

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: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 4:54 pm
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PART I - COST REPORT STATUS

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

Contractor use only
 5. Cost Report Status
 (1) As Submitted
 (2) Settled without Audit
 (3) Settled with Audit
 (4) Reopened
 (5) Amended
 6. Date Received:
 7. Contractor No.
 8. Initial Report for this Provider CCN
 9. Final Report for this Provider CCN
 10. NPR Date:
 11. Contractor's Vendor Code: 4
 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.

Date: 5/31/2012 Time: 12:50 pm

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by RIVERSIDE MEDICAL CENTER (140186) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	4,422,088	-83,776	93,640	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	4,111	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	-297	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	4,426,199	-84,073	93,640	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 4:54 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
Street: 350 NORTH WALL STREET		PO Box:	Zip Code: 60901	County: USA
City: KANKAKEE		State: IL		

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	RI VERSI DE MEDI CAL CENTER	140186	28100	1	01/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	RI VERSI DE MEDI CAL CENTER - RHB	14T186	28100	5	01/01/1984	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	RI VERSI DE MEDI CAL CENTER - HHA	147400	28100		01/01/1984	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	PEMBROKE RURAL HEALTH CLINIC	143976	28100		01/01/1987	N	O	N	15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:		To:		
		1.00		2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)	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.					1	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.	14,102	2,930	0	0	190	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.	183	56	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

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		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.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
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.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00		0.000000	64.00

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	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	
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

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	
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 reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0			71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y					75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0			76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N			80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
		V		XIX			
		1.00		2.00			
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y			90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N			91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N			92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N			93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N			94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N			96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00			0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N					105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N					108.00
		Physical		Occupational		Speech	
		1.00		2.00		3.00	
		Respiratory					
		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.	Y	Y	N	N		109.00
					1.00	2.00	3.00
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0		115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N					117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0					118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	3,314,926	78,000	3,314,926	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for 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

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								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: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 4:54 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	Y			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.			Y	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	05/14/2012	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 4:54 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			Y	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	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.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RI CHARD		SCHI LTZ	41.00
42.00	Enter the employer/company name of the cost report preparer.	RI VERSIDE MEDI CAL CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-935-7256 X3492		RI CHARD-SCHI LTZ@RI VERSI DEHEA LTHCARE.	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	05/14/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DIRECTOR OF FINANCE	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	205	75,030	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)		205	75,030	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	27	9,882	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	11	4,026	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		243	88,938	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	50	18,300		0	16.00
17.00 SUBPROVIDER - IRF	41.00	16	5,856		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						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)		309			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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	17,221	9,715	34,304			1.00
2.00 HMO	644	190				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	63	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)	17,221	9,715	34,304			7.00
8.00 INTENSIVE CARE UNIT	2,312	66	3,391			8.00
9.00 CORONARY CARE UNIT	1,852	332	2,622			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		1,096	2,070			13.00
14.00 Total (see instructions)	21,385	11,209	42,387	12.85	1,371.92	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	2,069	5,823	12,289	0.00	76.34	16.00
17.00 SUBPROVIDER - IRF	4,079	160	4,876	0.00	23.63	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	16,549	778	20,559	0.00	36.35	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	396	0	3,986	0.00	5.21	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)				12.85	1,513.45	27.00
28.00 Observation Bed Days		0	835			28.00
29.00 Ambulance Trips	2,805					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		0	0			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140186

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	4,992	1,589	10,216	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	4,992	1,589	10,216	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	256	518	1,398	16.00
17.00 SUBPROVIDER - IRF	0.00	0	354	12	434	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						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: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/30/2013 4:54 pm		
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)			
	1.00	2.00	3.00	4.00	5.00	6.00			
PART II - WAGE DATA									
SALARIES									
1.00	Total salaries (see instructions)	200.00	89,628,717	4,107,009	93,735,726	2,964,305.00	31.62		1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00		2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00		3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00		4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00		4.01
5.00	Physician-Part B		1,589,478	0	1,589,478	14,797.00	107.42		5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00		6.00
7.00	Interns & residents (in an approved program)	21.00	78,520	648,203	726,723	15,216.00	47.76		7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00		7.01
8.00	Home office personnel		0	0	0	0.00	0.00		8.00
9.00	SNF	44.00	0	0	0	0.00	0.00		9.00
10.00	Excluded area salaries (see instructions)		22,505,138	433,887	22,939,025	406,543.00	56.42		10.00
OTHER WAGES & RELATED COSTS									
11.00	Contract labor (see instructions)		1,154,122	0	1,154,122	14,110.00	81.79		11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00		12.00
13.00	Contract Labor: Physician-Part A - Administrative		572,036	0	572,036	3,226.00	177.32		13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00		14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00		15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00		16.00
WAGE-RELATED COSTS									
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		18,030,102	0	18,030,102				17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0				18.00
19.00	Excluded areas		3,715,352	0	3,715,352				19.00
20.00	Non-physician anesthetist Part A		0	0	0				20.00
21.00	Non-physician anesthetist Part B		0	0	0				21.00
22.00	Physician Part A - Administrative		0	0	0				22.00
22.01	Physician Part A - Teaching		0	0	0				22.01
23.00	Physician Part B		266,295	0	266,295				23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0				24.00
25.00	Interns & residents (in an approved program)		0	0	0				25.00
OVERHEAD COSTS - DIRECT SALARIES									
26.00	Employee Benefits	4.00	709,208	0	709,208	16,296.00	43.52		26.00
27.00	Administrative & General	5.00	12,192,302	1,785,819	13,978,121	443,906.00	31.49		27.00
28.00	Administrative & General under contract (see inst.)		549,119	0	549,119	2,090.00	262.74		28.00
29.00	Maintenance & Repairs	6.00	1,322,813	32,024	1,354,837	45,941.00	29.49		29.00
30.00	Operation of Plant	7.00	670,831	1,769,986	2,440,817	23,664.00	103.14		30.00
31.00	Laundry & Linen Service	8.00	370,590	4,764	375,354	28,969.00	12.96		31.00
32.00	Housekeeping	9.00	1,280,472	12,662	1,293,134	99,208.00	13.03		32.00
33.00	Housekeeping under contract (see instructions)		138,223	0	138,223	3,480.00	39.72		33.00
34.00	Dietary	10.00	1,252,760	-808,669	444,091	37,247.00	11.92		34.00
35.00	Dietary under contract (see instructions)		325,003	0	325,003	7,680.00	42.32		35.00
36.00	Cafeteria	11.00	0	822,295	822,295	64,898.00	12.67		36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00		37.00
38.00	Nursing Administration	13.00	2,385,161	-1,243,003	1,142,158	27,724.00	41.20		38.00
39.00	Central Services and Supply	14.00	320,192	9,428	329,620	17,456.00	18.88		39.00
40.00	Pharmacy	15.00	1,961,935	-1,961,935	0	0.00	0.00		40.00
41.00	Medical Records & Medical Records Library	16.00	1,228,167	24,209	1,252,376	57,304.00	21.85		41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140186

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 4:54 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	1,270,192	-749,450	520,742	6,315.00	82.46	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: 140186

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2013 4:54 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	88,973,064	3,458,806	92,431,870	2,947,542.00	31.36	1.00
2.00	Excluded area salaries (see instructions)	22,505,138	433,887	22,939,025	406,543.00	56.42	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,467,926	3,024,919	69,492,845	2,540,999.00	27.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,726,158	0	1,726,158	17,336.00	99.57	4.00
5.00	Subtotal wage-related costs (see inst.)	18,030,102	0	18,030,102	0.00	25.95	5.00
6.00	Total (sum of lines 3 thru 5)	86,224,186	3,024,919	89,249,105	2,558,335.00	34.89	6.00
7.00	Total overhead cost (see instructions)	25,976,968	-301,870	25,675,098	882,178.00	29.10	7.00

HOSPITAL WAGE RELATED COSTS		Provi der CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 4:54 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			3,147,717 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			10,646,929 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			74,747 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			33,121 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)			284,082 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			940,470 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			6,547,429 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			176,563 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			1,964 22.00
23.00	Tuition Reimbursement			158,727 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			22,011,749 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: 140186

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2013 4:54 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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			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			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140186 Component CCN: 147400		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/30/2013 4:54 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			KANKAKEE		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	1,035	2	29	1,066	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,174.00	40.00	329.00	1,543.00	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			14.45	0.00	14.45	5.00
6.00	Direct Nursing Service			10.32	0.00	10.32	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			9.14	0.00	9.14	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.54	0.00	1.54	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.16	0.00	0.16	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.01	0.00	0.01	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.83	0.00	0.83	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).			28100			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	7,825	0	0	0	7,825	21.00
22.00	Skilled Nursing Visit Charges	0	0	0	0	0	22.00
23.00	Physical Therapy Visits	6,455	0	0	0	6,455	23.00
24.00	Physical Therapy Visit Charges	0	0	0	0	0	24.00
25.00	Occupational Therapy Visits	962	0	0	0	962	25.00
26.00	Occupational Therapy Visit Charges	0	0	0	0	0	26.00
27.00	Speech Pathology Visits	250	0	0	0	250	27.00
28.00	Speech Pathology Visit Charges	0	0	0	0	0	28.00
29.00	Medical Social Service Visits	22	0	0	0	22	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	1,035	0	0	0	1,035	31.00
32.00	Home Health Aide Visit Charges	0	0	0	0	0	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	16,549	0	0	0	16,549	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	0	0	0	0	0	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,327		0	0	1,327	36.00
37.00	Total Number of Outlier Episodes		0		0	0	37.00
38.00	Total Non-Routine Medical Supply Charges	0	0	0	0	0	38.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976		Period: From 01/01/2012 To 12/31/2012		Worksheet S-8 Date/Time Prepared: 5/30/2013 4:54 pm	
				Rural Health Clinic (RHC) I		Cost	
1.00							
Clinic Address and Identification							
1.00 Street		3400 SOUTH MAIN				1.00	
		City		State		Zip Code	
2.00 City, State, Zip Code, County		HOPKINS PARK		IL		6094400000	
1.00							
3.00 FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban							
0							
3.00							
Grant Award							
Date							
1.00							
2.00							
Source of Federal Funds							
4.00 Community Health Center (Section 330(d), PHS Act)				0		4.00	
5.00 Migrant Health Center (Section 329(d), PHS Act)				0		5.00	
6.00 Health Services for the Homeless (Section 340(d), PHS Act)				0		6.00	
7.00 Appalachian Regional Commission				0		7.00	
8.00 Look-Alikes				0		8.00	
9.00 OTHER (SPECIFY)				0		9.00	
9.01				0		9.01	
9.02				0		9.02	
9.03				0		9.03	
9.04				0		9.04	
9.05				0		9.05	
9.06				0		9.06	
9.07				0		9.07	
9.08				0		9.08	
9.09				0		9.09	
9.10				0		9.10	
1.00							
2.00							
10.00 Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)		N				0	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
Facility hours of operations (1)							
11.00 Clinic		09:00		16:30		09:00	
1.00							
2.00							
12.00 Have you received an approval for an exception to the productivity standard?		N				12.00	
13.00 Is this a consolidated cost report as defined in CMS Pub. 104-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.		N				0	
12.00							
13.00							
Provider name							
CCN number							
1.00							
2.00							
14.00 Provider name, CCN number		Y/N		V		XVIII	
		1.00		2.00		3.00	
						XIX	
						4.00	
						Total Visits	
						5.00	
15.00 Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)		N		0		0	
						0	
15.00							

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976		Period: From 01/01/2012 To 12/31/2012		Worksheet S-8 Date/Time Prepared: 5/30/2013 4:54 pm	
				Rural Health Clinic (RHC) I		Cost	
		County					
		4.00					
2.00	City, State, Zip Code, County	KANKAKEE				2.00	
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) Clinic	16:30	00:00	00:00	09:00	16:30	11.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2012 To 12/31/2012	Worksheet S-8 Date/Time Prepared: 5/30/2013 4:54 pm	
			Rural Health Clinic (RHC) I	Cost	
		Friday		Saturday	
		from	to	from	to
		11.00	12.00	13.00	14.00
11.00	Facility hours of operations (1) Clinic	09:00	16:30		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 4:54 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)		0.255112		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		22,301,858		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		231,102		5.00	
6.00	Medicaid charges		99,617,359		6.00	
7.00	Medicaid cost (line 1 times line 6)		25,413,584		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)		2,880,624		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)		2,880,624		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		11,016,502	8,705,392	19,721,894	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,810,442	2,220,850	5,031,292	21.00
22.00	Partial payment by patients approved for charity care		0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,810,442	2,220,850	5,031,292	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?					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)				10,982,580	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				1,289,534	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				9,693,046	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				2,472,812	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				7,504,104	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				10,384,728	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/30/2013 4:54 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		19,571,450	19,571,450	-11,507,512	8,063,938	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	12,659,751	12,659,751	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	709,208	23,212,065	23,921,273	-847,416	23,073,857	4.00
5.01	00510	COMMUNICATIONS	0	0	0	1,375,014	1,375,014	5.01
5.02	00511	DATA PROCESSING	2,527,610	6,760,706	9,288,316	-949,990	8,338,326	5.02
5.03	00512	PURCHASING	498,677	1,358,534	1,857,211	-970,370	886,841	5.03
5.05	00514	BUSINESS OFFICE	3,334,649	452,456	3,787,105	23,905	3,811,010	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,831,366	20,602,855	26,434,221	821,596	27,255,817	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,322,813	5,958,653	7,281,466	-1,342,990	5,938,476	6.00
7.00	00700	OPERATION OF PLANT	670,831	38,816	709,647	1,765,815	2,475,462	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	370,590	72,465	443,055	4,764	447,819	8.00
9.00	00900	HOUSEKEEPING	1,280,472	720,207	2,000,679	10,421	2,011,100	9.00
10.00	01000	DIETARY	1,252,760	1,913,375	3,166,135	-2,065,498	1,100,637	10.00
11.00	01100	CAFETERIA	0	0	0	2,078,208	2,078,208	11.00
13.00	01300	NURSING ADMINISTRATION	2,385,161	99,475	2,484,636	-1,247,069	1,237,567	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	320,192	253,175	573,367	9,428	582,795	14.00
15.00	01500	PHARMACY	1,961,935	3,934,991	5,896,926	-5,192,375	704,551	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,228,167	703,505	1,931,672	23,780	1,955,452	16.00
17.00	01700	SOCIAL SERVICE	1,270,192	449,623	1,719,815	-737,865	981,950	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	78,520	1,411,418	1,489,938	-83,327	1,406,611	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	10,050,325	744,646	10,794,971	-256,897	10,538,074	30.00
31.00	03100	INTENSIVE CARE UNIT	2,019,367	141,971	2,161,338	40,814	2,202,152	31.00
32.00	03200	CORONARY CARE UNIT	1,802,967	95,538	1,898,505	33,396	1,931,901	32.00
40.00	04000	SUBPROVIDER - I/PF	3,654,827	514,404	4,169,231	118,059	4,287,290	40.00
41.00	04100	SUBPROVIDER - I/RF	1,331,629	105,594	1,437,223	76,756	1,513,979	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	846,727	261,495	1,108,222	39,789	1,148,011	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,568,196	13,134,321	16,702,517	-7,480,752	9,221,765	50.00
51.00	05100	RECOVERY ROOM	1,640,488	158,169	1,798,657	391,608	2,190,265	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,351,388	162,069	1,513,457	56,890	1,570,347	52.00
53.00	05300	ANESTHESIOLOGY	67,791	443,387	511,178	-20,006	491,172	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,846,845	1,614,216	4,461,061	-259,835	4,201,226	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	172,390	385,715	558,105	1,338	559,443	54.01
54.02	05404	ULTRASOUND	480,992	49,971	530,963	6,619	537,582	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	968,155	6,777,162	7,745,317	16,537	7,761,854	55.00
57.00	05700	CT SCAN	605,379	179,760	785,139	6,737	791,876	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	217,676	65,064	282,740	3,885	286,625	58.00
59.00	05900	CARDIAC CATHETERIZATION	898,213	7,019,945	7,918,158	-4,473,765	3,444,393	59.00
60.00	06000	LABORATORY	2,247,729	4,793,134	7,040,863	101,947	7,142,810	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	183,681	588,659	772,340	645,306	1,417,646	64.00
65.00	06500	RESPIRATORY THERAPY	1,306,893	277,712	1,584,605	63,140	1,647,745	65.00
66.00	06600	PHYSICAL THERAPY	2,179,227	385,618	2,564,845	102,960	2,667,805	66.00
69.00	06900	ELECTROCARDIOLOGY	537,691	52,161	589,852	26,105	615,957	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	705,694	705,694	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	12,694,443	12,694,443	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	-370,923	-370,923	5,274,047	4,903,124	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	366,561	366,561	0	366,561	75.01
76.00	03020	CARDIAC REHAB	187,094	7,625	194,719	8,423	203,142	76.00
76.01	03021	OP PSY/CDU	934,256	56,018	990,274	99,813	1,090,087	76.01
76.02	03022	RIMMS	660,545	322,119	982,664	-43,519	939,145	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025	DIABETES	184,538	22,379	206,917	1,680	208,597	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	215,392	191,434	406,826	4,693	411,519	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	292,113	136,559	428,672	-24,563	404,109	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	3,103,699	723,229	3,826,928	178,758	4,005,686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	229,840	20,686	250,526	5,882	256,408	92.01
93.00	04040	INFUSION	485,275	2,681,897	3,167,172	-45,685	3,121,487	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	1,795,564	616,102	2,411,666	-505,961	1,905,705	93.01
93.02	04042	RASC	0	0	0	-65,863	-65,863	93.02

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,530,456	408,866	2,939,322	111,407	3,050,729	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,620,748	287,932	2,908,680	10,897	2,919,577	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE		5,988,212	5,988,212	-931,040	5,057,172	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,261,239	136,923,176	214,184,415	548,007	214,732,422	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	8,300	2,379	10,679	83	10,762	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,917,772	5,344,683	17,262,455	-552,673	16,709,782	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	441,406	-193,654	247,752	4,583	252,335	193.00
200.00		TOTAL (SUM OF LINES 118-199)	89,628,717	142,076,584	231,705,301	0	231,705,301	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT	0	8,063,938	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	12,659,751	2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS	0	23,073,857	4.00
5.01	00510 COMMUNICATIONS	-1,833	1,373,181	5.01
5.02	00511 DATA PROCESSING	0	8,338,326	5.02
5.03	00512 PURCHASING	0	886,841	5.03
5.05	00514 BUSINESS OFFICE	0	3,811,010	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	-7,209,931	20,045,886	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	5,938,476	6.00
7.00	00700 OPERATION OF PLANT	0	2,475,462	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	447,819	8.00
9.00	00900 HOUSEKEEPING	0	2,011,100	9.00
10.00	01000 DIETARY	-17,569	1,083,068	10.00
11.00	01100 CAFETERIA	-1,377,070	701,138	11.00
13.00	01300 NURSING ADMINISTRATION	0	1,237,567	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	582,795	14.00
15.00	01500 PHARMACY	0	704,551	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-5,607	1,949,845	16.00
17.00	01700 SOCIAL SERVICE	-6,424	975,526	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,406,611	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-140,992	10,397,082	30.00
31.00	03100 INTENSIVE CARE UNIT	-4,200	2,197,952	31.00
32.00	03200 CORONARY CARE UNIT	0	1,931,901	32.00
40.00	04000 SUBPROVIDER - I PF	-90,489	4,196,801	40.00
41.00	04100 SUBPROVIDER - I RF	-14,211	1,499,768	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	-550	1,147,461	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-225,215	8,996,550	50.00
51.00	05100 RECOVERY ROOM	0	2,190,265	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-34	1,570,313	52.00
53.00	05300 ANESTHESIOLOGY	22,000	513,172	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-1,443	4,199,783	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	559,443	54.01
54.02	05404 ULTRASOUND	0	537,582	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	-34,617	7,727,237	55.00
57.00	05700 CT SCAN	0	791,876	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	286,625	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,444,393	59.00
60.00	06000 LABORATORY	-39,171	7,103,639	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	1,417,646	64.00
65.00	06500 RESPIRATORY THERAPY	-1,400	1,646,345	65.00
66.00	06600 PHYSICAL THERAPY	0	2,667,805	66.00
69.00	06900 ELECTROCARDIOLOGY	0	615,957	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	-9,828	695,866	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	12,694,443	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	-22,060	4,881,064	73.00
75.01	07501 RENAL DIALYSIS (IP)	0	366,561	75.01
76.00	03020 CARDIAC REHAB	0	203,142	76.00
76.01	03021 OP PSY/CDU	-134,130	955,957	76.01
76.02	03022 RIMMS	-253,456	685,689	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03024 PAIN CLINIC	0	0	76.04
76.05	03025 DIABETES	0	208,597	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	-6,480	405,039	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	-104,483	299,626	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100 EMERGENCY	-117,450	3,888,236	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	256,408	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	3,121,487	92.01
93.00	04040 INFUSION	0	644,631	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	-1,261,074	-65,863	93.01
93.02	04042 RASC	0	0	93.02
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	-426,447	2,624,282	95.00
99.10	09910 CORF	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140186

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

Worksheet A
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
101.00	10100	HOME HEALTH AGENCY	6.00	7.00	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	-5,057,172	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-16,541,336	198,191,086	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	10,762	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-9,141,036	7,568,746	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	-863	251,472	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-25,683,235	206,022,066	200.00

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Provi der CCN: 140186

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 4:54 pm

		Increases				
Cost Center		Li ne #	Salary	Other		
2.00	3.00	4.00	5.00			
A - PROFESSIONAL FEES						
1.00	SOCIAL SERVICE	17.00	0	11,981	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	4,200	2.00	
3.00	SUBPROVIDER - IRF	41.00	0	15,000	3.00	
4.00	NURSERY	43.00	0	550	4.00	
5.00	OPERATING ROOM	50.00	0	305,913	5.00	
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	22,000	6.00	
7.00	RADIOLOGY-THERAPEUTIC	55.00	0	82,766	7.00	
8.00	LABORATORY	60.00	0	77,400	8.00	
9.00	RESPIRATORY THERAPY	65.00	0	38,700	9.00	
10.00	OP PSY/CDU	76.01	0	67,594	10.00	
11.00	EMERGENCY	91.00	0	117,450	11.00	
12.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	63,725	12.00	
TOTALS			0	807,279		
B - BONUSES AND VACATION ACCRUAL						
1.00		0.00	0	0	1.00	
2.00	DATA PROCESSING	5.02	36,120	0	2.00	
3.00	PURCHASING	5.03	18,994	0	3.00	
4.00	BUSINESS OFFICE	5.05	54,691	0	4.00	
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	901,217	0	5.00	
6.00	MAINTENANCE & REPAIRS	6.00	32,024	0	6.00	
7.00	OPERATION OF PLANT	7.00	19,250	0	7.00	
8.00	LAUNDRY & LINEN SERVICE	8.00	4,764	0	8.00	
9.00	HOUSEKEEPING	9.00	12,662	0	9.00	
10.00	DIETARY	10.00	13,626	0	10.00	
11.00	NURSING ADMINISTRATION	13.00	107,650	0	11.00	
12.00	CENTRAL SERVICES & SUPPLY	14.00	1,775	0	12.00	
13.00	PHARMACY	15.00	37,678	0	13.00	
14.00	MEDICAL RECORDS & LIBRARY	16.00	24,209	0	14.00	
15.00	SOCIAL SERVICE	17.00	25,347	0	15.00	
16.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	391	0	16.00	
17.00	SUBPROVIDER - IPF	40.00	32,830	0	17.00	
18.00	ADULTS & PEDIATRICS	30.00	107,013	0	18.00	
19.00	INTENSIVE CARE UNIT	31.00	16,375	0	19.00	
20.00	CORONARY CARE UNIT	32.00	15,326	0	20.00	
21.00	SUBPROVIDER - IRF	41.00	14,650	0	21.00	
22.00	NURSERY	43.00	12,591	0	22.00	
23.00	OPERATING ROOM	50.00	38,411	0	23.00	
24.00	RECOVERY ROOM	51.00	20,478	0	24.00	
25.00	DELIVERY ROOM & LABOR ROOM	52.00	14,360	0	25.00	
26.00	ANESTHESIOLOGY	53.00	374	0	26.00	
27.00	RADIOLOGY-DIAGNOSTIC	54.00	37,869	0	27.00	
28.00	NUCLEAR MEDICINE-DIAGNOSTIC	54.01	1,338	0	28.00	
29.00	ULTRASOUND	54.02	6,619	0	29.00	
30.00	RADIOLOGY-THERAPEUTIC	55.00	22,914	0	30.00	
31.00	CT SCAN	57.00	6,737	0	31.00	
32.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	3,885	0	32.00	
33.00	CARDIAC CATHETERIZATION	59.00	8,228	0	33.00	
34.00	LABORATORY	60.00	24,884	0	34.00	
35.00	INTRAVENOUS THERAPY	64.00	3,124	0	35.00	
36.00	RESPIRATORY THERAPY	65.00	13,966	0	36.00	
37.00	PHYSICAL THERAPY	66.00	25,870	0	37.00	
38.00	ELECTROCARDIOLOGY	69.00	6,885	0	38.00	
40.00	CARDIAC REHAB	76.00	1,735	0	40.00	
41.00	OP PSY/CDU	76.01	10,127	0	41.00	
42.00	RIMMS	76.02	3,428	0	42.00	
43.00	DIABETES	76.05	1,680	0	43.00	
44.00	HYPERBARIC OXYGEN THERAPY	76.98	2,993	0	44.00	
45.00	RURAL HEALTH CLINIC	88.00	1,093	0	45.00	
46.00	EMERGENCY	91.00	29,025	0	46.00	
47.00	OBSERVATION BEDS (DISTINCT PART)	92.01	3,705	0	47.00	
48.00	INFUSION	93.00	5,332	0	48.00	
49.00	COMMUNITY HEALTH CENTERS	93.01	19,851	0	49.00	
50.00	AMBULANCE SERVICES	95.00	27,514	0	50.00	
51.00	HOME HEALTH AGENCY	101.00	45,292	0	51.00	
53.00	CARE-A-VAN	191.02	83	0	53.00	
54.00	PHYSICIANS' PRIVATE OFFICES	192.00	66,350	0	54.00	
55.00	NONPAID WORKERS	193.00	15,083	0	55.00	
TOTALS			1,958,416	0		

