

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: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 8:47 am
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013	Time: 8:47 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ANDERSON HOSPITAL ( 140289 ) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

(Signed) \_\_\_\_\_  
 Officer or Administrator of Provider(s)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	19,285	121,365	-123,082	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	63,252	13		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	82,537	121,378	-123,082	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: 140289		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 8:36 am			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 6800 STATE ROUTE 162			PO Box:				1.00			
2.00	City: MARYVILLE			State: IL		Zip Code: 62062-1000		County: MADISON			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		ANDERSON HOSPITAL	140289	41180	1	11/22/1976	N	P	N	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		THE REHABILITATION CENTER	14T289	41180	5	01/01/2005	N	P	N	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		ANDERSON HOME HEALTH	147420	41180		05/30/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice										14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
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	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.			4,178	779	9	0	0	0	24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.			217	106	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		
<b>Prospective Payment System (PPS)-Capital</b>						
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
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				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
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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		
<b>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.</b>						
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		
<b>Inpatient Psychiatric Facility PPS</b>						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		71.00
<b>Inpatient Rehabilitation Facility PPS</b>						
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		0		76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
<b>TEFRA Providers</b>						
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	
<b>Title V and XIX Services</b>						
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
<b>Rural Providers</b>						
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.	N	N	N	N	109.00
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	1,200,000	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.		N		121.00
<b>Transplant Center Information</b>					
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
<b>All Providers</b>					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
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

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							1.00	
<b>Multi campus</b>								
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	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
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: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 8:36 am	
		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.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
			Y/N		
			1.00		
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y		12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	02/06/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 8:36 am	
	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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
<b>Provider-Based Physicians</b>					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	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.			N	35.00
				Y/N	Date
				1.00	2.00
<b>Home Office Costs</b>					
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
<b>Cost Report Preparer Contact Information</b>					
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.	KEVIN		WELLEN	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(314) 231-5544		KWELLEN@BKD.COM	43.00

		Part B		
		Date		
		4.00		
<b>PS&amp;R Data</b>				
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)	02/06/2013		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
<b>Cost Report Preparer Contact Information</b>				
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.	SENIOR MANAGING CONSULTANT		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: 140289

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	122	44,652	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)		122	44,652	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		134	49,044	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF	41.00	17	6,315		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)		151				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	
				I/P Days / O/P Visi ts / Tri ps		Full Time Equival ents	
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l		
	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)	8,216	2,258	20,291			1.00	
2.00 HMO	2,487	0				2.00	
3.00 HMO IPF Subprovider	0	0				3.00	
4.00 HMO IRF Subprovider	261	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)	8,216	2,258	20,291			7.00	
8.00 INTENSIVE CARE UNIT	607	81	2,197			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		1,373	3,758			13.00	
14.00 Total (see instructions)	8,823	3,712	26,246	0.00	865.90	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF	3,092	323	4,418	0.00	19.60	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	3,721	0	6,860	0.00	12.02	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140289

