
3.00 Physical Therapy	484,583	0	0	0	138,962	0	3.00
4.00 Occupational Therapy	28,812	0	0	0	8,486	0	4.00
5.00 Speech Pathology	7,535	0	0	0	2,134	0	5.00
6.00 Medical Social Services	11,998	0	0	0	3,553	0	6.00
7.00 Home Health Aide	20,893	0	0	0	5,747	0	7.00
8.00 Supplies (see instructions)	29,108	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	1,793,887	27,858	0	10,616	653,333	8,185	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	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.04	5.05	5A.05	5.06	
1.00 Administrative and General	193,034	1,404	0	12,104	385,256	44,548	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,573,354	181,930	2.00
3.00 Physical Therapy	0	0	0	0	623,545	72,102	3.00
4.00 Occupational Therapy	0	0	0	0	37,298	4,313	4.00
5.00 Speech Pathology	0	0	0	0	9,669	1,118	5.00
6.00 Medical Social Services	0	0	0	0	15,551	1,798	6.00
7.00 Home Health Aide	0	0	0	0	26,640	3,080	7.00
8.00 Supplies (see instructions)	0	0	0	0	29,108	3,366	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)	193,034	1,404	0	12,104	2,700,421	312,255	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140185

Period:

Worksheet H-2

HHA CCN: 147443

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

Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Home Health
Agency I

PPS

Cost Center Description		OPERATION OF PLANT	OPERATION OF PLANT CC	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	HOUSEKEEPING CC	DIETARY	
		7.00	7.01	8.00	9.00	9.01	10.00	
1.00	Administrative and General	55,000	0	0	8,277	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	55,000	0	0	8,277	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		11.00	13.00	14.00	15.00	16.00	17.00	
1.00	Administrative and General	31,073	0	92	0	21,591	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	31,073	0	92	0	21,591	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: 140185

Period:

Worksheet H-2

HHA CCN: 147443

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

Part I
Date/Time Prepared:
5/23/2013 1:50 pm

Home Health
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	545,837	0	545,837				1.00
2.00 Skilled Nursing Care	1,755,284	0	1,755,284	370,943	2,126,227		2.00
3.00 Physical Therapy	695,647	0	695,647	147,010	842,657		3.00
4.00 Occupational Therapy	41,611	0	41,611	8,794	50,405		4.00
5.00 Speech Pathology	10,787	0	10,787	2,280	13,067		5.00
6.00 Medical Social Services	17,349	0	17,349	3,666	21,015		6.00
7.00 Home Health Aide	29,720	0	29,720	6,281	36,001		7.00
8.00 Supplies (see instructions)	32,474	0	32,474	6,863	39,337		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	3,128,709	0	3,128,709	545,837	3,128,709		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.				0.211329			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: 140185 HHA CCN: 147443	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/23/2013 1:50 pm PPS
		Home Health Agency I		

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (PHONES)	DATA PROCESSING (% RESOURCES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT CC (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	1.01	2.00				
1.00 Administrative and General	1,760	0	10,546	335,943	20	215	1.00
2.00 Skilled Nursing Care	0	0	0	921,918	0	0	2.00
3.00 Physical Therapy	0	0	0	353,513	0	0	3.00
4.00 Occupational Therapy	0	0	0	21,589	0	0	4.00
5.00 Speech Pathology	0	0	0	5,430	0	0	5.00
6.00 Medical Social Services	0	0	0	9,039	0	0	6.00
7.00 Home Health Aide	0	0	0	14,621	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)	1,760	0	10,546	1,662,053	20	215	20.00
21.00 Total cost to be allocated	27,858	0	10,616	653,333	8,185	193,034	21.00
22.00 Unit cost multiplier	15.828409	0.000000	1.006638	0.393088	409.250000	897.832558	22.00
Cost Center Description	PURCHASING, RECEIVING AND STORES (STORE REQUISITIONS)	ADMITTING (PATIENT DAYS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	5.03	5.04	5.05	5A.06	5.06	7.00	
1.00 Administrative and General	14,327	0	4,513,028	0	385,256	1,760	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,573,354	0	2.00
3.00 Physical Therapy	0	0	0	0	623,545	0	3.00
4.00 Occupational Therapy	0	0	0	0	37,298	0	4.00
5.00 Speech Pathology	0	0	0	0	9,669	0	5.00
6.00 Medical Social Services	0	0	0	0	15,551	0	6.00
7.00 Home Health Aide	0	0	0	0	26,640	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	29,108	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)	14,327	0	4,513,028	0	2,700,421	1,760	20.00
21.00 Total cost to be allocated	1,404	0	12,104	0	312,255	55,000	21.00
22.00 Unit cost multiplier	0.097997	0.000000	0.002682	0	0.115632	31.250000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/23/2013 1:50 pm
		HHA CCN: 147443		Home Health Agency I PPS