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Provi der CCN: 140186

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

Worksheet A-6

Date/Time Prepared:
5/30/2013 4:54 pm

		Increases				
Cost Center		Li ne #	Sal ary	Other		
2. 00	3. 00	4. 00	5. 00			
C - UTILITY RECLASS						
1. 00	OPERATION OF PLANT	7. 00	885	0	1. 00	
3. 00	OPERATION OF PLANT	7. 00	986, 110	0	3. 00	
4. 00	OPERATION OF PLANT	7. 00	1, 904	0	4. 00	
5. 00	OPERATION OF PLANT	7. 00	30, 786	0	5. 00	
6. 00	OPERATION OF PLANT	7. 00	62, 029	0	6. 00	
7. 00	OPERATION OF PLANT	7. 00	4, 171	0	7. 00	
8. 00	OPERATION OF PLANT	7. 00	2, 241	0	8. 00	
9. 00	OPERATION OF PLANT	7. 00	916	0	9. 00	
10. 00	OPERATION OF PLANT	7. 00	4, 066	0	10. 00	
11. 00	OPERATION OF PLANT	7. 00	429	0	11. 00	
12. 00	OPERATION OF PLANT	7. 00	396	0	12. 00	
13. 00	OPERATION OF PLANT	7. 00	1, 569	0	13. 00	
14. 00	OPERATION OF PLANT	7. 00	1, 196	0	14. 00	
15. 00	OPERATION OF PLANT	7. 00	44, 737	0	15. 00	
16. 00	OPERATION OF PLANT	7. 00	772	0	16. 00	
19. 00	OPERATION OF PLANT	7. 00	198, 672	0	19. 00	
20. 00	OPERATION OF PLANT	7. 00	483	0	20. 00	
21. 00	OPERATION OF PLANT	7. 00	89, 143	0	21. 00	
22. 00	OPERATION OF PLANT	7. 00	337	0	22. 00	
25. 00	OPERATION OF PLANT	7. 00	683	0	25. 00	
27. 00	OPERATION OF PLANT	7. 00	15, 100	0	27. 00	
29. 00	OPERATION OF PLANT	7. 00	1, 357	0	29. 00	
31. 00	OPERATION OF PLANT	7. 00	17, 735	0	31. 00	
32. 00	OPERATION OF PLANT	7. 00	1, 895	0	32. 00	
33. 00	OPERATION OF PLANT	7. 00	34, 351	0	33. 00	
34. 00	OPERATION OF PLANT	7. 00	14, 646	0	34. 00	
35. 00	OPERATION OF PLANT	7. 00	34, 395	0	35. 00	
36. 00	OPERATION OF PLANT	7. 00	189, 232	0	36. 00	
37. 00	OPERATION OF PLANT	7. 00	10, 500	0	37. 00	
TOTALS			1, 750, 736	0		
D - CAFETERIA RECLASS						
1. 00	CAFETERIA	11. 00	822, 295	1, 255, 913	1. 00	
TOTALS			822, 295	1, 255, 913		
E - NURSING ADMINISTRATION						
1. 00	CENTRAL SERVICES & SUPPLY	14. 00	7, 653	0	1. 00	
2. 00	SUBPROVIDER - IPF	40. 00	86, 425	0	2. 00	
3. 00	ADULTS & PEDIATRICS	30. 00	151, 067	0	3. 00	
4. 00	INTENSIVE CARE UNIT	31. 00	20, 239	0	4. 00	
5. 00	CORONARY CARE UNIT	32. 00	18, 070	0	5. 00	
6. 00	SUBPROVIDER - IRF	41. 00	47, 106	0	6. 00	
7. 00	NURSERY	43. 00	26, 648	0	7. 00	
8. 00	OPERATING ROOM	50. 00	85, 289	0	8. 00	
9. 00	RECOVERY ROOM	51. 00	39, 212	0	9. 00	
10. 00	DELIVERY ROOM & LABOR ROOM	52. 00	42, 530	0	10. 00	
11. 00	RADIOLOGY-DIAGNOSTIC	54. 00	10, 681	0	11. 00	
12. 00	CARDIAC CATHETERIZATION	59. 00	32, 107	0	12. 00	
13. 00	INTRAVENOUS THERAPY	64. 00	5, 781	0	13. 00	
14. 00	RESPIRATORY THERAPY	65. 00	10, 474	0	14. 00	
15. 00	PHYSICAL THERAPY	66. 00	77, 090	0	15. 00	
16. 00	ELECTROCARDIOLOGY	69. 00	19, 220	0	16. 00	
17. 00	CARDIAC REHAB	76. 00	6, 688	0	17. 00	
18. 00	OP PSY/CDU	76. 01	22, 092	0	18. 00	
19. 00	HYPERBARIC OXYGEN THERAPY	76. 98	1, 700	0	19. 00	
20. 00	EMERGENCY	91. 00	33, 640	0	20. 00	
21. 00	OBSERVATION BEDS (DISTINCT PART)	92. 01	2, 177	0	21. 00	
22. 00	AMBULANCE SERVICES	95. 00	98, 539	0	22. 00	
23. 00	ANESTHESIOLOGY	53. 00	1, 620	0	23. 00	
TOTALS			846, 048	0		
F - COST OF GOODS SOLD						
1. 00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71. 00	0	705, 694	1. 00	
2. 00	DRUGS CHARGED TO PATIENTS	73. 00	0	3, 275, 117	2. 00	
3. 00		0. 00	0	0	3. 00	
TOTALS			0	3, 980, 811		
G - POSTAGE						
1. 00	OTHER ADMINISTRATIVE AND GENERAL	5. 06	0	242, 012	1. 00	
2. 00		0. 00	0	0	2. 00	
TOTALS			0	242, 012		

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Provi der CCN: 140186

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 4:54 pm

		Increases				
Cost Center		Li ne #	Salary	Other		
2. 00		3. 00	4. 00	5. 00		
H - UTI LI ZATI ON REVI EW						
1. 00	OTHER ADMI NI STRATI VE AND GENERAL	5. 06	774, 797	0	1. 00	
	TOTALS		774, 797	0		
I - RECOVERY ROOM						
1. 00	RECOVERY ROOM	51. 00	331, 918	0	1. 00	
	TOTALS		331, 918	0		
J - IV THERAPY						
1. 00	INTRAVENOUS THERAPY	64. 00	642, 882	0	1. 00	
	TOTALS		642, 882	0		
K - DEPRECIATI ON						
1. 00	NEW CAP REL COSTS-MVBLE EQUI P	2. 00	0	12, 214, 500	1. 00	
	TOTALS		0	12, 214, 500		
L - INSURANCE						
1. 00	EMPLOYEE BENEFITS	4. 00	0	1, 111, 885	1. 00	
	TOTALS		0	1, 111, 885		
M - INTEREST						
1. 00	OTHER ADMI NI STRATI VE AND GENERAL	5. 06	0	931, 040	1. 00	
	TOTALS		0	931, 040		
N - I & R SALARI ES						
1. 00	I & R SERVI CES-SALARY & FRINGES APPRVD	21. 00	647, 812	0	1. 00	
	TOTALS		647, 812	0		
O - RADIOLOGY						
1. 00	RADIOLOGY-DI AGNOSTIC	54. 00	108, 900	0	1. 00	
	TOTALS		108, 900	0		
P - COMMUNI CATI ONS						
1. 00	COMMUNI CATI ONS	5. 01	0	1, 375, 014	1. 00	
	TOTALS		0	1, 375, 014		
Q - LI ABI LI TY INSURANCE						
1. 00	OTHER ADMI NI STRATI VE AND GENERAL	5. 06	0	82, 149	1. 00	
2. 00	OTHER ADMI NI STRATI VE AND GENERAL	5. 06	0	31, 847	2. 00	
3. 00	OTHER ADMI NI STRATI VE AND GENERAL	5. 06	0	40, 004	3. 00	
4. 00	OTHER ADMI NI STRATI VE AND GENERAL	5. 06	0	63, 968	4. 00	
5. 00	OTHER ADMI NI STRATI VE AND GENERAL	5. 06	0	843, 994	5. 00	
	TOTALS		0	1, 061, 962		
R - ESTABLI SH OTHER CRC						
1. 00	OTHER CAPI TAL RELATED COSTS	3. 00	0	666, 229	1. 00	
2. 00	OTHER CAPI TAL RELATED COSTS	3. 00	0	486, 010	2. 00	
	TOTALS		0	1, 152, 239		
S - NEW LI FE GRANT						
1. 00	NONPAI D WORKERS	193. 00	0	249, 955	1. 00	
	TOTALS		0	249, 955		
T - RX SALARI ES						
1. 00	DRUGS CHARGED TO PATI ENTS	73. 00	1, 961, 935	0	1. 00	
2. 00	DRUGS CHARGED TO PATI ENTS	73. 00	37, 678	0	2. 00	
	TOTALS		1, 999, 613	0		
U - FLOAT NURSING						
1. 00	ADULTS & PEDI ATRI CS	30. 00	474, 259	0	1. 00	
2. 00	ADULTS & PEDI ATRI CS	30. 00	30, 346	0	2. 00	
	TOTALS		504, 605	0		
V - CHC DI RECTORS						
1. 00	RURAL HEALTH CLI NI C	88. 00	6, 127	0	1. 00	
2. 00	PHYSI CI ANS' PRI VATE OFFI CES	192. 00	249, 970	0	2. 00	
3. 00	RURAL HEALTH CLI NI C	88. 00	0	2, 568	3. 00	
4. 00	PHYSI CI ANS' PRI VATE OFFI CES	192. 00	0	100, 508	4. 00	
	TOTALS		256, 097	103, 076		
W - IMPLANTS						
1. 00	IMPL. DEV. CHARGED TO PATI ENT	72. 00	0	1, 603	1. 00	
2. 00	IMPL. DEV. CHARGED TO PATI ENT	72. 00	0	7, 909, 593	2. 00	
3. 00	IMPL. DEV. CHARGED TO PATI ENT	72. 00	0	218, 613	3. 00	
4. 00	IMPL. DEV. CHARGED TO PATI ENT	72. 00	0	4, 513, 617	4. 00	
5. 00	IMPL. DEV. CHARGED TO PATI ENT	72. 00	0	51, 017	5. 00	

Provider CCN: 140186

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		
	TOTALS		0	12,694,443		
500.00	Grand Total: Increases		10,644,119	37,180,129		500.00

RECLASSI FI CATI ONS

Provi der CCN: 140186

Peri od:
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	Li ne #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - PROFESSIONAL FEES							
1.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	11,981	0	1.00	
2.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	4,200	0	2.00	
3.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	15,000	0	3.00	
4.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	550	0	4.00	
5.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	305,913	0	5.00	
6.00	ANESTHESI OLOGY	53.00	0	22,000	0	6.00	
7.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	82,766	0	7.00	
8.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	77,400	0	8.00	
9.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	38,700	0	9.00	
10.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	67,594	0	10.00	
11.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	117,450	0	11.00	
12.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	63,725	0	12.00	
TOTALS			0	807,279			
B - BONUSES AND VACATI ON ACCRUAL							
1.00		0.00	0	0	0	1.00	
2.00	EMPLOYEE BENEFI TS	4.00	0	36,120	0	2.00	
3.00	EMPLOYEE BENEFI TS	4.00	0	18,994	0	3.00	
4.00	EMPLOYEE BENEFI TS	4.00	0	54,691	0	4.00	
5.00	EMPLOYEE BENEFI TS	4.00	0	901,217	0	5.00	
6.00	EMPLOYEE BENEFI TS	4.00	0	32,024	0	6.00	
7.00	EMPLOYEE BENEFI TS	4.00	0	19,250	0	7.00	
8.00	EMPLOYEE BENEFI TS	4.00	0	4,764	0	8.00	
9.00	EMPLOYEE BENEFI TS	4.00	0	12,662	0	9.00	
10.00	EMPLOYEE BENEFI TS	4.00	0	13,626	0	10.00	
11.00	EMPLOYEE BENEFI TS	4.00	0	107,650	0	11.00	
12.00	EMPLOYEE BENEFI TS	4.00	0	1,775	0	12.00	
13.00	EMPLOYEE BENEFI TS	4.00	0	37,678	0	13.00	
14.00	EMPLOYEE BENEFI TS	4.00	0	24,209	0	14.00	
15.00	EMPLOYEE BENEFI TS	4.00	0	25,347	0	15.00	
16.00	EMPLOYEE BENEFI TS	4.00	0	391	0	16.00	
17.00	EMPLOYEE BENEFI TS	4.00	0	32,830	0	17.00	
18.00	EMPLOYEE BENEFI TS	4.00	0	107,013	0	18.00	
19.00	EMPLOYEE BENEFI TS	4.00	0	16,375	0	19.00	
20.00	EMPLOYEE BENEFI TS	4.00	0	15,326	0	20.00	
21.00	EMPLOYEE BENEFI TS	4.00	0	14,650	0	21.00	
22.00	EMPLOYEE BENEFI TS	4.00	0	12,591	0	22.00	
23.00	EMPLOYEE BENEFI TS	4.00	0	38,411	0	23.00	
24.00	EMPLOYEE BENEFI TS	4.00	0	20,478	0	24.00	
25.00	EMPLOYEE BENEFI TS	4.00	0	14,360	0	25.00	
26.00	EMPLOYEE BENEFI TS	4.00	0	374	0	26.00	
27.00	EMPLOYEE BENEFI TS	4.00	0	37,869	0	27.00	
28.00	EMPLOYEE BENEFI TS	4.00	0	1,338	0	28.00	
29.00	EMPLOYEE BENEFI TS	4.00	0	6,619	0	29.00	
30.00	EMPLOYEE BENEFI TS	4.00	0	22,914	0	30.00	
31.00	EMPLOYEE BENEFI TS	4.00	0	6,737	0	31.00	
32.00	EMPLOYEE BENEFI TS	4.00	0	3,885	0	32.00	
33.00	EMPLOYEE BENEFI TS	4.00	0	8,228	0	33.00	
34.00	EMPLOYEE BENEFI TS	4.00	0	24,884	0	34.00	
35.00	EMPLOYEE BENEFI TS	4.00	0	3,124	0	35.00	
36.00	EMPLOYEE BENEFI TS	4.00	0	13,966	0	36.00	
37.00	EMPLOYEE BENEFI TS	4.00	0	25,870	0	37.00	
38.00	EMPLOYEE BENEFI TS	4.00	0	6,885	0	38.00	
40.00	EMPLOYEE BENEFI TS	4.00	0	1,735	0	40.00	
41.00	EMPLOYEE BENEFI TS	4.00	0	10,127	0	41.00	
42.00	EMPLOYEE BENEFI TS	4.00	0	3,428	0	42.00	
43.00	EMPLOYEE BENEFI TS	4.00	0	1,680	0	43.00	
44.00	EMPLOYEE BENEFI TS	4.00	0	2,993	0	44.00	
45.00	EMPLOYEE BENEFI TS	4.00	0	1,093	0	45.00	
46.00	EMPLOYEE BENEFI TS	4.00	0	29,025	0	46.00	
47.00	EMPLOYEE BENEFI TS	4.00	0	3,705	0	47.00	
48.00	EMPLOYEE BENEFI TS	4.00	0	5,332	0	48.00	
49.00	EMPLOYEE BENEFI TS	4.00	0	19,851	0	49.00	

RECLASSI FI CATI ONS

Provi der CCN: 140186

Peri od:
From 01/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
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		Decreases					
	Cost Center	Li ne #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
50.00	EMPLOYEE BENEFITS	4.00	0	27,514	0		50.00
51.00	EMPLOYEE BENEFITS	4.00	0	45,292	0		51.00
53.00	EMPLOYEE BENEFITS	4.00	0	83	0		53.00
54.00	EMPLOYEE BENEFITS	4.00	0	66,350	0		54.00
55.00	EMPLOYEE BENEFITS	4.00	0	15,083	0		55.00
	TOTALS		0	1,958,416			
C - UTILITY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	885	0		1.00
3.00	DATA PROCESSING	5.02	0	986,110	0		3.00
4.00	PURCHASING	5.03	0	1,904	0		4.00
5.00	BUSINESS OFFICE	5.05	0	30,786	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	62,029	0		6.00
7.00	OPERATION OF PLANT	7.00	0	4,171	0		7.00
8.00	HOUSEKEEPING	9.00	0	2,241	0		8.00
9.00	DIETARY	10.00	0	916	0		9.00
10.00	NURSING ADMINISTRATION	13.00	0	4,066	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	429	0		11.00
12.00	SOCIAL SERVICE	17.00	0	396	0		12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,569	0		13.00
14.00	SUBPROVIDER - IPF	40.00	0	1,196	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	44,737	0		15.00
16.00	OPERATING ROOM	50.00	0	772	0		16.00
19.00	RADIOLOGY-DIAGNOSTIC	54.00	0	198,672	0		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	483	0		20.00
21.00	RADIOLOGY-THERAPEUTIC	55.00	0	89,143	0		21.00
22.00	LABORATORY	60.00	0	337	0		22.00
25.00	DRUGS CHARGED TO PATIENTS	73.00	0	683	0		25.00
27.00	RIMMS	76.02	0	15,100	0		27.00
29.00	EMERGENCY	91.00	0	1,357	0		29.00
31.00	COMMUNITY HEALTH CENTERS	93.01	0	17,735	0		31.00
32.00	RASC	93.02	0	1,895	0		32.00
33.00	RURAL HEALTH CLINIC	88.00	0	34,351	0		33.00
34.00	AMBULANCE SERVICES	95.00	0	14,646	0		34.00
35.00	HOME HEALTH AGENCY	101.00	0	34,395	0		35.00
36.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	189,232	0		36.00
37.00	NONPAID WORKERS	193.00	0	10,500	0		37.00
	TOTALS		0	1,750,736			
D - CAFETERIA RECLASS							
1.00	DIETARY	10.00	822,295	1,255,913	0		1.00
	TOTALS		822,295	1,255,913			
E - NURSING ADMINISTRATION							
1.00	NURSING ADMINISTRATION	13.00	7,653	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	86,425	0	0		2.00
3.00	NURSING ADMINISTRATION	13.00	151,067	0	0		3.00
4.00	NURSING ADMINISTRATION	13.00	20,239	0	0		4.00
5.00	NURSING ADMINISTRATION	13.00	18,070	0	0		5.00
6.00	NURSING ADMINISTRATION	13.00	47,106	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	26,648	0	0		7.00
8.00	NURSING ADMINISTRATION	13.00	85,289	0	0		8.00
9.00	NURSING ADMINISTRATION	13.00	39,212	0	0		9.00
10.00	NURSING ADMINISTRATION	13.00	42,530	0	0		10.00
11.00	NURSING ADMINISTRATION	13.00	10,681	0	0		11.00
12.00	NURSING ADMINISTRATION	13.00	32,107	0	0		12.00
13.00	NURSING ADMINISTRATION	13.00	5,781	0	0		13.00
14.00	NURSING ADMINISTRATION	13.00	10,474	0	0		14.00
15.00	NURSING ADMINISTRATION	13.00	77,090	0	0		15.00
16.00	NURSING ADMINISTRATION	13.00	19,220	0	0		16.00
17.00	NURSING ADMINISTRATION	13.00	6,688	0	0		17.00
18.00	NURSING ADMINISTRATION	13.00	22,092	0	0		18.00
19.00	NURSING ADMINISTRATION	13.00	1,700	0	0		19.00
20.00	NURSING ADMINISTRATION	13.00	33,640	0	0		20.00
21.00	NURSING ADMINISTRATION	13.00	2,177	0	0		21.00
22.00	NURSING ADMINISTRATION	13.00	98,539	0	0		22.00
23.00	NURSING ADMINISTRATION	13.00	1,620	0	0		23.00
	TOTALS		846,048	0			
F - COST OF GOODS SOLD							
1.00	INTRAVENOUS THERAPY	64.00	0	6,481	0		1.00
2.00	PHARMACY	15.00	0	3,228,837	0		2.00
3.00	PURCHASING	5.03	0	745,493	0		3.00
	TOTALS		0	3,980,811			

RECLASSI FI CATI ONS

Provi der CCN: 140186

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			
G - POSTAGE							
1.00	PURCHASING	5.03	0	241,967	0		1.00
2.00	ADULTS & PEDI ATRI CS	30.00	0	45	0		2.00
	TOTALS		0	242,012			
H - UTI LI ZATI ON REVI EW							
1.00	SOCI AL SERVI CE	17.00	774,797	0	0		1.00
	TOTALS		774,797	0			
I - RECOVERY ROOM							
1.00	ADULTS & PEDI ATRI CS	30.00	331,918	0	0		1.00
	TOTALS		331,918	0			
J - I V THERAPY							
1.00	ADULTS & PEDI ATRI CS	30.00	642,882	0	0		1.00
	TOTALS		642,882	0			
K - DEPRECI ATI ON							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	12,214,500	9		1.00
	TOTALS		0	12,214,500			
L - I NSURANCE							
1.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	1,111,885	0		1.00
	TOTALS		0	1,111,885			
M - I NTEREST							
1.00	I NTEREST EXPENSE	113.00	0	931,040	0		1.00
	TOTALS		0	931,040			
N - I & R SALARI ES							
1.00	I & R SERVI CES-SALARY & FRINGES APPRVD	21.00	0	647,812	0		1.00
	TOTALS		0	647,812			
O - RADI OLOGY							
1.00	COMMUNI TY HEALTH CENTERS	93.01	108,900	0	0		1.00
	TOTALS		108,900	0			
P - COMMUNI CATI ONS							
1.00	MAI NTENANCE & REPAI RS	6.00	0	1,375,014	0		1.00
	TOTALS		0	1,375,014			
Q - LI ABI LI TY I NSURANCE							
1.00	I & R SERVI CES-SALARY & FRINGES APPRVD	21.00	0	82,149	0		1.00
2.00	RIMMS	76.02	0	31,847	0		2.00
3.00	COMMUNI TY HEALTH CENTERS	93.01	0	40,004	0		3.00
4.00	RASC	93.02	0	63,968	0		4.00
5.00	PHYSI CI ANS' PRI VATE OFFI CES	192.00	0	843,994	0		5.00
	TOTALS		0	1,061,962			
R - ESTABLI SH OTHER CRC							
1.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	666,229	0		1.00
2.00	OTHER ADMI NI STRATI VE AND GENERAL	5.06	0	486,010	0		2.00
	TOTALS		0	1,152,239			
S - NEW LI FE GRANT							
1.00	NONPAI D WORKERS	193.00	249,955	0	0		1.00
	TOTALS		249,955	0			
T - RX SALARI ES							
1.00	PHARMACY	15.00	1,961,935	0	0		1.00
2.00	PHARMACY	15.00	37,678	0	0		2.00
	TOTALS		1,999,613	0			
U - FLOAT NURSI NG							
1.00	NURSI NG ADMI NI STRATI ON	13.00	474,259	0	0		1.00
2.00	NURSI NG ADMI NI STRATI ON	13.00	30,346	0	0		2.00
	TOTALS		504,605	0			
V - CHC DI RECTORS							
1.00	COMMUNI TY HEALTH CENTERS	93.01	6,127	0	0		1.00
2.00	COMMUNI TY HEALTH CENTERS	93.01	249,970	0	0		2.00
3.00	COMMUNI TY HEALTH CENTERS	93.01	0	2,568	0		3.00
4.00	COMMUNI TY HEALTH CENTERS	93.01	0	100,508	0		4.00
	TOTALS		256,097	103,076			
W - I MPLANTS							
1.00	PHARMACY	15.00	0	1,603	0		1.00
2.00	OPERATI NG ROOM	50.00	0	7,909,593	0		2.00
3.00	RADI OLOGY-DI AGNOSTI C	54.00	0	218,613	0		3.00
4.00	CARDI AC CATHETERI ZATI ON	59.00	0	4,513,617	0		4.00
5.00	I NFUSI ON	93.00	0	51,017	0		5.00
	TOTALS		0	12,694,443			
500.00	Grand Total: Decreases		6,537,110	41,287,138			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provi der CCN: 140186

Peri od:
From 01/01/2012
To 12/31/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2013 4:54 pm

		Beginni ng Bal ances	Acqui si ti ons			Disposal s and Reti rements	
			Purchases	Donati on	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	7,974,131	0	0	0	0	1.00
2.00	Land Improvements	2,578,407	535,821	0	535,821	0	2.00
3.00	Buildings and Fixtures	160,126,982	58,975,973	0	58,975,973	0	3.00
4.00	Building Improvements	26,290,707	22,616,866	0	22,616,866	0	4.00
5.00	Fixed Equipment	3,312,534	1,506,210	0	1,506,210	0	5.00
6.00	Movable Equipment	135,747,682	43,059,390	0	43,059,390	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	336,030,443	126,694,260	0	126,694,260	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	336,030,443	126,694,260	0	126,694,260	0	10.00
SUMMARY OF CAPITAL							
Cost Center Description		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	19,571,450	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,571,450	0	0	0	0	3.00
COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL		
Cost Center Description		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	283,917,631	0	283,917,631	0.613578	298,205	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	178,807,072	0	178,807,072	0.386422	187,805	2.00
3.00	Total (sum of lines 1-2)	462,724,703	0	462,724,703	1.000000	486,010	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
5/30/2013 4:54 pm