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents							
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll						
	6.00	7.00	8.00	9.00	10.00						
27.00	Total (sum of lines 14-26)					0.00	897.52	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			
Component	Full Time Equivalents	Discharges									
	Nonpaid Workers	Title V	Title VIII	Title XIX	Total All Patients						
	11.00	12.00	13.00	14.00	15.00						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)							1.00			
2.00	HMO						568	2.00			
3.00	HMO IPF Subprovider							3.00			
4.00	HMO IRF Subprovider							4.00			
5.00	Hospital Adults & Peds. Swing Bed SNF							5.00			
6.00	Hospital Adults & Peds. Swing Bed NF							6.00			
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)							7.00			
8.00	INTENSIVE CARE UNIT							8.00			
9.00	CORONARY CARE UNIT							9.00			
10.00	BURN INTENSIVE CARE UNIT							10.00			
11.00	SURGICAL INTENSIVE CARE UNIT							11.00			
12.00	OTHER SPECIAL CARE (SPECIFY)							12.00			
13.00	NURSERY							13.00			
14.00	Total (see instructions)					0.00	0	2,086	901	6,573	14.00
15.00	CAH visits										15.00
16.00	SUBPROVIDER - IPF										16.00
17.00	SUBPROVIDER - IRF					0.00	0	266	26	373	17.00
18.00	SUBPROVIDER										18.00
19.00	SKILLED NURSING FACILITY										19.00
20.00	NURSING FACILITY										20.00
21.00	OTHER LONG TERM CARE										21.00
22.00	HOME HEALTH AGENCY					0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)										23.00
24.00	HOSPICE										24.00
25.00	CMHC - CMHC										25.00
26.00	RURAL HEALTH CLINIC										26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER										26.25
27.00	Total (sum of lines 14-26)					0.00					27.00
28.00	Observation Bed Days										28.00
29.00	Ambulance Trips										29.00
30.00	Employee discount days (see instruction)										30.00
31.00	Employee discount days - IRF										31.00
32.00	Labor & delivery days (see instructions)										32.00
33.00	LTCH non-covered days										33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part II Date/Time Prepared: 5/30/2013 8:36 am			
	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		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	45,852,814	0	45,852,814	1,866,847.00	24.56	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		0	0	0	0.00	0.00	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	0	0	0	0.00	0.00	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)		1,654,984	0	1,654,984	68,434.00	24.18	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		20,742	0	20,742	409.00	50.71	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		425,085	0	425,085	2,051.00	207.26	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
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		11,827,768	0	11,827,768			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		399,317	0	399,317			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		0	0	0			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
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits	4.00	388,655	0	388,655	11,825.00	32.87	26.00
27.00	Administrative & General	5.00	6,389,638	155,080	6,544,718	277,932.00	23.55	27.00
28.00	Administrative & General under contract (see inst.)		1,461,334	0	1,461,334	29,553.55	49.45	28.00
29.00	Maintenance & Repairs	6.00	880,480	0	880,480	33,048.00	26.64	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	49,629	0	49,629	4,075.00	12.18	31.00
32.00	Housekeeping	9.00	1,028,330	0	1,028,330	77,065.00	13.34	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	789,445	-538,481	250,964	19,649.72	12.77	34.00
35.00	Dietary under contract (see instructions)		826,146	0	826,146	10,392.00	79.50	35.00
36.00	Cafeteria	11.00	0	538,481	538,481	42,161.28	12.77	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	653,847	0	653,847	14,441.00	45.28	38.00
39.00	Central Services and Supply	14.00	746,712	0	746,712	46,523.00	16.05	39.00
40.00	Pharmacy	15.00	1,258,301	0	1,258,301	34,930.00	36.02	40.00
41.00	Medical Records & Medical Records Library	16.00	1,775,970	-557,882	1,218,088	63,042.00	19.32	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140289

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2013 8:36 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	311,390	0	311,390	12,237.00	25.45	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: 140289

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2013 8:36 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	48,140,294	0	48,140,294	1,906,792.55	25.25	1.00
2.00	Excluded area salaries (see instructions)	1,654,984	0	1,654,984	68,434.00	24.18	2.00
3.00	Subtotal salaries (line 1 minus line 2)	46,485,310	0	46,485,310	1,838,358.55	25.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	445,827	0	445,827	2,460.00	181.23	4.00
5.00	Subtotal wage-related costs (see inst.)	11,827,768	0	11,827,768	0.00	25.44	5.00
6.00	Total (sum of lines 3 thru 5)	58,758,905	0	58,758,905	1,840,818.55	31.92	6.00
7.00	Total overhead cost (see instructions)	16,559,877	-402,802	16,157,075	676,874.55	23.87	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 8:36 am
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			1,459,178 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
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			21,630 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)			6,182,483 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			180,697 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			34,464 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			11,357 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			40,951 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			8,085 14.00
15.00	'Workers' Compensation Insurance			749,644 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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only			3,371,024 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			89,851 20.00
<b>OTHER</b>				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			34,438 21.00
22.00	Day Care Cost and Allowances			43,284 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			12,227,086 24.00
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140289