Cost Center Description		OPERATION OF PLANT CC (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	HOUSEKEEPING CC (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (EMPLOYEE MEALS)	
		7.01	8.00	9.00	9.01	10.00	11.00	
1.00	Administrative and General	0	0	268	0	0	3,287	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	268	0	0	3,287	20.00
21.00	Total cost to be allocated	0	0	8,277	0	0	31,073	21.00
22.00	Unit cost multiplier	0.000000	0.000000	30.884328	0.000000	0.000000	9.453301	22.00
Cost Center Description		NURSING ADMINISTRATION (TIME SPENT)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUISITIONS)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)		
		13.00	14.00	15.00	16.00	17.00		
1.00	Administrative and General	0	54	0	40	0		1.00
2.00	Skilled Nursing Care	0	0	0	0	0		2.00
3.00	Physical Therapy	0	0	0	0	0		3.00
4.00	Occupational Therapy	0	0	0	0	0		4.00
5.00	Speech Pathology	0	0	0	0	0		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	0	0	0	0	0		7.00
8.00	Supplies (see instructions)	0	0	0	0	0		8.00
9.00	Drugs	0	0	0	0	0		9.00
10.00	DME	0	0	0	0	0		10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00	Respiratory Therapy	0	0	0	0	0		12.00
13.00	Private Duty Nursing	0	0	0	0	0		13.00
14.00	Clinic	0	0	0	0	0		14.00
15.00	Health Promotion Activities	0	0	0	0	0		15.00
16.00	Day Care Program	0	0	0	0	0		16.00
17.00	Home Delivered Meals Program	0	0	0	0	0		17.00
18.00	Homemaker Service	0	0	0	0	0		18.00
19.00	All Others (specify)	0	0	0	0	0		19.00
20.00	Total (sum of lines 1-19)	0	54	0	40	0		20.00
21.00	Total cost to be allocated	0	92	0	21,591	0		21.00
22.00	Unit cost multiplier	0.000000	1.703704	0.000000	539.775000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/23/2013 1:50 pm		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,126,227		2,126,227	6,933	306.68	1.00
2.00	Physical Therapy	3.00	842,657	0	842,657	5,789	145.56	2.00
3.00	Occupational Therapy	4.00	50,405	0	50,405	320	157.52	3.00
4.00	Speech Pathology	5.00	13,067	0	13,067	63	207.41	4.00
5.00	Medical Social Services	6.00	21,015		21,015	76	276.51	5.00
6.00	Home Health Aide	7.00	36,001		36,001	481	74.85	6.00
7.00	Total (sum of lines 1-6)		3,089,372	0	3,089,372	13,662		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A					
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		41180	2,648	983			8.00
9.00	Physical Therapy		41180	2,444	686			9.00
10.00	Occupational Therapy		41180	145	45			10.00
11.00	Speech Pathology		41180	27	9			11.00
12.00	Medical Social Services		41180	38	18			12.00
13.00	Home Health Aide		41180	175	172			13.00
14.00	Total (sum of lines 8-13)			5,477	1,913			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	39,337	0	39,337	36,472	1.078553	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Part A								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost Center Description	Part A							
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,648	983		812,089	301,466		1.00
2.00	Physical Therapy	2,444	686		355,749	99,854		2.00
3.00	Occupational Therapy	145	45		22,840	7,088		3.00
4.00	Speech Pathology	27	9		5,600	1,867		4.00
5.00	Medical Social Services	38	18		10,507	4,977		5.00
6.00	Home Health Aide	175	172		13,099	12,874		6.00
7.00	Total (sum of lines 1-6)	5,477	1,913		1,219,884	428,126		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: 140185 HHA CCN: 147443	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/23/2013 1:50 pm
				Title XVII I	Home Health Agency I	PPS
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B				
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance	Part A	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	1,113,555				1.00
2.00	Physical Therapy	455,603				2.00
3.00	Occupational Therapy	29,928				3.00
4.00	Speech Pathology	7,467				4.00
5.00	Medical Social Services	15,484				5.00
6.00	Home Health Aide	25,973				6.00
7.00	Total (sum of lines 1-6)	1,648,010				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: 140185
HHA CCN: 147443

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

Worksheet H-3
Part II
Date/Time Prepared:
5/23/2013 1:50 pm
PPS

Title XVIII

Home Health
Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.213626	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.177919	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.309548	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.995180	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.128002	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2013 1:50 pm	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	0	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)			0	0 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers			1,114,244	364,333 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers			0	0 12.00
13.00	Total PPS Reimbursement - LUPA Episodes			21,233	11,701 13.00
14.00	Total PPS Reimbursement - PEP Episodes			15,824	4,493 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			0	0 15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes			0	0 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)			1,151,301	380,527 22.00
23.00	Excess reasonable cost (from line 8)			0	0 23.00
24.00	Subtotal (line 22 minus line 23)			1,151,301	380,527 24.00
25.00	Coinsurance billed to program patients (from your records)				0 25.00
26.00	Net cost (line 24 minus line 25)			1,151,301	380,527 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: 140185 HHA CCN: 147443	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2013 1:50 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)		1,151,301	380,527	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		1,151,301	380,527	31.00
32.00	Interim payments (see instructions)		1,151,301	380,527	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: 140185	Period: From 01/01/2012	Worksheet H-5
	HHA CCN: 147443	To 12/31/2012	Date/Time Prepared: 5/23/2013 1:50 pm
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,151,301		380,527	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)		1,151,301		380,527	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)		1,151,301		380,527	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 140185 HHA CCN: 147443	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/23/2013 1:50 pm PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140185	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/23/2013 1:50 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,006,459	1.00
2.00	Capital DRG outlier payments		94,203	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		188.44	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.73	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.99	8.00
9.00	Sum of lines 7 and 8		21.72	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.50	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		180,291	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,280,953	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