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	7,974,131	0		1.00	
2.00	Land Improvements	3,114,228	2,071,506		2.00	
3.00	Buildings and Fixtures	219,102,955	22,974,413		3.00	
4.00	Building Improvements	48,907,573	13,194,057		4.00	
5.00	Fixed Equipment	4,818,744	2,145,378		5.00	
6.00	Movable Equipment	178,807,072	115,749,091		6.00	
7.00	HIT designated Assets	0	0		7.00	
8.00	Subtotal (sum of lines 1-7)	462,724,703	156,134,445		8.00	
9.00	Reconciling Items	0	0		9.00	
10.00	Total (line 8 minus line 9)	462,724,703	156,134,445		10.00	
SUMMARY OF CAPITAL						
Cost Center Description		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	19,571,450		1.00	
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0		2.00	
3.00	Total (sum of lines 1-2)	0	19,571,450		3.00	
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL 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	408,783	0	706,988	7,356,950	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	257,446	0	445,251	12,214,500	0
3.00	Total (sum of lines 1-2)	666,229	0	1,152,239	19,571,450	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140186

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	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	298,205	408,783	0	8,063,938	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	187,805	257,446	0	12,659,751	2.00
3.00	Total (sum of lines 1-2)	0	486,010	666,229	0	20,723,689	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140186

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

Worksheet A-8

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0	0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-1,833	0	COMMUNICATIONS	5.01	7.00
8.00 Television and radio service (chapter 21)		0	0		0.00	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,071,768	0			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,443	0	RADIOLOGY-DIAGNOSTIC	54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0	0			12.00
13.00 Laundry and linen service		0	0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-1,142,815	0	CAFETERIA	11.00	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-9,828	0	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	16.00
17.00 Sale of drugs to other than patients	B	-22,060	0	DRUGS CHARGED TO PATIENTS	73.00	17.00
18.00 Sale of medical records and abstracts	B	-5,607	0	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	19.00
20.00 Vending machines	B	-17,569	0	DIETARY	10.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		0	0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0	0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	*** Cost Center Deleted ***	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	*** Cost Center Deleted ***	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	32.00
33.00		0	0		0.00	33.00
33.01 NON OPERATING INC, UNRESTRICT DONOR	B	-17,674	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.01
33.02 BAD DEBT	A	-9,701	0	RI MMS	76.02	33.02
33.03 BAD DEBT	A	-99,944	0	COMMUNITY HEALTH CENTERS	93.01	33.03
33.04 BAD DEBT	A	-41,850	0	RURAL HEALTH CLINIC	88.00	33.04
33.05 BAD DEBT	A	-763,653	0	PHYSICIANS' PRIVATE OFFICES	192.00	33.05
33.06		0	0		0.00	33.06
33.07		0	0		0.00	33.07
33.08		0	0		0.00	33.08
33.09		0	0		0.00	33.09
33.10		0	0		0.00	33.10
33.11		0	0		0.00	33.11
33.12 WOMEN'S CENTER	B	-34	0	DELIVERY ROOM & LABOR ROOM	52.00	33.12
33.13 FAMILY RESOURCE	B	-3,340	0	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.13
33.14 ACLS REVENUE	B	-9,679	0	AMBULANCE SERVICES	95.00	33.14
33.15 EMT REVENUE	B	-163,021	0	AMBULANCE SERVICES	95.00	33.15
33.16 GOURMET COFFEE	B	-234,255	0	CAFETERIA	11.00	33.16
33.17 AMBULANCE REVENUE	B	-253,747	0	AMBULANCE SERVICES	95.00	33.17

ADJUSTMENTS TO EXPENSES

Provider CCN: 140186

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

Worksheet A-8

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #
			Cost Center		
			1.00	2.00	
33.18 MISCELLANEOUS INCOME	B	-49,537	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.18
33.19		0		0.00	33.19
33.20 PSYCH ASSOC. DIRECTOR REVENUE	B	-130,081	PHYSICIANS' PRIVATE OFFICES	192.00	33.20
33.21		0		0.00	33.21
33.22		0		0.00	33.22
33.23 IHA DUES	A	-29,415	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.23
33.24 VOCATIONAL TRAINING	A	-37,087	ADULTS & PEDIATRICS	30.00	33.24
33.25 VOCATIONAL TRAINING	A	-61,503	OP PSY/CDU	76.01	33.25
33.26 VOCATIONAL TRAINING	A	-90,489	SUBPROVIDER - I/PF	40.00	33.26
33.27 NON-ALLOWABLE MARKETING	A	-358,106	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.27
33.28 NON-ALLOWABLE ADMIN	A	-272,849	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.28
33.29 CHARITY CARE	A	-50,995	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.29
33.30 NON-ALLOWABLE INTEREST	A	-5,057,172	INTEREST EXPENSE	113.00	33.30
33.31		0		0.00	33.31
33.32		0		0.00	33.32
33.33 MEDI CAID ASSESSMENT	A	-6,428,015	OTHER ADMINISTRATIVE AND GENERAL	5.06	33.33
33.34		0		0.00	33.34
33.35 HBP NEW LIFE PRO FEES	A	-863	NONPAID WORKERS	193.00	33.35
33.36 HBP PHYSICIAN SALARIES-PHY OFFICE	A	-8,247,302	PHYSICIANS' PRIVATE OFFICES	192.00	33.36
33.37		0		0.00	33.37
33.38		0		0.00	33.38
33.39		0		0.00	33.39
33.40		0		0.00	33.40
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-25,683,235			50.00

ADJUSTMENTS TO EXPENSES

Provi der CCN: 140186

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

Worksheet A-8

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
33.01	NON OPERATING INC, UNRESTRICT DONOR	0	33.01
33.02	BAD DEBT	0	33.02
33.03	BAD DEBT	0	33.03
33.04	BAD DEBT	0	33.04
33.05	BAD DEBT	0	33.05
33.06		0	33.06
33.07		0	33.07
33.08		0	33.08
33.09		0	33.09
33.10		0	33.10
33.11		0	33.11
33.12	WOMEN' S CENTER	0	33.12
33.13	FAMI LY RESOURCE	0	33.13
33.14	ACLS REVENUE	0	33.14
33.15	EMT REVENUE	0	33.15
33.16	GOURMET COFFEE	0	33.16
33.17	AMBULANCE REVENUE	0	33.17
33.18	MI SCELLANEOUS INCOME	0	33.18
33.19		0	33.19
33.20	PSYCH ASSOC. DI RECTOR REVENUE	0	33.20
33.21		0	33.21
33.22		0	33.22
33.23	I HA DUES	0	33.23
33.24	VOCATI ONAL TRAI NI NG	0	33.24
33.25	VOCATI ONAL TRAI NI NG	0	33.25
33.26	VOCATI ONAL TRAI NI NG	0	33.26
33.27	NON-ALLOWABLE MARKETI NG	0	33.27

ADJUSTMENTS TO EXPENSES

Provider CCN: 140186

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.28	NON-ALLOWABLE ADMIN	0	33.28
33.29	CHARITY CARE	0	33.29
33.30	NON-ALLOWABLE INTEREST	0	33.30
33.31		0	33.31
33.32		0	33.32
33.33	MEDI CAID ASSESSMENT	0	33.33
33.34		0	33.34
33.35	HBP NEW LIFE PRO FEES	0	33.35
33.36	HBP PHYSICIAN SALARIES-PHY OFFICE	0	33.36
33.37		0	33.37
33.38		0	33.38
33.39		0	33.39
33.40		0	33.40
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140186

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 4:54 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	30.00	ADULTS & PEDIATRICS	FACILITY RENT	1.00
2.00	0.00			2.00
3.00	0.00			3.00
4.00	0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			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	
	1.00	2.00	3.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	A	RESOLVE CENTER	0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			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: 140186

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 4:54 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
						4.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	60,000	60,000	0	9	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	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.					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			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

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

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

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

6.00	OAKSIDE CORP	0.00	CHEM DEPENDENCY	6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		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.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140186

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 4:54 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	17.00	SOCIAL SERVICE	11,981	1,890	1.00
2.00	30.00	ADULTS & PEDIATRICS	103,905	103,905	2.00
3.00	41.00	SUBPROVIDER - IRF	29,211	14,211	3.00
4.00	50.00	OPERATING ROOM	305,913	84,218	4.00
5.00	53.00	ANESTHESIOLOGY	-22,000	-22,000	5.00
6.00	55.00	RADIOLOGY-THERAPEUTIC	82,766	7,766	6.00
7.00	60.00	LABORATORY	77,400	0	7.00
8.00	65.00	RESPIRATORY THERAPY	38,700	1,400	8.00
9.00	76.01	OP PSY/CDU	72,627	72,627	9.00
10.00	76.02	RIMMS	243,755	243,755	10.00
11.00	91.00	EMERGENCY	117,450	117,450	11.00
12.00	93.01	COMMUNITY HEALTH CENTERS	1,161,130	1,161,130	12.00
13.00	88.00	RURAL HEALTH CLINIC	62,633	62,633	13.00
14.00	31.00	INTENSIVE CARE UNIT	4,200	4,200	14.00
15.00	43.00	NURSERY	550	550	15.00
16.00	76.98	HYPERBARIC OXYGEN THERAPY	6,480	6,480	16.00
200.00			2,296,701	1,860,215	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140186

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 4:54 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	10,091	154,100	75	5,557	278	1.00
2.00	0	154,100	0	0	0	2.00
3.00	15,000	204,100	188	18,448	922	3.00
4.00	221,695	200,300	838	80,698	4,035	4.00
5.00	0	204,100	0	0	0	5.00
6.00	75,000	200,300	500	48,149	2,407	6.00
7.00	77,400	154,100	516	38,229	1,911	7.00
8.00	37,300	219,500	373	39,362	1,968	8.00
9.00	0	154,100	0	0	0	9.00
10.00	0	154,100	0	0	0	10.00
11.00	0	154,100	0	0	0	11.00
12.00	0	154,100	0	0	0	12.00
13.00	0	154,100	0	0	0	13.00
14.00	0	154,100	0	0	0	14.00
15.00	0	154,100	0	0	0	15.00
16.00	0	154,100	0	0	0	16.00
200.00	436,486		2,490	230,443	11,521	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140186

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 4:54 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	5,557	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	18,448	3.00
4.00	0	0	0	0	80,698	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	48,149	6.00
7.00	0	0	0	0	38,229	7.00
8.00	0	0	0	0	39,362	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	0	15.00
16.00	0	0	0	0	0	16.00
200.00	0	0	0	0	230,443	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140186

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

Worksheet A-8-2

Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	4,534	6,424	1.00
2.00	0	103,905	2.00
3.00	0	14,211	3.00
4.00	140,997	225,215	4.00
5.00	0	-22,000	5.00
6.00	26,851	34,617	6.00
7.00	39,171	39,171	7.00
8.00	0	1,400	8.00
9.00	0	72,627	9.00
10.00	0	243,755	10.00
11.00	0	117,450	11.00
12.00	0	1,161,130	12.00
13.00	0	62,633	13.00
14.00	0	4,200	14.00
15.00	0	550	15.00
16.00	0	6,480	16.00
200.00	211,553	2,071,768	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	8,063,938	8,063,938				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	12,659,751		12,659,751			2.00
4.00 00400 EMPLOYEE BENEFITS	23,073,857	37,006	3,629	23,114,492		4.00
5.01 00510 COMMUNICATIONS	1,373,181	2,206	0	0	1,375,387	5.01
5.02 00511 DATA PROCESSING	8,338,326	119,802	4,928,087	712,183	95,762	5.02
5.03 00512 PURCHASING	886,841	245,618	358,233	169,243	17,955	5.03
5.05 00514 BUSINESS OFFICE	3,811,010	141,771	87,300	1,137,738	55,063	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	20,045,886	665,706	236,533	1,539,130	263,351	5.06
6.00 00600 MAINTENANCE & REPAIRS	5,938,476	193,366	541,733	397,571	46,684	6.00
7.00 00700 OPERATION OF PLANT	2,475,462	1,738,316	622,914	174,364	20,350	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	447,819	52,409	3,664	139,296	1,197	8.00
9.00 00900 HOUSEKEEPING	2,011,100	31,884	60,151	458,938	9,576	9.00
10.00 01000 DIETARY	1,083,068	134,155	80,140	156,877	16,758	10.00
11.00 01100 CAFETERIA	701,138	122,756	0	310,425	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,237,567	0	52,802	110,385	19,152	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	582,795	83,676	38,639	111,135	4,788	14.00
15.00 01500 PHARMACY	704,551	31,070	299,510	0	11,970	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,949,845	74,523	33,694	386,626	61,049	16.00
17.00 01700 SOCIAL SERVICE	975,526	6,973	2,640	123,751	10,773	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,406,611	3,414	1,131	9,318	1,197	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,397,082	789,276	296,341	2,996,332	184,343	30.00
31.00 03100 INTENSIVE CARE UNIT	2,197,952	51,109	151,635	547,456	11,970	31.00
32.00 03200 CORONARY CARE UNIT	1,931,901	68,745	5,887	539,734	10,773	32.00
40.00 04000 SUBPROVIDER - IPF	4,196,801	48,207	21,275	938,543	11,970	40.00
41.00 04100 SUBPROVIDER - IRF	1,499,768	105,042	14,852	378,114	16,758	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,147,461	22,718	8,856	255,901	4,788	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	8,996,550	206,078	1,764,453	950,522	32,320	50.00
51.00 05100 RECOVERY ROOM	2,190,265	54,418	39,000	537,729	25,138	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,570,313	69,113	0	396,258	7,182	52.00
53.00 05300 ANESTHESIOLOGY	513,172	5,358	2,577	18,707	1,197	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,199,783	130,846	1,061,661	754,875	19,152	54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	559,443	6,435	28,325	36,469	2,394	54.01
54.02 05404 ULTRASOUND	537,582	5,936	120,646	130,346	4,788	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	7,727,237	0	152,774	261,424	19,152	55.00
57.00 05700 CT SCAN	791,876	7,551	61,875	132,419	7,182	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	286,625	15,653	63,701	38,800	7,182	58.00
59.00 05900 CARDIAC CATHETERIZATION	3,444,393	45,633	616,571	271,340	5,985	59.00
60.00 06000 LABORATORY	7,103,639	85,501	175,439	606,371	39,502	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,889	0	0	0	62.00
64.00 06400 INTRAVENOUS THERAPY	1,417,646	0	0	206,332	2,394	64.00
65.00 06500 RESPIRATORY THERAPY	1,646,345	16,441	97,064	367,601	8,379	65.00
66.00 06600 PHYSICAL THERAPY	2,667,805	240,628	39,333	646,779	34,714	66.00
69.00 06900 ELECTROCARDIOLOGY	615,957	36,533	65,828	145,342	19,152	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	695,866	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	12,694,443	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4,881,064	0	0	478,692	0	73.00
75.01 07501 RENAL DIALYSIS (IP)	366,561	0	0	0	0	75.01
76.00 03020 CARDIAC REHAB	203,142	24,058	26,465	80,735	4,788	76.00
76.01 03021 OP PSY/CDU	955,957	154,037	4,061	266,945	0	76.01
76.02 03022 RIMMS	685,689	51,884	16,458	158,621	14,364	76.02
76.03 03023 GENETIC/OAK PLAZA CLINICS	0	0	0	0	21,547	76.03
76.04 03024 PAIN CLINIC	0	0	0	0	0	76.04
76.05 03025 DIABETES	208,597	6,487	2,057	45,376	4,788	76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	405,039	19,803	34	61,585	0	76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	299,626	76,335	637	53,925	4,788	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100 EMERGENCY	3,888,236	114,050	100,927	784,115	63,443	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	256,408	62,442	1,119	54,361	0	92.01
93.00 04040 INFUSION	3,121,487	0	6,043	123,386	0	93.00
93.01 04041 COMMUNITY HEALTH CENTERS	644,631	388,296	10,808	279,165	2,394	93.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provi der CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
93.02 04042 RASC	0	1.00	2.00	4.00	5.01	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	2,624,282	84,201	169,666	745,207	4,788	95.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	2,919,577	37,399	80,696	698,122	22,744	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	198,191,086	6,717,753	12,557,864	20,924,609	1,255,684	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,861	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102 CARE-A-VAN	10,762	0	0	1,416	0	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	7,568,746	846,781	101,864	2,045,717	57,457	192.00
192.01 19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	251,472	482,543	23	142,750	62,246	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	206,022,066	8,063,938	12,659,751	23,114,492	1,375,387	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
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Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING	14,194,160					5.02
5.03	00512	PURCHASING	226,022	1,903,912				5.03
5.05	00514	BUSINESS OFFICE	2,184,876	453	7,418,211			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,215,011	610	0	24,966,227	24,966,227	5.06
6.00	00600	MAINTENANCE & REPAIRS	316,430	2,805	0	7,437,065	1,025,140	6.00
7.00	00700	OPERATION OF PLANT	256,158	47	0	5,287,611	728,855	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	990	0	645,375	88,960	8.00
9.00	00900	HOUSEKEEPING	90,409	1,458	0	2,663,516	367,144	9.00
10.00	01000	DIETARY	150,681	454	0	1,622,133	223,598	10.00
11.00	01100	CAFETERIA	0	0	0	1,134,319	156,357	11.00
13.00	01300	NURSING ADMINISTRATION	165,749	206	0	1,585,861	218,598	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	75,341	11,113	0	907,487	125,090	14.00
15.00	01500	PHARMACY	286,294	20,404	0	1,353,799	186,610	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	436,975	36	0	2,942,748	405,634	16.00
17.00	01700	SOCIAL SERVICE	316,430	9	0	1,436,102	197,955	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	8	0	1,421,679	195,967	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,416,402	16,348	294,671	16,390,795	2,259,392	30.00
31.00	03100	INTENSIVE CARE UNIT	120,545	4,994	44,815	3,130,476	431,511	31.00
32.00	03200	CORONARY CARE UNIT	135,613	4,016	34,703	2,731,372	376,498	32.00
40.00	04000	SUBPROVIDER - I PF	45,204	1,115	129,257	5,392,372	743,295	40.00
41.00	04100	SUBPROVIDER - I RF	226,022	1,132	37,768	2,279,456	314,205	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	45,204	3,937	19,760	1,508,625	207,952	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	376,703	797,542	713,197	13,837,365	1,907,370	50.00
51.00	05100	RECOVERY ROOM	210,954	3,819	120,980	3,182,303	438,655	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	60,272	6,867	31,964	2,141,969	295,253	52.00
53.00	05300	ANESTHESIOLOGY	0	24,274	229,230	794,515	109,518	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	346,567	47,905	541,478	7,102,267	978,991	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	15,068	19,359	45,197	712,690	98,239	54.01
54.02	05404	ULTRASOUND	90,409	2,567	104,840	997,114	137,444	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	165,749	6,413	510,934	8,843,683	1,219,031	55.00
57.00	05700	CT SCAN	120,545	11,258	471,373	1,604,079	221,109	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	135,613	4,283	121,638	673,495	92,836	58.00
59.00	05900	CARDIAC CATHETERIZATION	30,136	472,952	463,438	5,350,448	737,516	59.00
60.00	06000	LABORATORY	934,223	316,869	883,415	10,144,959	1,398,401	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	2,889	398	62.00
64.00	06400	INTRAVENOUS THERAPY	45,204	11,369	64,378	1,747,323	240,854	64.00
65.00	06500	RESPIRATORY THERAPY	120,545	12,978	132,595	2,401,948	331,089	65.00
66.00	06600	PHYSICAL THERAPY	934,223	13,154	151,739	4,728,375	651,769	66.00
69.00	06900	ELECTROCARDIOLOGY	180,817	2,482	141,930	1,208,041	166,519	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	77,548	773,414	106,609	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	344,265	13,038,708	1,797,282	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	367,022	5,726,778	789,391	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0	7,303	373,864	51,534	75.01
76.00	03020	CARDIAC REHAB	105,477	145	7,467	452,277	62,343	76.00
76.01	03021	OP PSY/CDU	180,817	1,314	98,618	1,661,749	229,059	76.01
76.02	03022	RIMMS	0	7,917	9,497	944,430	130,182	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	21,547	2,970	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025	DIABETES	75,341	214	4,930	347,790	47,940	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,827	2,436	490,724	67,642	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	355	4,071	439,737	60,614	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	376,703	28,886	549,971	5,906,331	814,140	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	284	7,802	382,416	52,713	92.01
93.00	04040	INFUSION	0	9,015	198,235	3,458,166	476,681	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	200	37,403	1,362,897	187,864	93.01
93.02	04042	RASC	0	0	0	-65,863	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	105,477	822	48,972	3,783,415	521,513	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.05	5A.05	5.06	
101.00	10100	HOME HEALTH AGENCY	527,384	2,442	43,802	4,332,166	597,154	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,847,593	1,877,647	7,098,642	193,741,027	23,273,384	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	16,861	2,324	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	401	12,579	1,734	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	24,611	319,168	10,964,344	1,511,347	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	346,567	1,654	0	1,287,255	177,438	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	14,194,160	1,903,912	7,418,211	206,022,066	24,966,227	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING					5.03
5.05	00514	BUSINESS OFFICE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS	8,462,205				6.00
7.00	00700	OPERATION OF PLANT	0	6,016,466			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	88,960	823,295		8.00
9.00	00900	HOUSEKEEPING	0	54,120	0	3,084,780	9.00
10.00	01000	DIETARY	0	227,716	5,509	137,151	2,216,107
11.00	01100	CAFETERIA	0	208,368	0	125,498	0
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	33,842	142,033	41,678	85,545	0
15.00	01500	PHARMACY	0	52,738	0	31,764	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	126,497	0	76,188	0
17.00	01700	SOCIAL SERVICE	0	11,836	0	7,129	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	5,795	0	3,491	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	464,878	1,339,729	332,913	806,905	1,426,179
31.00	03100	INTENSIVE CARE UNIT	190,582	86,753	43,785	52,251	70,643
32.00	03200	CORONARY CARE UNIT	219,080	116,689	58,257	70,281	69,461
40.00	04000	SUBPROVIDER - IPF	19,593	81,827	25,059	49,284	458,266
41.00	04100	SUBPROVIDER - IRF	28,498	178,299	59,995	107,388	168,301
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	122,899	38,562	0	23,226	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,111,429	349,799	38,497	210,681	0
51.00	05100	RECOVERY ROOM	112,212	92,370	34,811	55,634	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	126,461	117,313	0	70,657	0
53.00	05300	ANESTHESIOLOGY	639,430	9,094	1,818	5,477	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	961,817	166,619	47,255	100,353	0
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	10,922	0	6,578	0
54.02	05404	ULTRASOUND	0	10,075	0	6,068	0
55.00	05500	RADIOLOGY-THERAPEUTIC	81,933	0	0	0	0
57.00	05700	CT SCAN	21,374	12,817	0	7,719	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,906	26,570	0	16,003	0
59.00	05900	CARDIAC CATHETERIZATION	447,067	77,458	13,876	46,652	0
60.00	06000	LABORATORY	308,138	145,131	0	87,411	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,904	0	2,954	0
64.00	06400	INTRAVENOUS THERAPY	938,662	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	463,097	27,907	2,368	16,808	0
66.00	06600	PHYSICAL THERAPY	675,053	408,445	16,454	246,003	0
69.00	06900	ELECTROCARDIOLOGY	251,141	62,011	4,947	37,349	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.01	07501	RENAL DIALYSIS (IP)	48,091	0	0	0	0
76.00	03020	CARDIAC REHAB	144,272	40,836	0	24,595	0
76.01	03021	OP PSY/CDU	0	261,463	0	157,477	0
76.02	03022	RIMMS	24,936	88,068	1,590	53,043	0
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03024	PAIN CLINIC	0	0	0	0	0
76.05	03025	DIABETES	10,687	11,011	0	6,632	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	1,781	33,614	909	20,245	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	7,125	129,573	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	341,979	193,590	69,049	116,598	23,257
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	19,593	105,990	0	63,837	0
93.00	04040	INFUSION	124,680	0	4,254	0	0
93.01	04041	COMMUNITY HEALTH CENTERS	7,125	0	0	0	0
93.02	04042	RASC	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	113,993	142,924	5,157	86,082	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	3,562	63,482	0	38,235	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	8,073,916	5,351,908	808,181	3,059,192	2,216,107
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	28,621	0	17,238	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	386,508	622,073	15,114	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	1,781	13,864	0	8,350	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	8,462,205	6,016,466	823,295	3,084,780	2,216,107

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/30/2013 4:54 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING						5.03
5.05	00514	BUSINESS OFFICE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	1,624,542					11.00
13.00	01300	NURSING ADMINISTRATION	33,542	1,838,001				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,413	28,637	1,386,725			14.00
15.00	01500	PHARMACY	53,148	0	0	1,678,059		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	0	3,551,067	16.00
17.00	01700	SOCIAL SERVICE	39,734	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	4,866	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	393,743	503,077	0	243	141,066	30.00
31.00	03100	INTENSIVE CARE UNIT	64,481	82,385	0	1,038	21,454	31.00
32.00	03200	CORONARY CARE UNIT	57,711	73,736	0	1,049	16,613	32.00
40.00	04000	SUBPROVIDER - I PF	155,075	198,135	0	7	61,878	40.00
41.00	04100	SUBPROVIDER - I RF	49,515	63,264	0	16	18,080	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	25,270	32,287	0	143	9,460	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	112,176	143,325	0	25,192	341,424	50.00
51.00	05100	RECOVERY ROOM	51,237	65,464	0	6,932	57,916	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	48,297	61,708	0	265	15,302	52.00
53.00	05300	ANESTHESIOLOGY	5,307	6,781	0	10,671	109,738	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,664	0	0	28,377	259,218	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	4,763	0	0	490	21,637	54.01
54.02	05404	ULTRASOUND	12,457	0	0	1,150	50,189	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	21,157	0	0	978,407	244,596	55.00
57.00	05700	CT SCAN	20,832	0	0	1,404	225,657	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,960	0	0	132	58,231	58.00
59.00	05900	CARDIAC CATHETERIZATION	28,866	36,881	0	12,050	221,859	59.00
60.00	06000	LABORATORY	91,708	0	0	144	422,707	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	4,791	6,121	0	72,381	30,819	64.00
65.00	06500	RESPIRATORY THERAPY	50,869	51,351	0	884	63,476	65.00
66.00	06600	PHYSICAL THERAPY	33,974	92,170	0	90	72,641	66.00
69.00	06900	ELECTROCARDIOLOGY	19,142	24,457	0	976	67,945	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,386,725	0	37,124	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	164,808	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	175,702	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0	3,496	75.01
76.00	03020	CARDIAC REHAB	5,633	7,197	0	0	3,575	76.00
76.01	03021	OP PSY/CDU	0	50,441	0	1	47,211	76.01
76.02	03022	RIMMS	0	0	0	10,201	4,547	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025	DIABETES	0	0	0	0	2,360	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	4,230	0	0	348	1,166	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	243	1,949	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	104,274	133,228	0	26,528	263,284	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	7,988	10,205	0	38	3,735	92.01
93.00	04040	INFUSION	9,886	0	0	431,868	94,900	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	20,726	0	0	113	17,906	93.01
93.02	04042	RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	153,044	0	52	23,444	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	691	20,969	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,583,569	1,828,760	1,386,725	1,612,124	3,398,082	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	793	0	0	192	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	32,503	8,448	0	59,627	152,793	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	8,470	0	0	6,308	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,624,542	1,838,001	1,386,725	1,678,059	3,551,067	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
17.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.01 00510 COMMUNICATIONS							5.01
5.02 00511 DATA PROCESSING							5.02
5.03 00512 PURCHASING							5.03
5.05 00514 BUSINESS OFFICE							5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL							5.06
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE	1,692,756						17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,631,798					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	941,817	1,311,099	0	0	26,311,836		30.00
31.00 03100 INTENSIVE CARE UNIT	38,069	0	0	0	4,213,428		31.00
32.00 03200 CORONARY CARE UNIT	28,862	106,900	0	0	3,926,509		32.00
40.00 04000 SUBPROVIDER - IPF	64,806	0	0	0	7,249,597		40.00
41.00 04100 SUBPROVIDER - IRF	581,486	0	0	0	3,848,503		41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0		42.00
43.00 04300 NURSERY	0	0	0	0	1,968,424		43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	30,633	32,489	0	0	18,140,380		50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	4,097,534		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	2,877,225		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	1,692,349		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	9,669,561		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	855,319		54.01
54.02 05404 ULTRASOUND	0	0	0	0	1,214,497		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	42,620	0	0	11,431,427		55.00
57.00 05700 CT SCAN	0	0	0	0	2,114,991		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	882,133		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	53,799	0	0	7,026,472		59.00
60.00 06000 LABORATORY	0	10,830	0	0	12,609,429		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	11,145		62.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	3,040,951		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	3,409,797		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	6,924,974		66.00
69.00 06900 ELECTROCARDIOLOGY	0	52,751	0	0	1,895,279		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,303,872		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	15,000,798		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	6,691,871		73.00
75.01 07501 RENAL DIALYSIS (IP)	0	0	0	0	476,985		75.01
76.00 03020 CARDIAC REHAB	0	0	0	0	740,728		76.00
76.01 03021 OP PSY/CDU	0	0	0	0	2,407,401		76.01
76.02 03022 RIMMS	0	0	0	0	1,256,997		76.02
76.03 03023 GENETIC/OAK PLAZA CLINICS	0	0	0	0	24,517		76.03
76.04 03024 PAIN CLINIC	0	0	0	0	0		76.04
76.05 03025 DIABETES	0	0	0	0	426,420		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0	0	620,659		76.98
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	639,241		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0		89.00
91.00 09100 EMERGENCY	0	21,310	0	0	8,013,568		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	646,515		92.01
93.00 04040 INFUSION	0	0	0	0	4,600,435		93.00
93.01 04041 COMMUNITY HEALTH CENTERS	0	0	0	0	1,596,631		93.01
93.02 04042 RASC	0	0	0	0	-65,863		93.02
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	4,829,624		95.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	5,056,259	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,685,673	1,631,798	0	0	190,678,418	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	65,044	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02 19102 CARE-A-VAN	0	0	0	0	15,298	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	13,752,757	192.00
192.01 19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02 19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	7,083	0	0	0	1,510,549	193.00
200.00 Cross Foot Adjustments		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)	1,692,756	1,631,798	0	0	206,022,066	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:54 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
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		5.03
5.05	00514	BUSINESS OFFICE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,311,099	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	-106,900	32.00
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	-32,489	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
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRASOUND	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	-42,620	55.00
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	-53,799	59.00
60.00	06000	LABORATORY	-10,830	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	-52,751	69.00
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
75.01	07501	RENAL DIALYSIS (IP)	0	75.01
76.00	03020	CARDIAC REHAB	0	76.00
76.01	03021	OP PSY/CDU	0	76.01
76.02	03022	RIMMS	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03024	PAIN CLINIC	0	76.04
76.05	03025	DIABETES	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	-21,310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04040	INFUSION	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	93.01
93.02	04042	RASC	0	93.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provi der CCN: 140186

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	4,829,624	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	5,056,259	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,631,798	189,046,620	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	65,044	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	15,298	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	13,752,757	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	1,510,549	193.00
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)	-1,631,798	204,390,268	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	3,405	37,006	3,629	44,040	44,040 4.00
5.01 00510	COMMUNI CATIONS	0	2,206	0	2,206	0 5.01
5.02 00511	DATA PROCESSING	4,623,284	119,802	4,928,087	9,671,173	1,357 5.02
5.03 00512	PURCHASING	336,077	245,618	358,233	939,928	323 5.03
5.05 00514	BUSI NESS OFFICE	81,901	141,771	87,300	310,972	2,168 5.05
5.06 00560	OTHER ADMINI STRATI VE AND GENERAL	221,904	665,706	236,533	1,124,143	2,933 5.06
6.00 00600	MAI NTENANCE & REPAIRS	508,228	193,366	541,733	1,243,327	758 6.00
7.00 00700	OPERATI ON OF PLANT	584,388	1,738,316	622,914	2,945,618	332 7.00
8.00 00800	LAUNDRY & LI NEN SERVICE	3,437	52,409	3,664	59,510	265 8.00
9.00 00900	HOUSEKEEPING	56,431	31,884	60,151	148,466	875 9.00
10.00 01000	DI ETARY	75,183	134,155	80,140	289,478	299 10.00
11.00 01100	CAFETERIA	0	122,756	0	122,756	592 11.00
13.00 01300	NURSI NG ADMINI STRATI ON	49,536	0	52,802	102,338	210 13.00
14.00 01400	CENTRAL SERVI CES & SUPPLY	36,249	83,676	38,639	158,564	212 14.00
15.00 01500	PHARMACY	280,986	31,070	299,510	611,566	0 15.00
16.00 01600	MEDI CAL RECORDS & LIBRARY	31,610	74,523	33,694	139,827	737 16.00
17.00 01700	SOCI AL SERVICE	2,477	6,973	2,640	12,090	236 17.00
21.00 02100	I & R SERVI CES-SALARY & FRI NGES APPRVD	1,061	3,414	1,131	5,606	18 21.00
22.00 02200	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECI FY)	1,461	0	0	1,461	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDI ATRI CS	297,972	789,276	296,341	1,383,589	5,705 30.00
31.00 03100	INTENSIVE CARE UNI T	142,257	51,109	151,635	345,001	1,043 31.00
32.00 03200	CORONARY CARE UNI T	5,523	68,745	5,887	80,155	1,029 32.00
40.00 04000	SUBPROVI DER - I PF	0	48,207	21,275	69,482	1,788 40.00
41.00 04100	SUBPROVI DER - I RF	13,933	105,042	14,852	133,827	721 41.00
42.00 04200	SUBPROVI DER	0	0	0	0	0 42.00
43.00 04300	NURSERY	8,308	22,718	8,856	39,882	488 43.00
ANCI LLARY SERVI CE COST CENTERS						
50.00 05000	OPERATI NG ROOM	1,655,324	206,078	1,764,453	3,625,855	1,811 50.00
51.00 05100	RECOVERY ROOM	36,588	54,418	39,000	130,006	1,025 51.00
52.00 05200	DELI VERY ROOM & LABOR ROOM	0	69,113	0	69,113	755 52.00
53.00 05300	ANESTHESI OLOGY	2,418	5,358	2,577	10,353	36 53.00
54.00 05400	RADI OLOGY-DI AGNOSTI C	995,999	130,846	1,061,661	2,188,506	1,438 54.00
54.01 05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	26,573	6,435	28,325	61,333	69 54.01
54.02 05404	ULTRASOUND	113,184	5,936	120,646	239,766	248 54.02
55.00 05500	RADI OLOGY-THERAPEUTI C	143,325	0	152,774	296,099	498 55.00
57.00 05700	CT SCAN	58,048	7,551	61,875	127,474	252 57.00
58.00 05800	MAGNETI C RESONANCE IMAGI NG (MRI)	59,761	15,653	63,701	139,115	74 58.00
59.00 05900	CARDI AC CATHETERI ZATI ON	578,437	45,633	616,571	1,240,641	517 59.00
60.00 06000	LABORATORY	164,588	85,501	175,439	425,528	1,155 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,889	0	2,889	0 62.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	393 64.00
65.00 06500	RESPI RATORY THERAPY	91,061	16,441	97,064	204,566	700 65.00
66.00 06600	PHYSI CAL THERAPY	36,900	240,628	39,333	316,861	1,232 66.00
69.00 06900	ELECTROCARDI OLOGY	61,757	36,533	65,828	164,118	277 69.00
71.00 07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATI ENTS	0	0	0	0	912 73.00
75.01 07501	RENAL DIALY SI S (IP)	0	0	0	0	0 75.01
76.00 03020	CARDI AC REHAB	24,828	24,058	26,465	75,351	154 76.00
76.01 03021	OP PSY/CDU	3,810	154,037	4,061	161,908	509 76.01
76.02 03022	RI MMS	15,440	51,884	16,458	83,782	302 76.02
76.03 03023	GENETI C/OAK PLAZA CLINI CS	0	0	0	0	0 76.03
76.04 03024	PAI N CLINI C	0	0	0	0	0 76.04
76.05 03025	DI ABETES	1,930	6,487	2,057	10,474	86 76.05
76.98 07698	HYPERBARI C OXYGEN THERAPY	32	19,803	34	19,869	117 76.98
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINI C	598	76,335	637	77,570	103 88.00
89.00 08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	94,685	114,050	100,927	309,662	1,494 91.00
92.00 09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)				0	0 92.00
92.01 09201	OBSERVATI ON BEDS (DI STI NCT PART)	1,050	62,442	1,119	64,611	104 92.01
93.00 04040	INFUSI ON	5,669	0	6,043	11,712	235 93.00
93.01 04041	COMMUNI TY HEALTH CENTERS	10,140	388,296	10,808	409,244	532 93.01
93.02 04042	RASC	0	0	0	0	0 93.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS			
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		0	1.00				2.00	2A
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	157,711	84,201	169,666	411,578	1,420	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	75,705	37,399	80,696	193,800	1,330	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,781,172	6,717,753	12,557,864	31,056,789	39,867	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,861	0	16,861	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	3	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	95,564	846,781	101,864	1,044,209	3,898	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	22	482,543	23	482,588	272	193.00
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	11,876,758	8,063,938	12,659,751	32,600,447	44,040	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 4: 54 pm	
Cost Center Description			COMMUNI CATIONS	DATA PROCESSI NG	PURCHASI NG	BUSI NESS OFFI CE	OTHER ADMI NI STRATI VE AND GENERAL	
			5. 01	5. 02	5. 03	5. 05	5. 06	
GENERAL SERVICE COST CENTERS								
1. 00	00100	NEW CAP REL COSTS-BLDG & FIXT						1. 00
2. 00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2. 00
4. 00	00400	EMPLOYEE BENEFITS						4. 00
5. 01	00510	COMMUNI CATIONS	2, 206					5. 01
5. 02	00511	DATA PROCESSI NG	154	9, 672, 684				5. 02
5. 03	00512	PURCHASI NG	29	154, 024	1, 094, 304			5. 03
5. 05	00514	BUSI NESS OFFI CE	88	1, 488, 895	260	1, 802, 383		5. 05
5. 06	00560	OTHER ADMI NI STRATI VE AND GENERAL	417	1, 509, 431	351	0	2, 637, 275	5. 06
6. 00	00600	MAI NTENANCE & REPAI RS	75	215, 633	1, 612	0	108, 291	6. 00
7. 00	00700	OPERATI ON OF PLANT	33	174, 560	27	0	76, 993	7. 00
8. 00	00800	LAUNDRY & LINEN SERVICE	2	0	569	0	9, 397	8. 00
9. 00	00900	HOUSEKEEPI NG	15	61, 609	838	0	38, 783	9. 00
10. 00	01000	DI ETARY	27	102, 682	261	0	23, 620	10. 00
11. 00	01100	CAFETERIA	0	0	0	0	16, 517	11. 00
13. 00	01300	NURSI NG ADMI NI STRATI ON	31	112, 951	118	0	23, 092	13. 00
14. 00	01400	CENTRAL SERVI CES & SUPPLY	8	51, 341	6, 387	0	13, 214	14. 00
15. 00	01500	PHARMACY	19	195, 097	11, 727	0	19, 713	15. 00
16. 00	01600	MEDI CAL RECORDS & LIBRARY	98	297, 779	20	0	42, 849	16. 00
17. 00	01700	SOCI AL SERVICE	17	215, 633	5	0	20, 911	17. 00
21. 00	02100	I & R SERVI CES-SALARY & FRINGES APPRVD	2	0	4	0	20, 701	21. 00
22. 00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22. 00
23. 00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23. 00
INPATIENT ROUTINE SERVICE COST CENTERS								
30. 00	03000	ADULTS & PEDI ATRI CS	296	965, 215	9, 396	71, 613	238, 626	30. 00
31. 00	03100	INTENSIVE CARE UNIT	19	82, 146	2, 870	10, 891	45, 583	31. 00
32. 00	03200	CORONARY CARE UNIT	17	92, 414	2, 308	8, 434	39, 772	32. 00
40. 00	04000	SUBPROVI DER - I PF	19	30, 805	641	31, 413	78, 518	40. 00
41. 00	04100	SUBPROVI DER - I RF	27	154, 024	650	9, 179	33, 191	41. 00
42. 00	04200	SUBPROVI DER	0	0	0	0	0	42. 00
43. 00	04300	NURSERY	8	30, 805	2, 263	4, 802	21, 967	43. 00
ANCILLARY SERVICE COST CENTERS								
50. 00	05000	OPERATI NG ROOM	52	256, 706	458, 412	173, 327	201, 486	50. 00
51. 00	05100	RECOVERY ROOM	40	143, 755	2, 195	29, 402	46, 338	51. 00
52. 00	05200	DELI VERY ROOM & LABOR ROOM	12	41, 073	3, 947	7, 768	31, 189	52. 00
53. 00	05300	ANESTHESI OLOGY	2	0	13, 952	55, 709	11, 569	53. 00
54. 00	05400	RADI OLOGY-DI AGNOSTI C	31	236, 170	27, 534	131, 594	103, 416	54. 00
54. 01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	4	10, 268	11, 127	10, 984	10, 377	54. 01
54. 02	05404	ULTRASOUND	8	61, 609	1, 475	25, 479	14, 519	54. 02
55. 00	05500	RADI OLOGY-THERAPEUTI C	31	112, 951	3, 686	124, 171	128, 773	55. 00
57. 00	05700	CT SCAN	12	82, 146	6, 471	114, 557	23, 357	57. 00
58. 00	05800	MAGNETI C RESONANCE IMAGI NG (MRI)	12	92, 414	2, 462	29, 561	9, 807	58. 00
59. 00	05900	CARDI AC CATHETERI ZATI ON	10	20, 536	271, 835	112, 629	77, 908	59. 00
60. 00	06000	LABORATORY	63	636, 631	182, 125	214, 243	147, 721	60. 00
60. 01	06001	BLOOD LABORATORY	0	0	0	0	0	60. 01
62. 00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	42	62. 00
64. 00	06400	INTRAVENOUS THERAPY	4	30, 805	6, 534	15, 646	25, 443	64. 00
65. 00	06500	RESPI RATORY THERAPY	13	82, 146	7, 460	32, 224	34, 975	65. 00
66. 00	06600	PHYSI CAL THERAPY	56	636, 631	7, 560	36, 877	68, 850	66. 00
69. 00	06900	ELECTROCARDI OLOGY	31	123, 219	1, 426	34, 493	17, 590	69. 00
71. 00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	18, 846	11, 262	71. 00
72. 00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	83, 666	189, 857	72. 00
73. 00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	89, 197	83, 388	73. 00
75. 01	07501	RENAL DIALY S I S (I P)	0	0	0	1, 775	5, 444	75. 01
76. 00	03020	CARDI AC REHAB	8	71, 878	83	1, 815	6, 586	76. 00
76. 01	03021	OP PSY/CDU	0	123, 219	755	23, 967	24, 197	76. 01
76. 02	03022	RIMMS	23	0	4, 550	2, 308	13, 752	76. 02
76. 03	03023	GENETI C/OAK PLAZA CLINI CS	35	0	0	0	314	76. 03
76. 04	03024	PAI N CLINI C	0	0	0	0	0	76. 04
76. 05	03025	DI ABETES	8	51, 341	123	1, 198	5, 064	76. 05
76. 98	07698	HYPERBARI C OXYGEN THERAPY	0	0	1, 050	592	7, 145	76. 98
OUTPATIENT SERVICE COST CENTERS								
88. 00	08800	RURAL HEALTH CLINI C	8	0	204	989	6, 403	88. 00
89. 00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89. 00
91. 00	09100	EMERGENCY	102	256, 706	16, 602	133, 659	86, 002	91. 00
92. 00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)						92. 00
92. 01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	0	0	163	1, 896	5, 568	92. 01
93. 00	04040	I NFUSI ON	0	0	5, 181	48, 177	50, 354	93. 00
93. 01	04041	COMMUNI TY HEALTH CENTERS	4	0	115	9, 090	19, 845	93. 01
93. 02	04042	RASC	0	0	0	0	0	93. 02
OTHER REI MBURSABLE COST CENTERS								
95. 00	09500	AMBULANCE SERVI CES	8	71, 878	472	11, 902	55, 090	95. 00
99. 10	09910	CORF	0	0	0	0	0	99. 10

ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 140186

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

Worksheet B
Part II
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Cost Center Description		COMMUNI CATIONS	DATA PROCESSI NG	PURCHASI NG	BUSI NESS OFFI CE	OTHER ADMI NI STRATI VE AND GENERAL	
		5.01	5.02	5.03	5.05	5.06	
101.00	10100 HOME HEALTH AGENCY	36	359,388	1,403	10,645	63,081	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,014	9,436,514	1,079,209	1,724,718	2,458,450	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	246	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	0	0	98	183	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	92	0	14,145	77,567	159,652	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	100	236,170	950	0	18,744	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,206	9,672,684	1,094,304	1,802,383	2,637,275	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 140186	Peri od: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 4:54 pm		
Cost Center Description			MAI NTENANCE & REPAI RS	OPERATI ON OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	DI ETARY
			6.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATI ONS					5.01
5.02	00511	DATA PROCESSI NG					5.02
5.03	00512	PURCHASI NG					5.03
5.05	00514	BUSI NESS OFFI CE					5.05
5.06	00560	OTHER ADMI NI STRATI VE AND GENERAL					5.06
6.00	00600	MAI NTENANCE & REPAI RS	1,569,696				6.00
7.00	00700	OPERATI ON OF PLANT	0	3,197,563			7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE	0	47,279	117,022		8.00
9.00	00900	HOUSEKEEPI NG	0	28,763	0	279,349	9.00
10.00	01000	DI ETARY	0	121,024	783	12,420	550,594
11.00	01100	CAFETERI A	0	110,741	0	11,365	0
13.00	01300	NURSI NG ADMI NI STRATI ON	0	0	0	0	0
14.00	01400	CENTRAL SERVI CES & SUPPLY	6,277	75,486	5,924	7,747	0
15.00	01500	PHARMACY	0	28,029	0	2,876	0
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	67,229	0	6,899	0
17.00	01700	SOCI AL SERVI CE	0	6,290	0	646	0
21.00	02100	I & R SERVI CES-SALARY & FRINGES APPRVD	0	3,080	0	316	0
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDI ATRI CS	86,233	712,022	47,319	73,072	354,336
31.00	03100	I NTENSIVE CARE UNI T	35,352	46,107	6,224	4,732	17,551
32.00	03200	CORONARY CARE UNI T	40,638	62,016	8,281	6,364	17,258
40.00	04000	SUBPROVI DER - I PF	3,634	43,489	3,562	4,463	113,857
41.00	04100	SUBPROVI DER - I RF	5,286	94,760	8,528	9,725	41,814
42.00	04200	SUBPROVI DER	0	0	0	0	0
43.00	04300	NURSERY	22,797	20,494	0	2,103	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATI NG ROOM	206,167	185,907	5,472	19,079	0
51.00	05100	RECOVERY ROOM	20,815	49,092	4,948	5,038	0
52.00	05200	DELI VERY ROOM & LABOR ROOM	23,458	62,348	0	6,398	0
53.00	05300	ANESTHESI OLOGY	118,611	4,833	258	496	0
54.00	05400	RADI OLOGY-DI AGNOSTI C	178,412	88,553	6,717	9,088	0
54.01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	0	5,805	0	596	0
54.02	05404	ULTRASOUND	0	5,355	0	550	0
55.00	05500	RADI OLOGY-THERAPEUTI C	15,198	0	0	0	0
57.00	05700	CT SCAN	3,965	6,812	0	699	0
58.00	05800	MAGNETI C RESONANCE IMAGI NG (MRI)	1,652	14,121	0	1,449	0
59.00	05900	CARDI AC CATHETERI ZATI ON	82,929	41,167	1,972	4,225	0
60.00	06000	LABORATORY	57,158	77,133	0	7,916	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,606	0	267	0
64.00	06400	I NTRAVENOUS THERAPY	174,117	0	0	0	0
65.00	06500	RESPI RATORY THERAPY	85,902	14,832	337	1,522	0
66.00	06600	PHYSI CAL THERAPY	125,219	217,075	2,339	22,277	0
69.00	06900	ELECTROCARDI OLOGY	46,585	32,957	703	3,382	0
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	0	0	0
72.00	07200	I MPL. DEV. CHARGED TO PATI ENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	0	0
75.01	07501	RENAL DI ALYSI S (I P)	8,921	0	0	0	0
76.00	03020	CARDI AC REHAB	26,762	21,703	0	2,227	0
76.01	03021	OP PSY/CDU	0	138,960	0	14,261	0
76.02	03022	RIMMS	4,625	46,806	226	4,803	0
76.03	03023	GENETI C/OAK PLAZA CLI NICS	0	0	0	0	0
76.04	03024	PAI N CLI NIC	0	0	0	0	0
76.05	03025	DI ABETES	1,982	5,852	0	601	0
76.98	07698	HYPERBARI C OXYGEN THERAPY	330	17,865	129	1,833	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLI NIC	1,322	68,864	0	0	0
89.00	08900	FEDERALLY QUAL I FIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	63,435	102,887	9,814	10,559	5,778
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)					
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	3,634	56,330	0	5,781	0
93.00	04040	I NFUSI ON	23,127	0	605	0	0
93.01	04041	COMMUNI TY HEALTH CENTERS	1,322	0	0	0	0
93.02	04042	RASC	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVI CES	21,145	75,960	733	7,795	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	661	33,739	0	3,462	0

ALLOCATION OF CAPITAL RELATED COSTS

Provi der CCN: 140186

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

Worksheet B
Part II
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Cost Center Description		MAI NTENANCE & REPAI RS	OPERATI ON OF PLANT	LAUNDRY & LI NEN SERVI CE	HOUSEKEEPI NG	DI ETARY		
		6.00	7.00	8.00	9.00	10.00		
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUI SITI ON	0	0	0	0	0	109.00
110.00	11000	INTESTI NAL ACQUI SITI ON	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUI SITI ON	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,497,671	2,844,371	114,874	277,032	550,594	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,211	0	1,561	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENI OR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSI CI ANS' PRI VATE OFFICES	71,695	330,612	2,148	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	330	7,369	0	756	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,569,696	3,197,563	117,022	279,349	550,594	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provi der CCN: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 4:54 pm	
Cost Center Description			CAFETERIA	NURSI NG ADMI NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDI CAL RECORDS & LI BRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNI CATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASI NG						5.03
5.05	00514	BUSI NESS OFFICE						5.05
5.06	00560	OTHER ADMI NI STRATI VE AND GENERAL						5.06
6.00	00600	MAI NTENANCE & REPAI RS						6.00
7.00	00700	OPERATI ON OF PLANT						7.00
8.00	00800	LAUNDRY & LI NEN SERVI CE						8.00
9.00	00900	HOUSEKEEPI NG						9.00
10.00	01000	DI ETARY						10.00
11.00	01100	CAFETERIA	261,971					11.00
13.00	01300	NURSI NG ADMI NI STRATI ON	5,409	244,149				13.00
14.00	01400	CENTRAL SERVI CES & SUPPLY	3,614	3,804	332,578			14.00
15.00	01500	PHARMACY	8,570	0	0	877,597		15.00
16.00	01600	MEDI CAL RECORDS & LI BRARY	0	0	0	0	555,438	16.00
17.00	01700	SOCI AL SERVI CE	6,407	0	0	0	0	17.00
21.00	02100	I & R SERVI CES-SALARY & FRI NGES APPRVD	0	646	0	0	0	21.00
22.00	02200	I & R SERVI CES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECI FY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDI ATRI CS	63,497	66,826	0	127	22,065	30.00
31.00	03100	I NTENSIVE CARE UNI T	10,398	10,944	0	543	3,356	31.00
32.00	03200	CORONARY CARE UNI T	9,306	9,795	0	549	2,599	32.00
40.00	04000	SUBPROVI DER - I PF	25,007	26,319	0	4	9,679	40.00
41.00	04100	SUBPROVI DER - I RF	7,985	8,404	0	9	2,828	41.00
42.00	04200	SUBPROVI DER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,075	4,289	0	75	1,480	43.00
ANCI LLARY SERVI CE COST CENTERS								
50.00	05000	OPERATI NG ROOM	18,089	19,038	0	13,175	53,405	50.00
51.00	05100	RECOVERY ROOM	8,262	8,696	0	3,625	9,059	51.00
52.00	05200	DELI VERY ROOM & LABOR ROOM	7,788	8,197	0	138	2,393	52.00
53.00	05300	ANESTHESI OLOGY	856	901	0	5,581	17,165	53.00
54.00	05400	RADI OLOGY-DI AGNOSTI C	3,977	0	0	14,840	40,547	54.00
54.01	05401	NUCLEAR MEDI CI NE-DI AGNOSTI C	768	0	0	256	3,384	54.01
54.02	05404	ULTRASOUND	2,009	0	0	602	7,851	54.02
55.00	05500	RADI OLOGY-THERAPEUTI C	3,412	0	0	511,692	38,259	55.00
57.00	05700	CT SCAN	3,359	0	0	734	35,297	57.00
58.00	05800	MAGNETI C RESONANCE IMAGI NG (MRI)	961	0	0	69	9,108	58.00
59.00	05900	CARDI AC CATHETERI ZATI ON	4,655	4,899	0	6,302	34,703	59.00
60.00	06000	LABORATORY	14,789	0	0	75	66,104	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	I NTRAVENOUS THERAPY	773	813	0	37,854	4,821	64.00
65.00	06500	RESPI RATORY THERAPY	8,203	6,821	0	462	9,929	65.00
66.00	06600	PHYSI CAL THERAPY	5,479	12,243	0	47	11,362	66.00
69.00	06900	ELECTROCARDI OLOGY	3,087	3,249	0	510	10,628	69.00
71.00	07100	MEDI CAL SUPPLI ES CHARGED TO PATI ENTS	0	0	332,578	0	5,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATI ENT	0	0	0	0	25,779	72.00
73.00	07300	DRUGS CHARGED TO PATI ENTS	0	0	0	0	27,483	73.00
75.01	07501	RENAL DI ALYSI S (I P)	0	0	0	0	547	75.01
76.00	03020	CARDI AC REHAB	908	956	0	0	559	76.00
76.01	03021	OP PSY/CDU	0	6,700	0	0	7,385	76.01
76.02	03022	RIMMS	0	0	0	5,335	711	76.02
76.03	03023	GENETI C/OAK PLAZA CLINI CS	0	0	0	0	0	76.03
76.04	03024	PAI N CLINI C	0	0	0	0	0	76.04
76.05	03025	DI ABETES	0	0	0	0	369	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	682	0	0	182	182	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINI C	0	0	0	127	305	88.00
89.00	08900	FEDERALLY QUALI FIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	16,815	17,697	0	13,874	41,183	91.00
92.00	09200	OBSERVATI ON BEDS (NON-DI STI NCT PART)						92.00
92.01	09201	OBSERVATI ON BEDS (DI STI NCT PART)	1,288	1,356	0	20	584	92.01
93.00	04040	I NFUSI ON	1,594	0	0	225,860	14,844	93.00
93.01	04041	COMMUNI TY HEALTH CENTERS	3,342	0	0	59	2,801	93.01
93.02	04042	RASC	0	0	0	0	0	93.02
OTHER REI MBURSA BLE COST CENTERS								
95.00	09500	AMBULANCE SERVI CES	0	20,329	0	27	3,667	95.00
99.10	09910	CORF	0	0	0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
101.00	10100 HOME HEALTH AGENCY	0	0	0	361	3,280	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	255,364	242,922	332,578	843,114	531,508	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102 CARE-A-VAN	0	105	0	0	30	191.02
192.00	19200 PHYSICIANS' PRIVATE OFFICES	5,241	1,122	0	31,184	23,900	192.00
192.01	19201 REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202 MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	1,366	0	0	3,299	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	261,971	244,149	332,578	877,597	555,438	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 4:54 pm
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	SOCIAL SERVICE	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
17.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS						4.00
5.01 00510	COMMUNICATIONS						5.01
5.02 00511	DATA PROCESSING						5.02
5.03 00512	PURCHASING						5.03
5.05 00514	BUSINESS OFFICE						5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00 00600	MAINTENANCE & REPAIRS						6.00
7.00 00700	OPERATION OF PLANT						7.00
8.00 00800	LAUNDRY & LINEN SERVICE						8.00
9.00 00900	HOUSEKEEPING						9.00
10.00 01000	DIETARY						10.00
11.00 01100	CAFETERIA						11.00
13.00 01300	NURSING ADMINISTRATION						13.00
14.00 01400	CENTRAL SERVICES & SUPPLY						14.00
15.00 01500	PHARMACY						15.00
16.00 01600	MEDICAL RECORDS & LIBRARY						16.00
17.00 01700	SOCIAL SERVICE	262,235					17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	30,373				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			1,461		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	145,902				4,245,839	30.00
31.00 03100	INTENSIVE CARE UNIT	5,898				628,658	31.00
32.00 03200	CORONARY CARE UNIT	4,471				385,406	32.00
40.00 04000	SUBPROVIDER - IPF	10,040				452,720	40.00
41.00 04100	SUBPROVIDER - IRF	90,082				601,040	41.00
42.00 04200	SUBPROVIDER	0				0	42.00
43.00 04300	NURSERY	0				155,528	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	4,745				5,242,726	50.00
51.00 05100	RECOVERY ROOM	0				462,296	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0				264,577	52.00
53.00 05300	ANESTHESIOLOGY	0				240,322	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0				3,030,823	54.00
54.01 05401	NUCLEAR MEDICINE-DIAGNOSTIC	0				114,971	54.01
54.02 05404	ULTRASOUND	0				359,471	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0				1,234,770	55.00
57.00 05700	CT SCAN	0				405,135	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0				300,805	58.00
59.00 05900	CARDIAC CATHETERIZATION	0				1,904,928	59.00
60.00 06000	LABORATORY	0				1,830,641	60.00
60.01 06001	BLOOD LABORATORY	0				0	60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0				5,804	62.00
64.00 06400	INTRAVENOUS THERAPY	0				297,203	64.00
65.00 06500	RESPIRATORY THERAPY	0				490,092	65.00
66.00 06600	PHYSICAL THERAPY	0				1,464,108	66.00
69.00 06900	ELECTROCARDIOLOGY	0				442,255	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0				368,493	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0				299,302	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0				200,980	73.00
75.01 07501	RENAL DIALYSIS (IP)	0				16,687	75.01
76.00 03020	CARDIAC REHAB	0				208,990	76.00
76.01 03021	OP PSY/CDU	0				501,861	76.01
76.02 03022	RI MMS	0				167,223	76.02
76.03 03023	GENETIC/OAK PLAZA CLINICS	0				349	76.03
76.04 03024	PAIN CLINIC	0				0	76.04
76.05 03025	DIABETES	0				77,098	76.05
76.98 07698	HYPERBARIC OXYGEN THERAPY	0				49,976	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0				155,895	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0				0	89.00
91.00 09100	EMERGENCY	0				1,086,269	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
92.01 09201	OBSERVATION BEDS (DISTINCT PART)	0				141,335	92.01
93.00 04040	INFUSION	0				381,689	93.00
93.01 04041	COMMUNITY HEALTH CENTERS	0				446,354	93.01
93.02 04042	RASC	0				0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0				682,004	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
99.10 09910 CORF	0				0	99.10
101.00 10100 HOME HEALTH AGENCY	0				671,186	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0				0	109.00
110.00 11000 INTESTINAL ACQUISITION	0				0	110.00
111.00 11100 ISLET ACQUISITION	0				0	111.00
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	261,138	0	0	0	30,015,809	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				33,879	190.00
191.00 19100 RESEARCH	0				0	191.00
191.01 19101 SENIOR ADVAN	0				0	191.01
191.02 19102 CARE-A-VAN	0				419	191.02
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0				1,765,465	192.00
192.01 19201 REFERENCE LAB	0				0	192.01
192.02 19202 MEALS ON WHEELS	0				0	192.02
193.00 19300 NONPAID WORKERS	1,097				753,041	193.00
200.00 Cross Foot Adjustments		30,373		0	30,373	200.00
201.00 Negative Cost Centers	0	0		0	0	201.00
202.00 TOTAL (sum lines 118-201)	262,235	30,373	0	0	32,598,986	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provi der CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 4:54 pm
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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
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		5.03
5.05	00514	BUSINESS OFFICE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
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	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
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	54.01
54.02	05404	ULTRASOUND	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
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
75.01	07501	RENAL DIALYSIS (IP)	0	75.01
76.00	03020	CARDIAC REHAB	0	76.00
76.01	03021	OP PSY/CDU	0	76.01
76.02	03022	RIMMS	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	76.03
76.04	03024	PAIN CLINIC	0	76.04
76.05	03025	DIABETES	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100	EMERGENCY	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	92.01
93.00	04040	INFUSION	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	93.01
93.02	04042	RASC	0	93.02

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140186

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	682,004	95.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	671,186	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	30,015,809	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	33,879	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	191.01
191.02	19102	CARE-A-VAN	0	419	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,765,465	192.00
192.01	19201	REFERENCE LAB	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	192.02
193.00	19300	NONPAID WORKERS	0	753,041	193.00
200.00		Cross Foot Adjustments	0	30,373	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	32,598,986	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared: 5/30/2013 4:54 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	614,075				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		11,876,758			2.00
4.00	00400	EMPLOYEE BENEFITS	2,818	3,405	21,816,138		4.00
5.01	00510	COMMUNICATIONS	168	0	0	1,149	5.01
5.02	00511	DATA PROCESSING	9,123	4,623,284	672,180	80	942 5.02
5.03	00512	PURCHASING	18,704	336,077	159,737	15	15 5.03
5.05	00514	BUSINESS OFFICE	10,796	81,901	1,073,831	46	145 5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	50,694	221,904	1,452,677	220	147 5.06
6.00	00600	MAINTENANCE & REPAIRS	14,725	508,228	375,239	39	21 6.00
7.00	00700	OPERATION OF PLANT	132,374	584,388	164,570	17	17 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	3,437	131,472	1	0 8.00
9.00	00900	HOUSEKEEPING	2,428	56,431	433,159	8	6 9.00
10.00	01000	DIETARY	10,216	75,183	148,065	14	10 10.00
11.00	01100	CAFETERIA	9,348	0	292,988	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	0	49,536	104,185	16	11 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	36,249	104,893	4	5 14.00
15.00	01500	PHARMACY	2,366	280,986	0	10	19 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	31,610	364,909	51	29 16.00
17.00	01700	SOCIAL SERVICE	531	2,477	116,800	9	21 17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	260	1,061	8,795	1	0 21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,104	278,013	2,828,017	154	94 30.00
31.00	03100	INTENSIVE CARE UNIT	3,892	142,257	516,705	10	8 31.00
32.00	03200	CORONARY CARE UNIT	5,235	5,523	509,417	9	9 32.00
40.00	04000	SUBPROVIDER - I PF	3,671	19,959	885,825	3	3 40.00
41.00	04100	SUBPROVIDER - I RF	7,999	13,933	356,875	14	15 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	1,730	8,308	241,527	4	3 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,693	1,655,324	897,131	27	25 50.00
51.00	05100	RECOVERY ROOM	4,144	36,588	507,525	21	14 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	0	374,000	6	4 52.00
53.00	05300	ANESTHESIOLOGY	408	2,418	17,656	1	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,964	995,999	712,474	16	23 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	26,573	34,421	2	1 54.01
54.02	05404	ULTRASOUND	452	113,184	123,024	4	6 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	143,325	246,740	16	11 55.00
57.00	05700	CT SCAN	575	58,048	124,981	6	8 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,192	59,761	36,621	6	9 58.00
59.00	05900	CARDIAC CATHETERIZATION	3,475	578,437	256,099	5	2 59.00
60.00	06000	LABORATORY	6,511	164,588	572,311	33	62 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	220	0	0	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0	0	194,742	2	3 64.00
65.00	06500	RESPIRATORY THERAPY	1,252	91,061	346,953	7	8 65.00
66.00	06600	PHYSICAL THERAPY	18,324	36,900	610,449	29	62 66.00
69.00	06900	ELECTROCARDIOLOGY	2,782	61,757	137,178	16	12 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	451,804	0	0 73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0	0 75.01
76.00	03020	CARDIAC REHAB	1,832	24,828	76,200	4	7 76.00
76.01	03021	OP PSY/CDU	11,730	3,810	251,951	0	12 76.01
76.02	03022	RI MMS	3,951	15,440	149,711	12	0 76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	18	0 76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0 76.04
76.05	03025	DIABETES	494	1,930	42,827	4	5 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	32	58,126	0	0 76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	598	50,896	4	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100	EMERGENCY	8,685	94,685	740,071	53	25 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,755	1,050	51,308	0	0 92.01
93.00	04040	INFUSION	0	5,669	116,455	0	0 93.00
93.01	04041	COMMUNITY HEALTH CENTERS	29,569	10,140	263,484	2	0 93.01
93.02	04042	RASC	0	0	0	0	0 93.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)		
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
		1.00	2.00					
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	6,412	159,172	703,349	4	7	95.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,848	75,705	658,908	19	35	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	511,562	11,781,172	19,749,261	1,049	919	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	1,336	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	64,483	95,564	1,930,809	48	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	36,746	22	134,732	52	23	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,063,938	12,659,751	23,114,492	1,375,387	14,194,160	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	13.131845	1.065926	1.059513	1,197.029591	15,068.110403	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			44,040	2,206	9,672,684	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002019	1.919930	10,268.242038	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512	27,741,629					5.03
5.05	00514	6,594	766,154,077				5.05
5.06	00560	8,895	0	-24,966,227	181,121,702		5.06
6.00	00600	40,871	0	0	7,437,065	4,751	6.00
7.00	00700	691	0	0	5,287,611	0	7.00
8.00	00800	14,431	0	0	645,375	0	8.00
9.00	00900	21,242	0	0	2,663,516	0	9.00
10.00	01000	6,614	0	0	1,622,133	0	10.00
11.00	01100	0	0	0	1,134,319	0	11.00
13.00	01300	3,001	0	0	1,585,861	0	13.00
14.00	01400	161,921	0	0	907,487	19	14.00
15.00	01500	297,302	0	0	1,353,799	0	15.00
16.00	01600	519	0	0	2,942,748	0	16.00
17.00	01700	129	0	0	1,436,102	0	17.00
21.00	02100	113	0	0	1,421,679	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	238,203	30,434,881	0	16,390,795	261	30.00
31.00	03100	72,764	4,628,662	0	3,130,476	107	31.00
32.00	03200	58,515	3,584,274	0	2,731,372	123	32.00
40.00	04000	16,250	13,350,266	0	5,392,372	11	40.00
41.00	04100	16,489	3,900,800	0	2,279,456	16	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	57,372	2,040,916	0	1,508,625	69	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	11,620,881	73,662,170	0	13,837,365	624	50.00
51.00	05100	55,642	12,495,360	0	3,182,303	63	51.00
52.00	05200	100,064	3,301,351	0	2,141,969	71	52.00
53.00	05300	353,691	23,675,895	0	794,515	359	53.00
54.00	05400	698,014	55,926,213	0	7,102,267	540	54.00
54.01	05401	282,075	4,668,165	0	712,690	0	54.01
54.02	05402	37,403	10,828,329	0	997,114	0	54.02
55.00	05500	93,438	52,771,540	0	8,843,683	46	55.00
57.00	05700	164,040	48,685,463	0	1,604,079	12	57.00
58.00	05800	62,414	12,563,299	0	673,495	5	58.00
59.00	05900	6,891,324	47,865,949	0	5,350,448	251	59.00
60.00	06000	4,617,065	91,211,170	0	10,144,959	173	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	2,889	0	62.00
64.00	06400	165,651	6,649,278	0	1,747,323	527	64.00
65.00	06500	189,107	13,695,016	0	2,401,948	260	65.00
66.00	06600	191,663	15,672,304	0	4,728,375	379	66.00
69.00	06900	36,162	14,659,176	0	1,208,041	141	69.00
71.00	07100	0	8,009,472	0	773,414	0	71.00
72.00	07200	0	35,557,245	0	13,038,708	0	72.00
73.00	07300	0	37,907,675	0	5,726,778	0	73.00
75.01	07501	0	754,288	0	373,864	27	75.01
76.00	03020	2,111	771,205	0	452,277	81	76.00
76.01	03021	19,146	10,185,660	0	1,661,749	0	76.01
76.02	03022	115,360	980,932	0	944,430	14	76.02
76.03	03023	0	0	0	21,547	0	76.03
76.04	03024	0	0	0	0	0	76.04
76.05	03025	3,125	509,179	0	347,790	6	76.05
76.98	07698	26,626	251,638	0	490,724	1	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	5,172	420,482	0	439,737	4	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	420,889	56,803,466	0	5,906,331	192	91.00
92.00	09200						92.00
92.01	09201	4,138	805,851	0	382,416	11	92.01
93.00	04040	131,351	20,474,609	0	3,458,166	70	93.00
93.01	04041	2,920	3,863,186	0	1,362,897	4	93.01
93.02	04042	0	0	65,863	0	0	93.02

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	11,976	5,058,058	0	3,783,415	64
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	35,575	4,524,104	0	4,332,166	2
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	27,358,939	733,147,527	-24,900,364	168,840,663	4,533
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	16,861	0
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	SENIOR ADVAN	0	0	0	0	0
191.02	19102	CARE-A-VAN	0	41,466	0	12,579	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	358,597	32,965,084	0	10,964,344	217
192.01	19201	REFERENCE LAB	0	0	0	0	0
192.02	19202	MEALS ON WHEELS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	24,093	0	0	1,287,255	1
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,903,912	7,418,211		24,966,227	8,462,205
203.00		Unit cost multiplier (Wkst. B, Part I)	0.068630	0.009682		0.137842	1,781.141865
204.00		Cost to be allocated (per Wkst. B, Part II)	1,094,304	1,802,383		2,637,275	1,569,696
205.00		Unit cost multiplier (Wkst. B, Part II)	0.039446	0.002353		0.014561	330.392759

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING					5.03
5.05	00514	BUSINESS OFFICE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT	269,916				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,991	144,953			8.00
9.00	00900	HOUSEKEEPING	2,428	0	229,776		9.00
10.00	01000	DIETARY	10,216	970	10,216	363,806	10.00
11.00	01100	CAFETERIA	9,348	0	9,348	0	764,318
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	15,781
14.00	01400	CENTRAL SERVICES & SUPPLY	6,372	7,338	6,372	0	10,545
15.00	01500	PHARMACY	2,366	0	2,366	0	25,005
16.00	01600	MEDICAL RECORDS & LIBRARY	5,675	0	5,675	0	0
17.00	01700	SOCIAL SERVICE	531	0	531	0	18,694
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	260	0	260	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	60,104	58,614	60,104	234,128	185,250
31.00	03100	INTENSIVE CARE UNIT	3,892	7,709	3,892	11,597	30,337
32.00	03200	CORONARY CARE UNIT	5,235	10,257	5,235	11,403	27,152
40.00	04000	SUBPROVIDER - IPF	3,671	4,412	3,671	75,231	72,960
41.00	04100	SUBPROVIDER - IRF	7,999	10,563	7,999	27,629	23,296
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,730	0	1,730	0	11,889
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,693	6,778	15,693	0	52,777
51.00	05100	RECOVERY ROOM	4,144	6,129	4,144	0	24,106
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,263	0	5,263	0	22,723
53.00	05300	ANESTHESIOLOGY	408	320	408	0	2,497
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,475	8,320	7,475	0	11,604
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	490	0	490	0	2,241
54.02	05404	ULTRASOUND	452	0	452	0	5,861
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	9,954
57.00	05700	CT SCAN	575	0	575	0	9,801
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,192	0	1,192	0	2,804
59.00	05900	CARDIAC CATHETERIZATION	3,475	2,443	3,475	0	13,581
60.00	06000	LABORATORY	6,511	0	6,511	0	43,147
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	220	0	220	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	2,254
65.00	06500	RESPIRATORY THERAPY	1,252	417	1,252	0	23,933
66.00	06600	PHYSICAL THERAPY	18,324	2,897	18,324	0	15,984
69.00	06900	ELECTROCARDIOLOGY	2,782	871	2,782	0	9,006
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0	0
76.00	03020	CARDIAC REHAB	1,832	0	1,832	0	2,650
76.01	03021	OP PSY/CDU	11,730	0	11,730	0	0
76.02	03022	RI MMS	3,951	280	3,951	0	0
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0
76.04	03024	PAIN CLINIC	0	0	0	0	0
76.05	03025	DIABETES	494	0	494	0	0
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,508	160	1,508	0	1,990
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	5,813	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	8,685	12,157	8,685	3,818	49,059
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	4,755	0	4,755	0	3,758
93.00	04040	INFUSION	0	749	0	0	4,651
93.01	04041	COMMUNITY HEALTH CENTERS	0	0	0	0	9,751
93.02	04042	RASC	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	6,412	908	6,412	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
			7.00	8.00	9.00	10.00	11.00	
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	2,848	0	2,848	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	240,102	142,292	227,870	363,806	745,041	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,284	0	1,284	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	SENIOR ADVAN	0	0	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27,908	2,661	0	0	15,292	192.00
192.01	19201	REFERENCE LAB	0	0	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	622	0	622	0	3,985	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	6,016,466	823,295	3,084,780	2,216,107	1,624,542	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	22.290142	5.679738	13.425162	6.091453	2.125479	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	3,197,563	117,022	279,349	550,594	261,971	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	11.846512	0.807310	1.215745	1.513427	0.342751	205.00

COST ALLOCATION - STATI STI CAL BASI S

Provi der CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		NURSI NG ADMI NI STRATI ON (DI RECT NRSI NG HRS)	CENTRAL SERVI CES & SUPPLY (COSTED REQUI S.)	PHARMACY (ASSI GNE D TI ME)	MEDI CAL RECORDS & LI BRARY (GROSS CHARGES)	SOCI AL SERVI CE (TI ME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	676,814					13.00
14.00	01400	10,545	100				14.00
15.00	01500	0	0	9,801,408			15.00
16.00	01600	0	0	0	766,154,077		16.00
17.00	01700	0	0	0	0	9,560	17.00
21.00	02100	1,792	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	185,250	0	1,418	30,434,881	5,319	30.00
31.00	03100	30,337	0	6,062	4,628,662	215	31.00
32.00	03200	27,152	0	6,127	3,584,274	163	32.00
40.00	04000	72,960	0	41	13,350,266	366	40.00
41.00	04100	23,296	0	95	3,900,800	3,284	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	11,889	0	835	2,040,916	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	52,777	0	147,145	73,662,170	173	50.00
51.00	05100	24,106	0	40,487	12,495,360	0	51.00
52.00	05200	22,723	0	1,545	3,301,351	0	52.00
53.00	05300	2,497	0	62,330	23,675,895	0	53.00
54.00	05400	0	0	165,745	55,926,213	0	54.00
54.01	05401	0	0	2,860	4,668,165	0	54.01
54.02	05402	0	0	6,719	10,828,329	0	54.02
55.00	05500	0	0	5,714,801	52,771,540	0	55.00
57.00	05700	0	0	8,203	48,685,463	0	57.00
58.00	05800	0	0	772	12,563,299	0	58.00
59.00	05900	13,581	0	70,383	47,865,949	0	59.00
60.00	06000	0	0	841	91,211,170	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
64.00	06400	2,254	0	422,769	6,649,278	0	64.00
65.00	06500	18,909	0	5,162	13,695,016	0	65.00
66.00	06600	33,940	0	526	15,672,304	0	66.00
69.00	06900	9,006	0	5,700	14,659,176	0	69.00
71.00	07100	0	100	0	8,009,472	0	71.00
72.00	07200	0	0	0	35,557,245	0	72.00
73.00	07300	0	0	0	37,907,675	0	73.00
75.01	07501	0	0	0	754,288	0	75.01
76.00	03020	2,650	0	0	771,205	0	76.00
76.01	03021	18,574	0	5	10,185,660	0	76.01
76.02	03022	0	0	59,582	980,932	0	76.02
76.03	03023	0	0	0	0	0	76.03
76.04	03024	0	0	0	0	0	76.04
76.05	03025	0	0	0	509,179	0	76.05
76.98	07698	0	0	2,032	251,638	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	1,421	420,482	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	49,059	0	154,948	56,803,466	0	91.00
92.00	09200						92.00
92.01	09201	3,758	0	220	805,851	0	92.01
93.00	04040	0	0	2,522,507	20,474,609	0	93.00
93.01	04041	0	0	662	3,863,186	0	93.01
93.02	04042	0	0	0	0	0	93.02

COST ALLOCATION - STATISTICAL BASIS

Provi der CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (ASSIGNED TIME)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	56,356	0	304	5,058,058	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	4,036	4,524,104	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	673,411	100	9,416,283	733,147,527	9,520
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
191.00	19100	RESEARCH	0	0	0	0	0
191.01	19101	SENIOR ADVAN	0	0	0	0	0
191.02	19102	CARE-A-VAN	292	0	0	41,466	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,111	0	348,279	32,965,084	0
192.01	19201	REFERENCE LAB	0	0	0	0	0
192.02	19202	MEALS ON WHEELS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	36,846	0	40
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	1,838,001	1,386,725	1,678,059	3,551,067	1,692,756
203.00		Unit cost multiplier (Wkst. B, Part I)	2.715666	13,867.250000	0.171206	0.004635	177.066527
204.00		Cost to be allocated (per Wkst. B, Part II)	244,149	332,578	877,597	555,438	262,235
205.00		Unit cost multiplier (Wkst. B, Part II)	0.360733	3,325.780000	0.089538	0.000725	27.430439

COST ALLOCATION - STATI STI CAL BASI S

Provi der CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED ED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00510 COMMUNICATIONS					5.01
5.02 00511 DATA PROCESSING					5.02
5.03 00512 PURCHASING					5.03
5.05 00514 BUSINESS OFFICE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	4,671				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		4,671			22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	3,753	3,753	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
32.00 03200 CORONARY CARE UNIT	306	306	0		32.00
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	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	93	93	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0		54.01
54.02 05404 ULTRASOUND	0	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	122	122	0		55.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	154	154	0		59.00
60.00 06000 LABORATORY	31	31	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
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
69.00 06900 ELECTROCARDIOLOGY	151	151	0		69.00
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	0	0	0		73.00
75.01 07501 RENAL DIALYSIS (IP)	0	0	0		75.01
76.00 03020 CARDIAC REHAB	0	0	0		76.00
76.01 03021 OP PSY/CDU	0	0	0		76.01
76.02 03022 RIMMS	0	0	0		76.02
76.03 03023 GENETIC/OAK PLAZA CLINICS	0	0	0		76.03
76.04 03024 PAIN CLINIC	0	0	0		76.04
76.05 03025 DIABETES	0	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	0		76.98
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
91.00 09100 EMERGENCY	61	61	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0		92.01
93.00 04040 INFUSION	0	0	0		93.00
93.01 04041 COMMUNITY HEALTH CENTERS	0	0	0		93.01
93.02 04042 RASC	0	0	0		93.02

COST ALLOCATION - STATISTICAL BASIS

Provi der CCN: 140186

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)		
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)				
	21.00	22.00	23.00			
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
113.00	11300	INTEREST EXPENSE				113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,671	4,671	0	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
191.01	19101	SENIOR ADVAN	0	0	0	191.01
191.02	19102	CARE-A-VAN	0	0	0	191.02
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	REFERENCE LAB	0	0	0	192.01
192.02	19202	MEALS ON WHEELS	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,631,798	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	349.346607	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	30,373	0	1,461	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	6.502462	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/30/2013 4:54 pm		
		Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs					
			Total Costs	RCE Disallowance	Total Costs			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS		25,000,737		25,000,737	0	25,000,737	30.00
31.00	03100 INTENSIVE CARE UNIT		4,213,428		4,213,428	0	4,213,428	31.00
32.00	03200 CORONARY CARE UNIT		3,819,609		3,819,609	0	3,819,609	32.00
40.00	04000 SUBPROVIDER - I/PF		7,249,597		7,249,597	0	7,249,597	40.00
41.00	04100 SUBPROVIDER - I/RF		3,848,503		3,848,503	0	3,848,503	41.00
42.00	04200 SUBPROVIDER		0		0	0	0	42.00
43.00	04300 NURSERY		1,968,424		1,968,424	0	1,968,424	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM		18,107,891		18,107,891	140,997	18,248,888	50.00
51.00	05100 RECOVERY ROOM		4,097,534		4,097,534	0	4,097,534	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,877,225		2,877,225	0	2,877,225	52.00
53.00	05300 ANESTHESIOLOGY		1,692,349		1,692,349	0	1,692,349	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		9,669,561		9,669,561	0	9,669,561	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC		855,319		855,319	0	855,319	54.01
54.02	05404 ULTRASOUND		1,214,497		1,214,497	0	1,214,497	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC		11,388,807		11,388,807	26,851	11,415,658	55.00
57.00	05700 CT SCAN		2,114,991		2,114,991	0	2,114,991	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		882,133		882,133	0	882,133	58.00
59.00	05900 CARDIAC CATHETERIZATION		6,972,673		6,972,673	0	6,972,673	59.00
60.00	06000 LABORATORY		12,598,599		12,598,599	39,171	12,637,770	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		11,145		11,145	0	11,145	62.00
64.00	06400 INTRAVENOUS THERAPY		3,040,951		3,040,951	0	3,040,951	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,409,797	0	3,409,797	0	3,409,797	65.00
66.00	06600 PHYSICAL THERAPY	0	6,924,974	0	6,924,974	0	6,924,974	66.00
69.00	06900 ELECTROCARDIOLOGY		1,842,528		1,842,528	0	1,842,528	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		2,303,872		2,303,872	0	2,303,872	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		15,000,798		15,000,798	0	15,000,798	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		6,691,871		6,691,871	0	6,691,871	73.00
75.01	07501 RENAL DIALYSIS (IP)		476,985		476,985	0	476,985	75.01
76.00	03020 CARDIAC REHAB		740,728		740,728	0	740,728	76.00
76.01	03021 OP PSY/CDU		2,407,401		2,407,401	0	2,407,401	76.01
76.02	03022 RIMMS		1,256,997		1,256,997	0	1,256,997	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS		24,517		24,517	0	24,517	76.03
76.04	03024 PAIN CLINIC		0		0	0	0	76.04
76.05	03025 DIABETES		426,420		426,420	0	426,420	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY		620,659		620,659	0	620,659	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800 RURAL HEALTH CLINIC		639,241		639,241	0	639,241	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	0	89.00
91.00	09100 EMERGENCY		7,992,258		7,992,258	0	7,992,258	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		594,086		594,086	0	594,086	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		646,515		646,515	0	646,515	92.01
93.00	04040 INFUSION		4,600,435		4,600,435	0	4,600,435	93.00
93.01	04041 COMMUNITY HEALTH CENTERS		1,596,631		1,596,631	0	1,596,631	93.01
93.02	04042 RASC		0		0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500 AMBULANCE SERVICES		4,829,624		4,829,624	0	4,829,624	95.00
99.10	09910 CORF		0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY		5,056,259		5,056,259	0	5,056,259	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900 PANCREAS ACQUISITION		0		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	0	111.00
113.00	11300 INTEREST EXPENSE		0		0	0	0	113.00
200.00	Subtotal (see instructions)		189,706,569	0	189,706,569	207,019	189,913,588	200.00
201.00	Less Observation Beds		594,086		594,086		594,086	201.00
202.00	Total (see instructions)		189,112,483	0	189,112,483	207,019	189,319,502	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provi der CCN: 140186		Peri od: From 01/01/2012 To 12/31/2012		Worksheet C Part I Date/Time Prepared: 5/30/2013 4:54 pm	
			Ti tle XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	41,112,519		41,112,519			30.00
31.00	03100	INTENSIVE CARE UNIT	4,628,662		4,628,662			31.00
32.00	03200	CORONARY CARE UNIT	3,584,274		3,584,274			32.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RP	3,900,800		3,900,800			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	2,039,435		2,039,435			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	34,458,937	39,203,233	73,662,170	0.245823	0.000000	50.00
51.00	05100	RECOVERY ROOM	5,205,438	7,289,922	12,495,360	0.327924	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,120,344	1,181,007	3,301,351	0.871530	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	13,663,370	10,012,525	23,675,895	0.071480	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,176,821	45,749,392	55,926,213	0.172899	0.000000	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,441,387	3,226,778	4,668,165	0.183224	0.000000	54.01
54.02	05402	ULTRASOUND	3,037,629	7,790,700	10,828,329	0.112159	0.000000	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	89,924	52,681,616	52,771,540	0.215813	0.000000	55.00
57.00	05700	CT SCAN	18,848,780	29,836,683	48,685,463	0.043442	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,824,327	8,738,972	12,563,299	0.070215	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,239,750	25,626,199	47,865,949	0.145671	0.000000	59.00
60.00	06000	LABORATORY	36,672,390	54,538,780	91,211,170	0.138126	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	5,792,933	856,345	6,649,278	0.457336	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	8,825,863	4,869,153	13,695,016	0.248981	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	8,667,145	7,005,160	15,672,305	0.441861	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	6,552,388	8,106,788	14,659,176	0.125691	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,587,964	2,421,508	8,009,472	0.287643	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,101,756	10,455,489	35,557,245	0.421877	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,045,721	6,861,954	37,907,675	0.176531	0.000000	73.00
75.01	07501	RENAL DIALYSIS (IP)	753,323	965	754,288	0.632365	0.000000	75.01
76.00	03020	CARDIAC REHAB	148,985	622,220	771,205	0.960481	0.000000	76.00
76.01	03021	OP PSY/CDU	0	10,185,660	10,185,660	0.236352	0.000000	76.01
76.02	03022	RIMMS	0	980,932	980,932	1.281431	0.000000	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	0.000000	76.03
76.04	03024	PAIN CLINIC	0	0	0	0.000000	0.000000	76.04
76.05	03025	DIABETES	1,898	507,281	509,179	0.837466	0.000000	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,492	220,146	251,638	2.466476	0.000000	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	420,482	420,482			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
91.00	09100	EMERGENCY	18,497,749	38,305,717	56,803,466	0.140700	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	252,220	553,631	805,851	0.802276	0.000000	92.01
93.00	04040	INFUSION	0	20,474,609	20,474,609	0.224690	0.000000	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	721	3,862,465	3,863,186	0.413294	0.000000	93.01
93.02	04042	RASC	0	10,819,511	10,819,511	0.000000	0.000000	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	257,863	4,800,195	5,058,058	0.954838	0.000000	95.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	4,524,104	4,524,104			101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00
111.00	11100	ISLET ACQUISITION	0	0	0			111.00
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	318,562,808	422,730,122	741,292,930			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	318,562,808	422,730,122	741,292,930			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVII I	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.247738		50.00
51.00	05100 RECOVERY ROOM	0.327924		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.871530		52.00
53.00	05300 ANESTHESIOLOGY	0.071480		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.172899		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.183224		54.01
54.02	05404 ULTRASOUND	0.112159		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.216322		55.00
57.00	05700 CT SCAN	0.043442		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.070215		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.145671		59.00
60.00	06000 LABORATORY	0.138555		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.457336		64.00
65.00	06500 RESPIRATORY THERAPY	0.248981		65.00
66.00	06600 PHYSICAL THERAPY	0.441861		66.00
69.00	06900 ELECTROCARDIOLOGY	0.125691		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287643		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.421877		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.176531		73.00
75.01	07501 RENAL DIALYSIS (IP)	0.632365		75.01
76.00	03020 CARDIAC REHAB	0.960481		76.00
76.01	03021 OP PSY/CDU	0.236352		76.01
76.02	03022 RIMMS	1.281431		76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03024 PAIN CLINIC	0.000000		76.04
76.05	03025 DIABETES	0.837466		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	2.466476		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100 EMERGENCY	0.140700		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.802276		92.01
93.00	04040 INFUSION	0.224690		93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0.413294		93.01
93.02	04042 RASC	0.000000		93.02
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.954838		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provi der CCN: 140186

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	25,000,737	25,000,737	0	0	30.00	
31.00	03100 INTENSIVE CARE UNIT	4,213,428	4,213,428	0	0	31.00	
32.00	03200 CORONARY CARE UNIT	3,819,609	3,819,609	0	0	32.00	
40.00	04000 SUBPROVIDER - I PF	7,249,597	7,249,597	0	0	40.00	
41.00	04100 SUBPROVIDER - I RF	3,848,503	3,848,503	0	0	41.00	
42.00	04200 SUBPROVIDER	0	0	0	0	42.00	
43.00	04300 NURSERY	1,968,424	1,968,424	0	0	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	18,107,891	18,107,891	0	0	50.00	
51.00	05100 RECOVERY ROOM	4,097,534	4,097,534	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,877,225	2,877,225	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	1,692,349	1,692,349	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,669,561	9,669,561	0	0	54.00	
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	855,319	855,319	0	0	54.01	
54.02	05404 ULTRASOUND	1,214,497	1,214,497	0	0	54.02	
55.00	05500 RADIOLOGY-THERAPEUTIC	11,388,807	11,388,807	0	0	55.00	
57.00	05700 CT SCAN	2,114,991	2,114,991	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	882,133	882,133	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	6,972,673	6,972,673	0	0	59.00	
60.00	06000 LABORATORY	12,598,599	12,598,599	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	11,145	11,145	0	0	62.00	
64.00	06400 INTRAVENOUS THERAPY	3,040,951	3,040,951	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	3,409,797	3,409,797	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	6,924,974	6,924,974	0	0	66.00	
69.00	06900 ELECTROCARDIOLOGY	1,842,528	1,842,528	0	0	69.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,303,872	2,303,872	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	15,000,798	15,000,798	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	6,691,871	6,691,871	0	0	73.00	
75.01	07501 RENAL DIALYSIS (IP)	476,985	476,985	0	0	75.01	
76.00	03020 CARDIAC REHAB	740,728	740,728	0	0	76.00	
76.01	03021 OP PSY/CDU	2,407,401	2,407,401	0	0	76.01	
76.02	03022 RIMMS	1,256,997	1,256,997	0	0	76.02	
76.03	03023 GENETIC/OAK PLAZA CLINICS	24,517	24,517	0	0	76.03	
76.04	03024 PAIN CLINIC	0	0	0	0	76.04	
76.05	03025 DIABETES	426,420	426,420	0	0	76.05	
76.98	07698 HYPERBARIC OXYGEN THERAPY	620,659	620,659	0	0	76.98	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	639,241	639,241	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
91.00	09100 EMERGENCY	7,992,258	7,992,258	0	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	594,086	594,086	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	646,515	646,515	0	0	92.01	
93.00	04040 INFUSION	4,600,435	4,600,435	0	0	93.00	
93.01	04041 COMMUNITY HEALTH CENTERS	1,596,631	1,596,631	0	0	93.01	
93.02	04042 RASC	0	0	0	0	93.02	
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	4,829,624	4,829,624	0	0	95.00	
99.10	09910 CORF	0	0	0	0	99.10	
101.00	10100 HOME HEALTH AGENCY	5,056,259	5,056,259	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000 INTES TINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00	
200.00	Subtotal (see instructions)	189,706,569	189,706,569	0	0	200.00	
201.00	Less Observation Beds	594,086	594,086	0	0	201.00	
202.00	Total (see instructions)	189,112,483	189,112,483	0	0	202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provi der CCN: 140186

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	41,112,519		41,112,519		30.00
31.00	03100	INTENSIVE CARE UNIT	4,628,662		4,628,662		31.00
32.00	03200	CORONARY CARE UNIT	3,584,274		3,584,274		32.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - I/RF	3,900,800		3,900,800		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	2,039,435		2,039,435		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	34,458,937	39,203,233	73,662,170	0.245823	50.00
51.00	05100	RECOVERY ROOM	5,205,438	7,289,922	12,495,360	0.327924	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,120,344	1,181,007	3,301,351	0.871530	52.00
53.00	05300	ANESTHESIOLOGY	13,663,370	10,012,525	23,675,895	0.071480	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,176,821	45,749,392	55,926,213	0.172899	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	1,441,387	3,226,778	4,668,165	0.183224	54.01
54.02	05404	ULTRASOUND	3,037,629	7,790,700	10,828,329	0.112159	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	89,924	52,681,616	52,771,540	0.215813	55.00
57.00	05700	CT SCAN	18,848,780	29,836,683	48,685,463	0.043442	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,824,327	8,738,972	12,563,299	0.070215	58.00
59.00	05900	CARDIAC CATHETERIZATION	22,239,750	25,626,199	47,865,949	0.145671	59.00
60.00	06000	LABORATORY	36,672,390	54,538,780	91,211,170	0.138126	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
64.00	06400	INTRAVENOUS THERAPY	5,792,933	856,345	6,649,278	0.457336	64.00
65.00	06500	RESPIRATORY THERAPY	8,825,863	4,869,153	13,695,016	0.248981	65.00
66.00	06600	PHYSICAL THERAPY	8,667,145	7,005,160	15,672,305	0.441861	66.00
69.00	06900	ELECTROCARDIOLOGY	6,552,388	8,106,788	14,659,176	0.125691	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,587,964	2,421,508	8,009,472	0.287643	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	25,101,756	10,455,489	35,557,245	0.421877	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,045,721	6,861,954	37,907,675	0.176531	73.00
75.01	07501	RENAL DIALYSIS (IP)	753,323	965	754,288	0.632365	75.01
76.00	03020	CARDIAC REHAB	148,985	622,220	771,205	0.960481	76.00
76.01	03021	OP PSY/CDU	0	10,185,660	10,185,660	0.236352	76.01
76.02	03022	RIMMS	0	980,932	980,932	1.281431	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0.000000	76.03
76.04	03024	PAIN CLINIC	0	0	0	0.000000	76.04
76.05	03025	DIABETES	1,898	507,281	509,179	0.837466	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	31,492	220,146	251,638	2.466476	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	420,482	420,482	1.520258	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
91.00	09100	EMERGENCY	18,497,749	38,305,717	56,803,466	0.140700	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0.000000	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	252,220	553,631	805,851	0.802276	92.01
93.00	04040	INFUSION	0	20,474,609	20,474,609	0.224690	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	721	3,862,465	3,863,186	0.413294	93.01
93.02	04042	RASC	0	10,819,511	10,819,511	0.000000	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	257,863	4,800,195	5,058,058	0.954838	95.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	4,524,104	4,524,104		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	318,562,808	422,730,122	741,292,930		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	318,562,808	422,730,122	741,292,930		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/30/2013 4:54 pm
		Title XIX	Hospital	Cost

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - I PF			40.00
41.00	04100 SUBPROVIDER - I RF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
51.00	05100 RECOVERY ROOM	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0.000000		54.01
54.02	05404 ULTRASOUND	0.000000		54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000		55.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000		62.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
75.01	07501 RENAL DIALYSIS (IP)	0.000000		75.01
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.01	03021 OP PSY/CDU	0.000000		76.01
76.02	03022 RIMMS	0.000000		76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0.000000		76.03
76.04	03024 PAIN CLINIC	0.000000		76.04
76.05	03025 DIABETES	0.000000		76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.000000		76.98
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000		92.01
93.00	04040 INFUSION	0.000000		93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0.000000		93.01
93.02	04042 RASC	0.000000		93.02
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION			109.00
110.00	11000 INTESTINAL ACQUISITION			110.00
111.00	11100 ISLET ACQUISITION			111.00
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 4:54 pm
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Cost Center Description	Title XVIII			Hospital	PPS	
	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 03000 ADULTS & PEDIATRICS	4,245,839	0	4,245,839	35,139	120.83	30.00
31.00 03100 INTENSIVE CARE UNIT	628,658		628,658	3,391	185.39	31.00
32.00 03200 CORONARY CARE UNIT	385,406		385,406	2,622	146.99	32.00
40.00 04000 SUBPROVIDER - IPF	452,720	0	452,720	12,289	36.84	40.00
41.00 04100 SUBPROVIDER - IRF	601,040	0	601,040	4,876	123.26	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00 04300 NURSERY	155,528		155,528	2,070	75.13	43.00
200.00 Total (lines 30-199)	6,469,191		6,469,191	60,387		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVIII	Hospital	PPS

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	03000 ADULTS & PEDIATRICS	17,221	2,080,813	30.00
31.00	03100 INTENSIVE CARE UNIT	2,312	428,622	31.00
32.00	03200 CORONARY CARE UNIT	1,852	272,225	32.00
40.00	04000 SUBPROVIDER - I PF	2,069	76,222	40.00
41.00	04100 SUBPROVIDER - I RF	4,079	502,778	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	27,533	3,360,660	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 4:54 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital 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	5,242,726	73,662,170	0.071173	18,937,513	1,347,840	50.00
51.00	05100 RECOVERY ROOM	462,296	12,495,360	0.036997	2,488,629	92,072	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	264,577	3,301,351	0.080142	7,927	635	52.00
53.00	05300 ANESTHESIOLOGY	240,322	23,675,895	0.010150	6,923,192	70,270	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,030,823	55,926,213	0.054193	6,357,868	344,552	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	114,971	4,668,165	0.024629	1,078,557	26,564	54.01
54.02	05404 ULTRASOUND	359,471	10,828,329	0.033197	1,817,553	60,337	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	1,234,770	52,771,540	0.023398	89,924	2,104	55.00
57.00	05700 CT SCAN	405,135	48,685,463	0.008321	11,409,597	94,939	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	300,805	12,563,299	0.023943	2,169,619	51,947	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,904,928	47,865,949	0.039797	17,672,582	703,316	59.00
60.00	06000 LABORATORY	1,830,641	91,211,170	0.020070	21,555,876	432,626	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	5,804	0	0.000000	0	0	62.00
64.00	06400 INTRAVENOUS THERAPY	297,203	6,649,278	0.044697	3,326,683	148,693	64.00
65.00	06500 RESPIRATORY THERAPY	490,092	13,695,016	0.035786	7,432,143	265,967	65.00
66.00	06600 PHYSICAL THERAPY	1,464,108	15,672,305	0.093420	2,907,481	271,617	66.00
69.00	06900 ELECTROCARDIOLOGY	442,255	14,659,176	0.030169	4,385,845	132,317	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	368,493	8,009,472	0.046007	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	299,302	35,557,245	0.008417	15,788,802	132,894	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	200,980	37,907,675	0.005302	18,038,543	95,640	73.00
75.01	07501 RENAL DIALYSIS (IP)	16,687	754,288	0.022123	599,522	13,263	75.01
76.00	03020 CARDIAC REHAB	208,990	771,205	0.270992	99,623	26,997	76.00
76.01	03021 OP PSY/CDU	501,861	10,185,660	0.049271	0	0	76.01
76.02	03022 RIMMS	167,223	980,932	0.170474	0	0	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	349	0	0.000000	0	0	76.03
76.04	03024 PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03025 DIABETES	77,098	509,179	0.151416	1,596	242	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	49,976	251,638	0.198603	1,147	228	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	155,895	420,482	0.370753	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100 EMERGENCY	1,086,269	56,803,466	0.019123	11,180,748	213,809	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	100,893	0	0.000000	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	141,335	805,851	0.175386	252,220	44,236	92.01
93.00	04040 INFUSION	381,689	20,474,609	0.018642	0	0	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	446,354	3,863,186	0.115540	721	83	93.01
93.02	04042 RASC	0	10,819,511	0.000000	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	22,294,321	676,445,078		154,523,911	4,573,188	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/30/2013 4:54 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
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	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 4:54 pm
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Cost Center Description	Title XVIII					Hospital		PPS	
	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	35,139	0.00	17,221	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,391	0.00	2,312	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	2,622	0.00	1,852	0	0	0	32.00
40.00	04000	SUBPROVIDER - I PF	12,289	0.00	2,069	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	4,876	0.00	4,079	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	0	42.00
43.00	04300	NURSERY	2,070	0.00	0	0	0	0	43.00
200.00		Total (lines 30-199)	60,387		27,533	0		0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVIII	Hospital	PPS

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
40.00 04000 SUBPROVIDER - IPF	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	0		43.00
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140186

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03021	OP PSY/CDU	0	0	0	0	0	76.01
76.02	03022	RI MMS	0	0	0	0	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025	DIABETES	0	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
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
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040	INFUSION	0	0	0	0	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
93.02	04042	RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
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: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:54 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	73,662,170	0.000000	0.000000	18,937,513	50.00
51.00	05100 RECOVERY ROOM	0	12,495,360	0.000000	0.000000	2,488,629	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,301,351	0.000000	0.000000	7,927	52.00
53.00	05300 ANESTHESIOLOGY	0	23,675,895	0.000000	0.000000	6,923,192	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	55,926,213	0.000000	0.000000	6,357,868	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	4,668,165	0.000000	0.000000	1,078,557	54.01
54.02	05404 ULTRASOUND	0	10,828,329	0.000000	0.000000	1,817,553	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	52,771,540	0.000000	0.000000	89,924	55.00
57.00	05700 CT SCAN	0	48,685,463	0.000000	0.000000	11,409,597	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,563,299	0.000000	0.000000	2,169,619	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	47,865,949	0.000000	0.000000	17,672,582	59.00
60.00	06000 LABORATORY	0	91,211,170	0.000000	0.000000	21,555,876	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	6,649,278	0.000000	0.000000	3,326,683	64.00
65.00	06500 RESPIRATORY THERAPY	0	13,695,016	0.000000	0.000000	7,432,143	65.00
66.00	06600 PHYSICAL THERAPY	0	15,672,305	0.000000	0.000000	2,907,481	66.00
69.00	06900 ELECTROCARDIOLOGY	0	14,659,176	0.000000	0.000000	4,385,845	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,009,472	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	35,557,245	0.000000	0.000000	15,788,802	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	37,907,675	0.000000	0.000000	18,038,543	73.00
75.01	07501 RENAL DIALYSIS (IP)	0	754,288	0.000000	0.000000	599,522	75.01
76.00	03020 CARDIAC REHAB	0	771,205	0.000000	0.000000	99,623	76.00
76.01	03021 OP PSY/CDU	0	10,185,660	0.000000	0.000000	0	76.01
76.02	03022 RIMMS	0	980,932	0.000000	0.000000	0	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03024 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03025 DIABETES	0	509,179	0.000000	0.000000	1,596	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	251,638	0.000000	0.000000	1,147	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	420,482	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	56,803,466	0.000000	0.000000	11,180,748	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	805,851	0.000000	0.000000	252,220	92.01
93.00	04040 INFUSION	0	20,474,609	0.000000	0.000000	0	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0	3,863,186	0.000000	0.000000	721	93.01
93.02	04042 RASC	0	10,819,511	0.000000	0.000000	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0				95.00
200.00	Total (lines 50-199)	0	676,445,078			154,523,911	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140186

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		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	11,902,051	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	1,611,609	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	12,519	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	233,967	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,521,471	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	1,324,786	0	0	0	54.01
54.02	05404	ULTRASOUND	0	1,572,059	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	20,521,887	0	0	0	55.00
57.00	05700	CT SCAN	0	8,535,883	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,445,552	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	14,375,738	0	0	0	59.00
60.00	06000	LABORATORY	0	21,370,944	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0	322,962	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,574,667	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,059,629	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	3,542,715	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	5,051,821	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,894,702	0	0	0	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03020	CARDIAC REHAB	0	305,519	0	0	0	76.00
76.01	03021	OP PSY/CDU	0	576,082	0	0	0	76.01
76.02	03022	RIMMS	0	0	0	0	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025	DIABETES	0	190,710	0	0	0	76.05
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	109,714	0	0	0	76.98
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
91.00	09100	EMERGENCY	0	6,918,009	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	1,069,993	0	0	0	92.01
93.00	04040	INFUSION	0	11,234,137	0	0	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	64,078	0	0	0	93.01
93.02	04042	RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	138,343,204	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140186

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

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS
		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
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02	05404	ULTRASOUND	0	0		54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00	05700	CT SCAN	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	0	0		60.00
60.01	06001	BLOOD LABORATORY	0	0		60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0		73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0		75.01
76.00	03020	CARDIAC REHAB	0	0		76.00
76.01	03021	OP PSY/CDU	0	0		76.01
76.02	03022	RIMMS	0	0		76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04	03024	PAIN CLINIC	0	0		76.04
76.05	03025	DIABETES	0	0		76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0		76.98
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
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00	04040	INFUSION	0	0		93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	0		93.01
93.02	04042	RASC	0	0		93.02
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 4:54 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	0.245823	11,902,051	0	0	2,925,798	50.00
51.00	05100	RECOVERY ROOM	0.327924	1,611,609	0	0	528,485	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.871530	12,519	0	0	10,911	52.00
53.00	05300	ANESTHESIOLOGY	0.071480	233,967	0	0	16,724	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172899	16,521,471	0	0	2,856,546	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.183224	1,324,786	0	0	242,733	54.01
54.02	05404	ULTRASOUND	0.112159	1,572,059	0	0	176,321	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.215813	20,521,887	0	0	4,428,890	55.00
57.00	05700	CT SCAN	0.043442	8,535,883	0	0	370,816	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070215	2,445,552	0	0	171,714	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.145671	14,375,738	0	0	2,094,128	59.00
60.00	06000	LABORATORY	0.138126	21,370,944	0	0	2,951,883	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.457336	322,962	0	0	147,702	64.00
65.00	06500	RESPIRATORY THERAPY	0.248981	1,574,667	0	0	392,062	65.00
66.00	06600	PHYSICAL THERAPY	0.441861	2,059,629	0	0	910,070	66.00
69.00	06900	ELECTROCARDIOLOGY	0.125691	3,542,715	0	0	445,287	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287643	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.421877	5,051,821	0	0	2,131,247	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176531	4,894,702	0	0	864,067	73.00
75.01	07501	RENAL DIALYSIS (IP)	0.632365	0	0	0	0	75.01
76.00	03020	CARDIAC REHAB	0.960481	305,519	0	0	293,445	76.00
76.01	03021	OP PSY/CDU	0.236352	576,082	0	0	136,158	76.01
76.02	03022	RI MMS	1.281431	0	0	0	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0.000000	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0.000000	0	0	0	0	76.04
76.05	03025	DIABETES	0.837466	190,710	0	0	159,713	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	2.466476	109,714	0	0	270,607	76.98
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
91.00	09100	EMERGENCY	0.140700	6,918,009	0	0	973,364	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.802276	1,069,993	0	0	858,430	92.01
93.00	04040	INFUSION	0.224690	11,234,137	0	0	2,524,198	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0.413294	64,078	0	0	26,483	93.01
93.02	04042	RASC	0.000000	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.954838		0	0		95.00
200.00		Subtotal (see instructions)		138,343,204	0	0	26,907,782	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		138,343,204	0	0	26,907,782	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0		54.01
54.02 05404 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
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
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.01 07501 RENAL DIALYSIS (IP)	0	0		75.01
76.00 03020 CARDIAC REHAB	0	0		76.00
76.01 03021 OP PSY/CDU	0	0		76.01
76.02 03022 RIMMS	0	0		76.02
76.03 03023 GENETIC/OAK PLAZA CLINICS	0	0		76.03
76.04 03024 PAIN CLINIC	0	0		76.04
76.05 03025 DIABETES	0	0		76.05
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
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
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
93.00 04040 INFUSION	0	0		93.00
93.01 04041 COMMUNITY HEALTH CENTERS	0	0		93.01
93.02 04042 RASC	0	0		93.02
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 4:54 pm		
		Component CCN: 14T186		Title XVIII		Subprovider - IRF		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,242,726	73,662,170	0.071173	24,177	1,721	50.00
51.00	05100	RECOVERY ROOM	462,296	12,495,360	0.036997	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	264,577	3,301,351	0.080142	0	0	52.00
53.00	05300	ANESTHESIOLOGY	240,322	23,675,895	0.010150	63	1	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,030,823	55,926,213	0.054193	50,940	2,761	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	114,971	4,668,165	0.024629	9,386	231	54.01
54.02	05404	ULTRASOUND	359,471	10,828,329	0.033197	63,035	2,093	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	1,234,770	52,771,540	0.023398	0	0	55.00
57.00	05700	CT SCAN	405,135	48,685,463	0.008321	89,070	741	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	300,805	12,563,299	0.023943	47,088	1,127	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,904,928	47,865,949	0.039797	0	0	59.00
60.00	06000	LABORATORY	1,830,641	91,211,170	0.020070	485,891	9,752	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	5,804	0	0.000000	0	0	62.00
64.00	06400	INTRAVENOUS THERAPY	297,203	6,649,278	0.044697	16,036	717	64.00
65.00	06500	RESPIRATORY THERAPY	490,092	13,695,016	0.035786	426,987	15,280	65.00
66.00	06600	PHYSICAL THERAPY	1,464,108	15,672,305	0.093420	3,975,341	371,376	66.00
69.00	06900	ELECTROCARDIOLOGY	442,255	14,659,176	0.030169	19,289	582	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	368,493	8,009,472	0.046007	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	299,302	35,557,245	0.008417	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	200,980	37,907,675	0.005302	1,088,244	5,770	73.00
75.01	07501	RENAL DIALYSIS (IP)	16,687	754,288	0.022123	23,076	511	75.01
76.00	03020	CARDIAC REHAB	208,990	771,205	0.270992	0	0	76.00
76.01	03021	OP PSY/CDU	501,861	10,185,660	0.049271	0	0	76.01
76.02	03022	RIMMS	167,223	980,932	0.170474	0	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	349	0	0.000000	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0.000000	0	0	76.04
76.05	03025	DIABETES	77,098	509,179	0.151416	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	49,976	251,638	0.198603	0	0	76.98
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	155,895	420,482	0.370753	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	1,086,269	56,803,466	0.019123	7,549	144	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	141,335	805,851	0.175386	0	0	92.01
93.00	04040	INFUSION	381,689	20,474,609	0.018642	0	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	446,354	3,863,186	0.115540	0	0	93.01
93.02	04042	RASC	0	10,819,511	0.000000	0	0	93.02
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	22,193,428	676,445,078		6,326,172	412,807	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:54 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	0	54.01
54.02	05404 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
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
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.01	07501 RENAL DIALYSIS (IP)	0	0	0	0	0	75.01
76.00	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03021 OP PSY/CDU	0	0	0	0	0	76.01
76.02	03022 RIMMS	0	0	0	0	0	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0	0	0	0	0	76.03
76.04	03024 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03025 DIABETES	0	0	0	0	0	76.05
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
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
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
93.00	04040 INFUSION	0	0	0	0	0	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0	0	0	0	0	93.01
93.02	04042 RASC	0	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
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: 140186 Component CCN: 14T186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:54 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	73,662,170	0.000000	0.000000	24,177	50.00
51.00	05100 RECOVERY ROOM	0	12,495,360	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,301,351	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	23,675,895	0.000000	0.000000	63	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	55,926,213	0.000000	0.000000	50,940	54.00
54.01	05401 NUCLEAR MEDICINE-DIAGNOSTIC	0	4,668,165	0.000000	0.000000	9,386	54.01
54.02	05404 ULTRASOUND	0	10,828,329	0.000000	0.000000	63,035	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	52,771,540	0.000000	0.000000	0	55.00
57.00	05700 CT SCAN	0	48,685,463	0.000000	0.000000	89,070	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,563,299	0.000000	0.000000	47,088	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	47,865,949	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	91,211,170	0.000000	0.000000	485,891	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
64.00	06400 INTRAVENOUS THERAPY	0	6,649,278	0.000000	0.000000	16,036	64.00
65.00	06500 RESPIRATORY THERAPY	0	13,695,016	0.000000	0.000000	426,987	65.00
66.00	06600 PHYSICAL THERAPY	0	15,672,305	0.000000	0.000000	3,975,341	66.00
69.00	06900 ELECTROCARDIOLOGY	0	14,659,176	0.000000	0.000000	19,289	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,009,472	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	35,557,245	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	37,907,675	0.000000	0.000000	1,088,244	73.00
75.01	07501 RENAL DIALYSIS (IP)	0	754,288	0.000000	0.000000	23,076	75.01
76.00	03020 CARDIAC REHAB	0	771,205	0.000000	0.000000	0	76.00
76.01	03021 OP PSY/CDU	0	10,185,660	0.000000	0.000000	0	76.01
76.02	03022 RIMMS	0	980,932	0.000000	0.000000	0	76.02
76.03	03023 GENETIC/OAK PLAZA CLINICS	0	0	0.000000	0.000000	0	76.03
76.04	03024 PAIN CLINIC	0	0	0.000000	0.000000	0	76.04
76.05	03025 DIABETES	0	509,179	0.000000	0.000000	0	76.05
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	251,638	0.000000	0.000000	0	76.98
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	420,482	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	56,803,466	0.000000	0.000000	7,549	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	805,851	0.000000	0.000000	0	92.01
93.00	04040 INFUSION	0	20,474,609	0.000000	0.000000	0	93.00
93.01	04041 COMMUNITY HEALTH CENTERS	0	3,863,186	0.000000	0.000000	0	93.01
93.02	04042 RASC	0	10,819,511	0.000000	0.000000	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0					95.00
200.00	Total (lines 50-199)	0	676,445,078			6,326,172	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:54 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	0	0	54.01
54.02	05404	ULTRASOUND	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
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
75.01	07501	RENAL DIALYSIS (IP)	0	0	0	0	75.01
76.00	03020	CARDIAC REHAB	0	0	0	0	76.00
76.01	03021	OP PSY/CDU	0	0	0	0	76.01
76.02	03022	RIMMS	0	0	0	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	0	0	76.04
76.05	03025	DIABETES	0	0	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	76.98
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
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
93.00	04040	INFUSION	0	0	0	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	0	0	0	93.01
93.02	04042	RASC	0	0	0	0	93.02
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 4:54 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		23.00	24.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0	0	54.01
54.02	05404	ULTRASOUND	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.01	07501	RENAL DIALYSIS (IP)	0	0	75.01
76.00	03020	CARDIAC REHAB	0	0	76.00
76.01	03021	OP PSY/CDU	0	0	76.01
76.02	03022	RI MMS	0	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0	0	76.03
76.04	03024	PAIN CLINIC	0	0	76.04
76.05	03025	DIABETES	0	0	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	76.98
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
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
93.00	04040	INFUSION	0	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0	0	93.01
93.02	04042	RASC	0	0	93.02
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provi der CCN: 140186	Peri od: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 4:54 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,139	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,139	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		34,304	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)		17,221	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)		25,000,737	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)		25,000,737	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		21,584,446	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		21,584,446	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.158276	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		629.21	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)		25,000,737	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)		711.48	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		12,252,397	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)		12,252,397	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provi der CCN: 140186		Peri od: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 4:54 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
NURSERY (title V & XIX only)		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	4,213,428	3,391	1,242.53	2,312	2,872,729	43.00
44.00	CORONARY CARE UNIT	3,819,609	2,622	1,456.75	1,852	2,697,901	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							
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					31,046,529	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					48,869,556	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)					2,781,660	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,573,188	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					7,354,848	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					41,514,708	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)					835	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					711.48	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					594,086	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 4:54 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	4,245,839	25,000,737	0.169829	594,086	100,893	90.00
91.00	Nursing School cost	0	25,000,737	0.000000	594,086	0	91.00
92.00	Allied health cost	0	25,000,737	0.000000	594,086	0	92.00
93.00	All other Medical Education	0	25,000,737	0.000000	594,086	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T186		Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,876	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,876	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,876	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)		4,079	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)		3,848,503	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)		3,848,503	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,290,864	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,290,864	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.169451	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		674.91	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)		3,848,503	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)		789.27	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,219,432	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,219,432	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140186		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T186				Date/Time Prepared: 5/30/2013 4:54 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		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)				2,178,471		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				5,397,903		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)				502,778		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				412,807		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				915,585		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				4,482,318		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: 140186 Component CCN: 14T186		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 4:54 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	601,040	3,848,503	0.156175	0	0	90.00
91.00	Nursing School cost	0	3,848,503	0.000000	0	0	91.00
92.00	Allied health cost	0	3,848,503	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,848,503	0.000000	0	0	93.00

Cost Center Description	Percent of Assigned Time	Expense Allocation	Total Inpatient Day All Patients	Average Cost Per Day	Health Care Program Inpatient Days Title V																																																																																																																	
	1.00	2.00	3.00	4.00	5.00																																																																																																																	
PART I - NOT IN APPROVED TEACHING PROGRAM																																																																																																																						
Hospital Inpatient Routine Services:																																																																																																																						
1.00 Total cost of services rendered	0.00	0				1.00																																																																																																																
2.00 ADULTS & PEDIATRICS	0.00	0	35,139	0.00	0	2.00																																																																																																																
3.00 INTENSIVE CARE UNIT	0.00	0	3,391	0.00	0	3.00																																																																																																																
4.00 CORONARY CARE UNIT	0.00	0	2,622	0.00	0	4.00																																																																																																																
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8.00 NURSERY	0.00	0	2,070	0.00	0	8.00																																																																																																																
9.00 Subtotal (sum of lines 2 through 8)	0.00	0				9.00																																																																																																																
10.00 SUBPROVIDER - IPF	0.00	0	0	0.00	0	10.00																																																																																																																
11.00 SUBPROVIDER - IRF	0.00	0	4,876	0.00	0	11.00																																																																																																																
12.00 SUBPROVIDER	0.00	0	0	0.00	0	12.00																																																																																																																
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Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)																																																																																																																	
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APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140186

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

Worksheet D-2

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	Expenses Allocated To cost centers on Worksheet B, Part I columns 21 and 22	Swing bed Amount	Net cost (column 1 plus column 2)	Total Inpatient Days - All Patients	Average Cost Per Day (col. 3 ÷ col. 4)	
	1.00	2.00	3.00	4.00	5.00	
41.00 SKILLED NURSING FACILITY						41.00
42.00 Total (sum of lines 37 through 41)	0		0			42.00

Cost Center Description	Not In Approved Teaching Program		In Approved Teaching Program	
	(from Part I:)	Amount	(from Part II, col. 7, -)	
	1.00	2.00	3.00	

PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)

	Hospital			
43.00 Inpatient	col. 9, line 9.00		0	line 37.00
44.00 Outpatient	col. 9, line 27.00		0	
45.00 Total Hospital (sum of lines 43 and 44)			0	
46.00 SUBPROVIDER - IPF	col. 9, line 10.00		0	col. 9, line 38.00
47.00 SUBPROVIDER - IRF	col. 9, line 11.00		0	col. 9, line 39.00
48.00 SUBPROVIDER	col. 9, line 12.00		0	col. 9, line 40.00
49.00 SKILLED NURSING FACILITY				

Cost Center Description	Health Care Program Inpatient Days		Title V (col. 4 x col. 5)	Title XVIII (col. 4 x col. 6)	Title XIX (col. 4 x col. 7)	
	Title XVIII, Part B Only Less Part A Coverage but no Part B Coverage	Title XIX				
	6.00	7.00				
PART I - NOT IN APPROVED TEACHING PROGRAM						
1.00	Total cost of services rendered					1.00
Hospital Inpatient Routine Services:						
2.00	ADULTS & PEDIATRICS	17,221	0	0	0	2.00
3.00	INTENSIVE CARE UNIT	2,312	66	0	0	3.00
4.00	CORONARY CARE UNIT	1,852	332	0	0	4.00
5.00	BURN INTENSIVE CARE UNIT					5.00
6.00	SURGICAL INTENSIVE CARE UNIT					6.00
7.00	OTHER SPECIAL CARE (SPECIFY)					7.00
8.00	NURSERY		0	0	0	8.00
9.00	Subtotal (sum of lines 2 through 8)			0	0	9.00
10.00	SUBPROVIDER - IPF	0	0	0	0	10.00
11.00	SUBPROVIDER - IRF	4,079	0	0	0	11.00
12.00	SUBPROVIDER	0	0	0	0	12.00
13.00	SKILLED NURSING FACILITY					13.00
14.00	NURSING FACILITY					14.00
15.00	OTHER LONG TERM CARE					15.00
16.00	HOME HEALTH AGENCY					16.00
17.00	CMHC					17.00
17.10	CORF					17.10
18.00	AMBULATORY SURGICAL CENTER (D.P.)					18.00
19.00	HOSPICE					19.00
20.00	Subtotal (sum of lines 9 through 19)			0	0	20.00
Cost Center Description		Titles V and XIX Outpatient and Title XVIII Part B Charges		Titles V and XIX Outpatient and Title XVIII Part B Cost		
		Title XVIII Part B	Title XIX	Title V	Title XVIII Part B	Title XIX
		6.00	7.00	8.00	9.00	10.00
Hospital Outpatient Services:						
21.00	RURAL HEALTH CLINIC	0	0	0	0	21.00
22.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	22.00
23.00	CLINIC					23.00
24.00	EMERGENCY	18,106,306	0	0	0	24.00
25.00	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	25.00
25.01	OBSERVATION BEDS (DISTINCT PART)	1,322,213	0	0	0	25.01
26.00	INFUSION	11,234,137	0	0	0	26.00
26.01	COMMUNITY HEALTH CENTERS	64,799	0	0	0	26.01
26.02	RASC	0	0	0	0	26.02
27.00	Subtotal (sum of lines 21 through 26)			0	0	27.00
28.00	Total (sum of lines 20 and 27)					28.00
Cost Center Description		Title XVIII Part B Inpatient Days	Expenses Applicable to Title XVIII (col. 5 x col. 6)	PSA Adj. Interns & Residents		
		6.00	7.00	11.00		
PART II - IN AN APPROVED TEACHING PROGRAM (TITLE XVIII, PART B INPATIENT ROUTINE COSTS ONLY)						
Hospital Inpatient Routine Services:						
29.00	ADULTS & PEDIATRICS	0	0	0		29.00
30.00	Swing Bed - SNF	0	0			30.00
31.00	Swing Bed - NF					31.00
32.00	INTENSIVE CARE UNIT	0	0	0		32.00
33.00	CORONARY CARE UNIT	0	0	0		33.00
34.00	BURN INTENSIVE CARE UNIT					34.00
35.00	SURGICAL INTENSIVE CARE UNIT					35.00
36.00	OTHER SPECIAL CARE (SPECIFY)					36.00
37.00	Subtotal (sum of lines 28, and 29 through 36)		0	0		37.00
38.00	SUBPROVIDER - IPF	0	0	0		38.00
39.00	SUBPROVIDER - IRF	0	0	0		39.00
40.00	SUBPROVIDER	0	0	0		40.00
41.00	SKILLED NURSING FACILITY					41.00
42.00	Total (sum of lines 37 through 41)		0	0		42.00

APPORTIONMENT OF COST OF SERVICES RENDERED BY INTERNS AND RESIDENTS

Provider CCN: 140186

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

Worksheet D-2

Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description	In Approved Teaching Program	Total Title XVIII Costs		
	Amount	(to Wkst. E, Part B -)	(col. 2 + col. 4)	
	4.00	5.00	6.00	
PART III - SUMMARY FOR TITLE XVIII (TO BE COMPLETED ONLY IF BOTH PARTS I AND II ARE USED)				
Hospital				
43.00	Inpatient	0	0	43.00
44.00	Outpatient			44.00
45.00	Total Hospital (sum of lines 43 and 44)	0	0	45.00
46.00	SUBPROVIDER - IPF	0	0	46.00
47.00	SUBPROVIDER - IRF	0	0	47.00
48.00	SUBPROVIDER	0	0	48.00
49.00	SKILLED NURSING FACILITY	0	0	49.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 4:54 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		16,081,698	30.00
31.00	03100	INTENSIVE CARE UNIT		3,046,810	31.00
32.00	03200	CORONARY CARE UNIT		2,455,938	32.00
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	0.247738	18,937,513	50.00
51.00	05100	RECOVERY ROOM	0.327924	2,488,629	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.871530	7,927	52.00
53.00	05300	ANESTHESIOLOGY	0.071480	6,923,192	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172899	6,357,868	54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.183224	1,078,557	54.01
54.02	05404	ULTRASOUND	0.112159	1,817,553	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216322	89,924	55.00
57.00	05700	CT SCAN	0.043442	11,409,597	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070215	2,169,619	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.145671	17,672,582	59.00
60.00	06000	LABORATORY	0.138555	21,555,876	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
64.00	06400	INTRAVENOUS THERAPY	0.457336	3,326,683	64.00
65.00	06500	RESPIRATORY THERAPY	0.248981	7,432,143	65.00
66.00	06600	PHYSICAL THERAPY	0.441861	2,907,481	66.00
69.00	06900	ELECTROCARDIOLOGY	0.125691	4,385,845	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287643	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.421877	15,788,802	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176531	18,038,543	73.00
75.01	07501	RENAL DIALYSIS (IP)	0.632365	599,522	75.01
76.00	03020	CARDIAC REHAB	0.960481	99,623	76.00
76.01	03021	OP PSY/CDU	0.236352	0	76.01
76.02	03022	RIMMS	1.281431	0	76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0.000000	0	76.03
76.04	03024	PAIN CLINIC	0.000000	0	76.04
76.05	03025	DIABETES	0.837466	1,596	76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	2.466476	1,147	76.98
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
91.00	09100	EMERGENCY	0.140700	11,180,748	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.802276	252,220	92.01
93.00	04040	INFUSION	0.224690	0	93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0.413294	721	93.01
93.02	04042	RASC	0.000000	0	93.02
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		154,523,911	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		154,523,911	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T186		Date/Time Prepared: 5/30/2013 4:54 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,290,864	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	0.247738	24,177	5,990 50.00
51.00	05100	RECOVERY ROOM	0.327924	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.871530	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.071480	63	5 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.172899	50,940	8,807 54.00
54.01	05401	NUCLEAR MEDICINE-DIAGNOSTIC	0.183224	9,386	1,720 54.01
54.02	05404	ULTRASOUND	0.112159	63,035	7,070 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.216322	0	0 55.00
57.00	05700	CT SCAN	0.043442	89,070	3,869 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.070215	47,088	3,306 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.145671	0	0 59.00
60.00	06000	LABORATORY	0.138555	485,891	67,323 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
64.00	06400	INTRAVENOUS THERAPY	0.457336	16,036	7,334 64.00
65.00	06500	RESPIRATORY THERAPY	0.248981	426,987	106,312 65.00
66.00	06600	PHYSICAL THERAPY	0.441861	3,975,341	1,756,548 66.00
69.00	06900	ELECTROCARDIOLOGY	0.125691	19,289	2,424 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287643	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.421877	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.176531	1,088,244	192,109 73.00
75.01	07501	RENAL DIALYSIS (IP)	0.632365	23,076	14,592 75.01
76.00	03020	CARDIAC REHAB	0.960481	0	0 76.00
76.01	03021	OP PSY/CDU	0.236352	0	0 76.01
76.02	03022	RIMMS	1.281431	0	0 76.02
76.03	03023	GENETIC/OAK PLAZA CLINICS	0.000000	0	0 76.03
76.04	03024	PAIN CLINIC	0.000000	0	0 76.04
76.05	03025	DIABETES	0.837466	0	0 76.05
76.98	07698	HYPERBARIC OXYGEN THERAPY	2.466476	0	0 76.98
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
91.00	09100	EMERGENCY	0.140700	7,549	1,062 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	0	0 92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.802276	0	0 92.01
93.00	04040	INFUSION	0.224690	0	0 93.00
93.01	04041	COMMUNITY HEALTH CENTERS	0.413294	0	0 93.01
93.02	04042	RASC	0.000000	0	0 93.02
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		6,326,172	2,178,471 200.00
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)		6,326,172	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		44,191,458	1.00
2.00	Outlier payments for discharges. (see instructions)		284,859	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,086,874	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		240.72	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)		12.85	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)		12.85	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		12.85	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		12.85	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.053382	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.044185	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.044185	21.00
22.00	IME payment adjustment (see instructions)		1,079,798	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)		1,079,798	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.12	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		40.63	31.00
32.00	Sum of lines 30 and 31		44.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)		18.31	33.00
34.00	Disproportionate share adjustment (see instructions)		8,091,456	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)		5,248	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)		335.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		53,647,571	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)		53,647,571	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,086,182	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).		356,618	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: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 4:54 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)			58,090,371 59.00
60.00	Primary payer payments			23,606 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			58,066,765 61.00
62.00	Deductibles billed to program beneficiaries			4,218,320 62.00
63.00	Coinurance billed to program beneficiaries			110,025 63.00
64.00	Allowable bad debts (see instructions)			942,116 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			659,481 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			678,105 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			54,397,901 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	DGME ADJUSTMENT			0 70.00
70.93	HVBP incentive payment (see instructions)			-6,997 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-25,021 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)			54,365,883 71.00
72.00	Interim payments			49,943,795 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)			4,422,088 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provi der CCN: 140186	Peri od: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVII I	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		26,907,782	2.00
3.00	PPS payments		25,564,229	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		25,564,229	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		5,298,429	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		20,265,800	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		177,070	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)		20,442,870	30.00
31.00	Primary payer payments		5,092	31.00
32.00	Subtotal (line 30 minus line 31)		20,437,778	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)		886,739	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		620,717	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		712,762	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		21,058,495	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)		21,058,495	40.00
41.00	Interim payments		21,142,271	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)		-83,776	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 4:54 pm
	Title XVIII	Hospital	PPS
WORKSHEET OVERRIDE VALUES			Overrides
			1.00
112.00 Override of Ancillary service charges (line 12)			0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 4:54 pm
		Component CCN: 14T186	Title XVIII	Subprovider - IRF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		0	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)		0	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		0	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)		0	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)		0	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)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 4:54 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 4:54 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		50,784,351		20,260,708	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		193,953	3.01	
3.02			0		1,368	3.02	
3.03			0		266,721	3.03	
3.04			0		330,961	3.04	
3.05			0		88,560	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		747,039		0	3.50	
3.51			93,517		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)		-840,556		881,563	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)		49,943,795		21,142,271	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		4,422,088		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		83,776	6.02	
7.00	Total Medicare program liability (see instructions)		54,365,883		21,058,495	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: 140186
Component CCN: 14T186

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 4:54 pm

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,800,772			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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			7,865			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)		7,865			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)		5,808,637			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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		4,111			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		5,812,748			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140186

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

Worksheet E-1
Part II
Date/Time Prepared:
5/30/2013 4:54 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		10,216	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		21,385	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		644	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		40,317	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		741,292,930	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		19,721,894	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)		2,140,591	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		2,046,951	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		93,640	32.00
		Overrides		
		1.00		
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment		0	108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140186 Component CCN: 14T186	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			5,668,346 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0323 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			208,153 3.00
4.00	Outlier Payments			10,088 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			13.322404 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			5,886,587 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			5,886,587 17.00
18.00	Primary payer payments			3,194 18.00
19.00	Subtotal (line 17 less line 18).			5,883,393 19.00
20.00	Deductibles			69,288 20.00
21.00	Subtotal (line 19 minus line 20)			5,814,105 21.00
22.00	Coinsurance			10,693 22.00
23.00	Subtotal (line 21 minus line 22)			5,803,412 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			13,337 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			9,336 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,812,748 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			5,812,748 32.00
33.00	Interim payments			5,808,637 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			4,111 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			10,088 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 4:54 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			0.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			12.85	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			12.85	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			12.85	6.00
7.00	Enter the lesser of line 5 or line 6			12.85	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	0.00	0.00	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	0.00	0.00	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	9.26	2.71		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	9.26	2.71		17.00
18.00	Per resident amount	91,075.00	91,075.00		18.00
19.00	Approved amount for resident costs	843,355	246,813	1,090,168	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			91,075.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,090,168	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	27,533	707		26.00
27.00	Total Inpatient Days (see instructions)	57,482	57,482		27.00
28.00	Ratio of inpatient days to total inpatient days	0.478985	0.012300		28.00
29.00	Program direct GME amount	522,174	13,409		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,895		30.00
31.00	Net Program direct GME amount			533,688	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		54,267,459	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		26,800	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		54,240,659	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		26,938,884	42.00
43.00	Primary payer payments (see instructions)		7,037	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		26,931,847	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		81,172,506	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.668215	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.331785	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		533,688	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		356,618	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		177,070	50.00

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

Provider CCN: 140186

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

Worksheet G

Date/Time Prepared:
5/30/2013 4:54 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	49,385,905	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	29,166,284	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	6,308,581	0	0	0	7.00
8.00	Prepaid expenses	2,807,661	0	0	0	8.00
9.00	Other current assets	2,273,146	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)	89,941,577	0	0	0	11.00
FIXED ASSETS						
12.00	Land	7,978,853	0	0	0	12.00
13.00	Land improvements	2,860,745	0	0	0	13.00
14.00	Accumulated depreciation	-2,454,032	0	0	0	14.00
15.00	Buildings	222,780,465	0	0	0	15.00
16.00	Accumulated depreciation	-98,371,071	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	50,893,009	0	0	0	19.00
20.00	Accumulated depreciation	-25,393,980	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	180,693,562	0	0	0	23.00
24.00	Accumulated depreciation	-145,806,631	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)	193,180,920	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	182,010,990	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	5,579,362	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	187,590,352	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	470,712,849	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,075,100	0	0	0	37.00
38.00	Salaries, wages, and fees payable	13,400,331	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,532,416	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	39,939,032	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	62,946,879	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	129,324,046	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	129,324,046	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	192,270,925	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	278,441,924				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	278,441,924	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	470,712,849	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140186

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

Worksheet G-1

Date/Time Prepared:
5/30/2013 4:54 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		248,468,300		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		29,973,625			2.00
3.00	Total (sum of line 1 and line 2)		278,441,925		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)		278,441,925		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		278,441,925		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140186

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

Worksheet G-1

Date/Time Prepared:
5/30/2013 4:54 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140186

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 4:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	38,942,018		38,942,018	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,900,800		3,900,800	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				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	42,842,818		42,842,818	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	4,628,662		4,628,662	11.00
12.00	CORONARY CARE UNIT	3,584,274		3,584,274	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,212,936		8,212,936	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,055,754		51,055,754	17.00
18.00	Ancillary services	267,480,497	448,566,926	716,047,423	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	418,515	418,515	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		4,524,104	4,524,104	22.00
23.00	AMBULANCE SERVICES	257,863	4,800,195	5,058,058	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				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)	318,794,114	458,309,740	777,103,854	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		231,705,301		29.00
30.00	MISCELLANEOUS	2,468,296			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)		2,468,296		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)		234,173,597		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140186

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

Worksheet G-3

Date/Time Prepared:
5/30/2013 4:54 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	777,103,854	1.00
2.00	Less contractual allowances and discounts on patients' accounts	545,667,608	2.00
3.00	Net patient revenues (line 1 minus line 2)	231,436,246	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	234,173,597	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,737,351	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	8,732,284	24.00
24.01	PROVIDER ASSESSMENT	5,241,930	24.01
24.02	NON OPERATING INCOME	18,736,762	24.02
25.00	Total other income (sum of lines 6-24)	32,710,976	25.00
26.00	Total (line 5 plus line 25)	29,973,625	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)	29,973,625	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140186

Period:

Worksheet H

HHA CCN: 147400

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

Date/Time Prepared:
5/30/2013 4:54 pm

Home Health
Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
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	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	879,750	0	0	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	792,387	0	65,260	0	149,915	6.00
7.00	Physical Therapy	786,057	0	53,834	0	0	7.00
8.00	Occupational Therapy	114,958	0	8,023	0	0	8.00
9.00	Speech Pathology	21,930	0	2,085	0	0	9.00
10.00	Medical Social Services	1,184	0	183	0	0	10.00
11.00	Home Health Aide	24,482	0	8,632	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,620,748	0	138,017	0	149,915	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140186

Period:

Worksheet H

HHA CCN: 147400

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

Date/Time Prepared:
5/30/2013 4:54 pm

Home Health
Agency I

PPS

	Total (sum of col.s. 1 thru 5)	Recl assi fi cati on	Recl assi fi ed Tri al Bal ance (col. 6 + col. 7)	Adj ustments	Net Expenses for Al locati on (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	879,750	3,658	883,408	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,007,562	3,295	1,010,857	0	6.00
7.00	Physical Therapy	839,891	3,268	843,159	0	7.00
8.00	Occupational Therapy	122,981	478	123,459	0	8.00
9.00	Speech Pathology	24,015	91	24,106	0	9.00
10.00	Medical Social Services	1,367	5	1,372	0	10.00
11.00	Home Health Aide	33,114	102	33,216	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,908,680	10,897	2,919,577	0	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: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/30/2013 4:54 pm		
		HHA CCN: 147400		Home Health Agency I	PPS	
	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		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	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	883,408	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,010,857	0	0	0	6.00
7.00	Physical Therapy	843,159	0	0	0	7.00
8.00	Occupational Therapy	123,459	0	0	0	8.00
9.00	Speech Pathology	24,106	0	0	0	9.00
10.00	Medical Social Services	1,372	0	0	0	10.00
11.00	Home Health Aide	33,216	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,919,577	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140186	Period: From 01/01/2012	Worksheet H-1 Part I Date/Time Prepared: 5/30/2013 4:54 pm
		HHA CCN: 147400	To 12/31/2012	
			Home Health Agency I	PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	883,408	883,408	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,010,857	438,568	1,449,425
7.00	Physical Therapy	843,159	365,811	1,208,970
8.00	Occupational Therapy	123,459	53,564	177,023
9.00	Speech Pathology	24,106	10,459	34,565
10.00	Medical Social Services	1,372	595	1,967
11.00	Home Health Aide	33,216	14,411	47,627
12.00	Supplies (see instructions)	0	0	0
13.00	Drugs	0	0	0
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	All Others (specify)	0	0	0
24.00	Total (sum of lines 1-23)	2,919,577		2,919,577

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140186
HHA CCN: 147400

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

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2013 4:54 pm

Home Health
Agency I

PPS

		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & 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	0	4.00
5.00	Administrative and General	0	0	0	0	-883,408	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-883,408	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS	Provider CCN: 140186	Period:	Worksheet H-1
	HHA CCN: 147400	From 01/01/2012 To 12/31/2012	Part II Date/Time Prepared: 5/30/2013 4:54 pm
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		Administrative & General (ACCUM. COST)	
		5.00	
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 (see instructions)		4.00
5.00	Administrative and General	2,036,169	5.00
HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	1,010,857	6.00
7.00	Physical Therapy	843,159	7.00
8.00	Occupational Therapy	123,459	8.00
9.00	Speech Pathology	24,106	9.00
10.00	Medical Social Services	1,372	10.00
11.00	Home Health Aide	33,216	11.00
12.00	Supplies (see instructions)	0	12.00
13.00	Drugs	0	13.00
14.00	DME	0	14.00
HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	15.00
16.00	Respiratory Therapy	0	16.00
17.00	Private Duty Nursing	0	17.00
18.00	Clinic	0	18.00
19.00	Health Promoting Activities	0	19.00
20.00	Day Care Program	0	20.00
21.00	Home Delivered Meals Program	0	21.00
22.00	Homemaker Service	0	22.00
23.00	All Others (specify)	0	23.00
24.00	Total (sum of lines 1-23)	2,036,169	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	883,408	25.00
26.00	Unit Cost Multiplier	0.433858	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140186

Period:

Worksheet H-2

HHA CCN: 147400

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

Part I
Date/Time Prepared:
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Home Health
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PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNI CATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUI P			
		1.00	2.00			
	0			4.00	5.01	
1.00 Administrative and General	0	37,399	80,696	698,122	22,744	1.00
2.00 Skilled Nursing Care	1,449,425	0	0	0	0	2.00
3.00 Physical Therapy	1,208,970	0	0	0	0	3.00
4.00 Occupational Therapy	177,023	0	0	0	0	4.00
5.00 Speech Pathology	34,565	0	0	0	0	5.00
6.00 Medical Social Services	1,967	0	0	0	0	6.00
7.00 Home Health Aide	47,627	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,919,577	37,399	80,696	698,122	22,744	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: 140186
HHA CCN: 147400

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

Worksheet H-2
Part I
Date/Time Prepared:
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Cost Center Description	DATA PROCESSING	PURCHASING	BUSINESS OFFICE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
	5.02	5.03	5.05	5A.05	5.06	
1.00 Administrative and General	527,384	2,442	43,802	1,412,589	194,714	1.00
2.00 Skilled Nursing Care	0	0	0	1,449,425	199,791	2.00
3.00 Physical Therapy	0	0	0	1,208,970	166,647	3.00
4.00 Occupational Therapy	0	0	0	177,023	24,401	4.00
5.00 Speech Pathology	0	0	0	34,565	4,765	5.00
6.00 Medical Social Services	0	0	0	1,967	271	6.00
7.00 Home Health Aide	0	0	0	47,627	6,565	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	527,384	2,442	43,802	4,332,166	597,154	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: 140186

Period:

Worksheet H-2

HHA CCN: 147400

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

Part I
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Home Health
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PPS

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	3,562	63,482	0	38,235	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,562	63,482	0	38,235	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: 140186

Period:

Worksheet H-2

HHA CCN: 147400

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

Part I
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Agency I

PPS

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	691	20,969	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	691	20,969	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: 140186
HHA CCN: 147400

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

Worksheet H-2
Part I
Date/Time Prepared:
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		17.00	21.00			
1.00 Administrative and General	0	0	0	0	1,734,242	1.00
2.00 Skilled Nursing Care	0	0	0	0	1,649,216	2.00
3.00 Physical Therapy	0	0	0	0	1,375,617	3.00
4.00 Occupational Therapy	0	0	0	0	201,424	4.00
5.00 Speech Pathology	0	0	0	0	39,330	5.00
6.00 Medical Social Services	0	0	0	0	2,238	6.00
7.00 Home Health Aide	0	0	0	0	54,192	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	0	0	5,056,259	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: 140186

Period:

Worksheet H-2

HHA CCN: 147400

From 01/01/2012
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Part I
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Home Health
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
		25.00	26.00	27.00	28.00	
1.00	Administrative and General	0	1,734,242			1.00
2.00	Skilled Nursing Care	0	1,649,216	860,965	2,510,181	2.00
3.00	Physical Therapy	0	1,375,617	718,134	2,093,751	3.00
4.00	Occupational Therapy	0	201,424	105,152	306,576	4.00
5.00	Speech Pathology	0	39,330	20,532	59,862	5.00
6.00	Medical Social Services	0	2,238	1,168	3,406	6.00
7.00	Home Health Aide	0	54,192	28,291	82,483	7.00
8.00	Supplies (see instructions)	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	9.00
10.00	DME	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	5,056,259	1,734,242	5,056,259	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.			0.522045		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: 140186
HHA CCN: 147400

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

Worksheet H-2
Part II
Date/Time Prepared:
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Home Health Agency I

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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (ACTUAL BENEFITS)	COMMUNICATIONS (PHONES)	DATA PROCESSING (DEVICES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
1.00 Administrative and General	2,848	75,705	658,908	19	35	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,848	75,705	658,908	19	35	20.00
21.00 Total cost to be allocated	37,399	80,696	698,122	22,744	527,384	21.00
22.00 Unit cost multiplier	13.131671	1.065927	1.059514	1,197.052632	15,068.114286	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140186
HHA CCN: 147400

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

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description		PURCHASING (REQS)	BUSINESS OFFICE (CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (WORK ORDER)	
		5.03	5.05	5A.06	5.06	6.00	
1.00	Administrative and General	35,575	4,524,104	0	1,412,589	2	1.00
2.00	Skilled Nursing Care	0	0	0	1,449,425	0	2.00
3.00	Physical Therapy	0	0	0	1,208,970	0	3.00
4.00	Occupational Therapy	0	0	0	177,023	0	4.00
5.00	Speech Pathology	0	0	0	34,565	0	5.00
6.00	Medical Social Services	0	0	0	1,967	0	6.00
7.00	Home Health Aide	0	0	0	47,627	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)	35,575	4,524,104		4,332,166	2	20.00
21.00	Total cost to be allocated	2,442	43,802		597,154	3,562	21.00
22.00	Unit cost multiplier	0.068644	0.009682		0.137842	1,781.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140186
HHA CCN: 147400

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

Worksheet H-2
Part II
Date/Time Prepared:
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	2,848	0	2,848	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,848	0	2,848	0	0	20.00
21.00	Total cost to be allocated	63,482	0	38,235	0	0	21.00
22.00	Unit cost multiplier	22.290028	0.000000	13.425211	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140186
HHA CCN: 147400

Period:
From 01/01/2012
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Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (ASSIGNED TIME)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	(DIRECT NRSING HRS)					
	13.00	14.00	15.00	16.00	17.00	
1.00 Administrative and General	0	0	4,036	4,524,104	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	0	4,036	4,524,104	0	20.00
21.00 Total cost to be allocated	0	0	691	20,969	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.171209	0.004635	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140186
HHA CCN: 147400

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

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2013 4:54 pm
PPS

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2013 4:54 pm		
		HHA CCN: 147400	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	
	0	1.00	2.00	3.00	4.00	
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	2,510,181	2,510,181	10,026	1.00
2.00	Physical Therapy	3.00	2,093,751	0	7,968	2.00
3.00	Occupational Therapy	4.00	306,576	0	1,133	3.00
4.00	Speech Pathology	5.00	59,862	0	340	4.00
5.00	Medical Social Services	6.00	3,406	0	26	5.00
6.00	Home Health Aide	7.00	82,483	0	1,066	6.00
7.00	Total (sum of lines 1-6)		5,056,259	0	20,559	7.00
Program Visits						
Part B						
Not Subject to Deductibles & Coinsurance						
Subject to Deductibles						
	0	1.00	2.00	3.00	4.00	
Limitation Cost Computation						
8.00	Skilled Nursing Care		28100	7,825	0	8.00
9.00	Physical Therapy		28100	6,455	0	9.00
10.00	Occupational Therapy		28100	962	0	10.00
11.00	Speech Pathology		28100	250	0	11.00
12.00	Medical Social Services		28100	22	0	12.00
13.00	Home Health Aide		28100	1,035	0	13.00
14.00	Total (sum of lines 8-13)			16,549	0	14.00
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	8.00	0	0	0	15.00
16.00	Cost of Drugs	9.00	0	0	0	16.00
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)	
	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	0.441861	0	1.00
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies		71.00	0.287643	0	4.00
5.00	Cost of Drugs		73.00	0.176531	0	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140186 HHA CCN: 147400	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2013 4:54 pm PPS		
		Title XVIIII	Home Health Agency I			
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Program Visits			Cost of Services	
		Part A	Part B		Part A	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00	9.00	
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	250.37	7,825	0	1,959,145	1.00
2.00	Physical Therapy	262.77	6,455	0	1,696,180	2.00
3.00	Occupational Therapy	270.59	962	0	260,308	3.00
4.00	Speech Pathology	176.06	250	0	44,015	4.00
5.00	Medical Social Services	131.00	22	0	2,882	5.00
6.00	Home Health Aide	77.38	1,035	0	80,088	6.00
7.00	Total (sum of lines 1-6)		16,549	0	4,042,618	7.00
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
Cost Center Description	Ratio (col. 3 ÷ col. 4)	Program Covered Charges			Cost of Services	
		Part A	Part B		Part A	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00	9.00	
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.000000		0		15.00
16.00	Cost of Drugs	0.000000		0		16.00
Transfer to Part I as Indicated						
4.00						
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provi der CCN: 140186	Period: From 01/01/2012	Worksheet H-3 Parts I-III Date/Time Prepared: 5/30/2013 4:54 pm
	HHA CCN: 147400	To 12/31/2012	
	Title XVII I	Home Heal th Agency I	PPS

Cost Center Description	Cost of Services		Total Program Cost (sum of col s. 9-10)	
	Part B			
	Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
	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	0	1,959,145	1.00
2.00	Physical Therapy	0	1,696,180	2.00
3.00	Occupational Therapy	0	260,308	3.00
4.00	Speech Pathology	0	44,015	4.00
5.00	Medical Social Services	0	2,882	5.00
6.00	Home Health Aide	0	80,088	6.00
7.00	Total (sum of lines 1-6)	0	4,042,618	7.00
Cost Center Description				
		10.00	11.00	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
Cost of Services				
Part B				
Cost Center Description				
		10.00	11.00	
Supplies and Drugs Cost Computations				
15.00	Cost of Medical Supplies			15.00
16.00	Cost of Drugs	0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provi der CCN: 140186 HHA CCN: 147400	Peri od: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVII I	Home Heal th Agency I	PPS
		Part A	Part B	
			Not Subject to Deducti bles & Coi nsurance	Subject to Deducti bles & Coi nsurance
		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 Servi ces				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	4,132,541	0	0
Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000
6.00	Total customary charges (see instructions)	4,132,541	0	0
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	4,132,541	0	0
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0
9.00	Primary payer amounts	0	0	0
			Part A Servi ces	Part B Servi ces
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		3,610,758	0
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0
13.00	Total PPS Reimbursement - LUPA Episodes		0	0
14.00	Total PPS Reimbursement - PEP Episodes		0	0
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		3,610,758	0
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		3,610,758	0
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		3,610,758	0
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		3,610,758	0
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		3,610,758	0
32.00	Interim payments (see instructions)		3,610,758	0
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

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

Provider CCN: 140186
HHA CCN: 147400

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

Worksheet H-5
Date/Time Prepared:
5/30/2013 4:54 pm
PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,610,758			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)					0 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)		3,610,758			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)					0 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)					0 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)		3,610,758			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF CAPITAL PAYMENT		Provi der CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVII I	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,559,795	1.00
2.00	Capital DRG outlier payments		69,309	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		110.16	3.00
4.00	Number of interns & residents (see instructions)		12.85	4.00
5.00	Indirect medical education percentage (see instructions)		3.35	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		119,253	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		4.12	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		40.63	8.00
9.00	Sum of lines 7 and 8		44.75	9.00
10.00	Allowable disproportionate share percentage (see instructions)		9.49	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		337,825	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,086,182	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

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2012 To 12/31/2012	Worksheet M-1 Date/Time Prepared: 5/30/2013 4:54 pm
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		Compensation	Other Costs	Total (col. 1 + col. 2)	Rural Health Clinic (RHC) I Reclassifications	Reclassified Trial Balance (col. 3 + col. 4)	Cost
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	62,633	0	62,633	0	62,633	1.00
2.00	Physician Assistant	37,643	0	37,643	0	37,643	2.00
3.00	Nurse Practitioner	67,120	0	67,120	0	67,120	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	124,717	0	124,717	7,220	131,937	9.00
10.00	Subtotal (sum of lines 1-9)	292,113	0	292,113	7,220	299,333	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	0	0	0	0	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	94,709	94,709	-31,783	62,926	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	94,709	94,709	-31,783	62,926	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	292,113	94,709	386,822	-24,563	362,259	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	41,850	41,850	0	41,850	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	41,850	41,850	0	41,850	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	0	0	0	0	29.00
30.00	Administrative Costs	0	0	0	0	0	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	0	0	0	0	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	292,113	136,559	428,672	-24,563	404,109	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 140186

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

Worksheet M-1

Component CCN: 143976

Date/Time Prepared:
5/30/2013 4:54 pm

Rural Health
Clinic (RHC) I

Cost

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	62,633	1.00
2.00	Physician Assistant	0	37,643	2.00
3.00	Nurse Practitioner	0	67,120	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	131,937	9.00
10.00	Subtotal (sum of lines 1-9)	0	299,333	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	14.00
15.00	Medical Supplies	0	0	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	62,926	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	62,926	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	362,259	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
26.00	All other nonreimbursable costs	-104,483	-62,633	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	-104,483	-62,633	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	0	29.00
30.00	Administrative Costs	0	0	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	0	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	-104,483	299,626	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2012 To 12/31/2012	Worksheet M-2 Date/Time Prepared: 5/30/2013 4:54 pm
			Rural Health Clinic (RHC) I	Cost

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.31	1,290	4,200	1,302	1.00
2.00	Physician Assistant	0.32	1,034	2,100	672	2.00
3.00	Nurse Practitioner	0.70	1,651	2,100	1,470	3.00
4.00	Subtotal (sum of lines 1-3)	1.33	3,975		3,444	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	1.33	3,975			8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES			
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)		362,259
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)		-62,633
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)		299,626
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)		1.209037
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)		0
15.00	Parent provider overhead allocated to facility (see instructions)		339,615
16.00	Total overhead (sum of lines 14 and 15)		339,615
17.00	Allowable GME overhead (see instructions)		0
18.00	Subtract line 17 from line 16		339,615
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)		410,607
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)		772,866

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 140186	Period: From 01/01/2012 To 12/31/2012	Worksheet M-3
		Component CCN: 143976		Date/Time Prepared: 5/30/2013 4:54 pm
		Title XVIII	Rural Health Clinic (RHC) I	Cost
				1.00
DETERMINATION OF RATE FOR RHC/FQHC SERVICES				
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		772,866	1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		0	2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		772,866	3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		3,975	4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0	5.00
6.00	Total adjusted visits (line 4 plus line 5)		3,975	6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		194.43	7.00
		Calculation of Limit (1)		
		Prior to January 1	On or After January 1	
		1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)	0.00	78.54	8.00
9.00	Rate for Program covered visits (see instructions)	0.00	78.54	9.00
CALCULATION OF SETTLEMENT				
10.00	Program covered visits excluding mental health services (from contractor records)	0	396	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)	0	31,102	11.00
12.00	Program covered visits for mental health services (from contractor records)	0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)	0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)	0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)		0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *		31,102	16.00
16.01	Total program charges (see instructions)(from contractor's records)		59,522	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)		0	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)		0	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)		24,882	16.04
16.05	Total program cost (see instructions)		24,882	16.05
17.00	Primary payer amounts		1,945	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)		0	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)		11,515	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)		22,937	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)		0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)		22,937	22.00
23.00	Reimbursable bad debts (see instructions)		0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)		22,937	26.00
27.00	Interim payments		23,234	27.00
28.00	Tentative settlement (for contractor use only)		0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)		-297	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2		0	30.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140186 Component CCN: 143976	Period: From 01/01/2012 To 12/31/2012	Worksheet M-5 Date/Time Prepared: 5/30/2013 4:54 pm
		Rural Health Clinic (RHC) I	Cost

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		23,234	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	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	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		23,234	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	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		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	6.01
6.02	SETTLEMENT TO PROGRAM		297	6.02
7.00	Total Medicare program liability (see instructions)		22,937	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00	2.00
8.00	Name of Contractor			8.00