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost	2,910,043	0	1.00
2.00	Hospital	2,308,222	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF	601,821	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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140289 Component CCN: 147420		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/30/2013 8:36 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			MADISON		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	2,043	0	1,679	3,722	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	243.00	0.00	166.00	409.00	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)			0.74	0.00	0.74	4.00
5.00	Other Administrative Personnel			2.03	0.00	2.03	5.00
6.00	Direct Nursing Service			5.10	0.00	5.10	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.52	0.00	1.52	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.71	0.00	0.71	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.13	0.00	0.13	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.79	0.00	1.79	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			20.00
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	1,526	191	62	19	1,798	21.00
22.00	Skilled Nursing Visit Charges	241,044	30,178	9,788	3,002	284,012	22.00
23.00	Physical Therapy Visits	893	0	16	22	931	23.00
24.00	Physical Therapy Visit Charges	141,094	0	2,528	3,476	147,098	24.00
25.00	Occupational Therapy Visits	406	0	7	16	429	25.00
26.00	Occupational Therapy Visit Charges	64,148	0	1,106	2,370	67,624	26.00
27.00	Speech Pathology Visits	59	0	0	9	68	27.00
28.00	Speech Pathology Visit Charges	9,322	0	0	1,422	10,744	28.00
29.00	Medical Social Service Visits	0	0	0	0	0	29.00
30.00	Medical Social Service Visit Charges	0	0	0	0	0	30.00
31.00	Home Health Aide Visits	474	0	5	16	495	31.00
32.00	Home Health Aide Visit Charges	39,816	0	420	1,344	41,580	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	3,358	191	90	82	3,721	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)	495,424	30,178	13,842	11,614	551,058	35.00
36.00	Total Number of Episodes (standard/non outlier)	201		30	4	235	36.00
37.00	Total Number of Outlier Episodes		4		0	4	37.00
38.00	Total Non-Routine Medical Supply Charges	20,726	1,189	1,115	64	23,094	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 8:36 am
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			1.00		
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.277911	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		2,195,944	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		36,520,495	6.00	
7.00	Medicaid cost (line 1 times line 6)		10,149,447	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		7,953,503	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)		7,953,503	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	6,134,506	0	6,134,506	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,704,847	0	1,704,847	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)	1,704,847	0	1,704,847	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		7,740,159	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		497,934	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		7,242,225	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,012,694	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,717,541	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,671,044	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140289

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100		3,024,165	3,024,165	2,698,179	5,722,344	1.00
2.00	00200		3,715,915	3,715,915	317,947	4,033,862	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	388,655	12,693,190	13,081,845	21,655	13,103,500	4.00
5.00	00500	6,389,638	16,606,799	22,996,437	-538,941	22,457,496	5.00
6.00	00600	880,480	550,211	1,430,691	0	1,430,691	6.00
7.00	00700	0	2,015,970	2,015,970	2,774	2,018,744	7.00
8.00	00800	49,629	418,126	467,755	0	467,755	8.00
9.00	00900	1,028,330	190,975	1,219,305	-8,173	1,211,132	9.00
10.00	01000	789,445	862,576	1,652,021	-1,126,845	525,176	10.00
11.00	01100	0	0	0	1,126,845	1,126,845	11.00
13.00	01300	653,847	193,372	847,219	0	847,219	13.00
14.00	01400	746,712	605,868	1,352,580	-410,483	942,097	14.00
15.00	01500	1,258,301	3,828,775	5,087,076	-273,715	4,813,361	15.00
16.00	01600	1,775,970	942,794	2,718,764	-855,551	1,863,213	16.00
17.00	01700	311,390	5,790	317,180	0	317,180	17.00
23.00	02300	64,757	-16,130	48,627	0	48,627	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	5,403,415	156,019	5,559,434	704,646	6,264,080	30.00
31.00	03100	1,578,343	106,700	1,685,043	-13,512	1,671,531	31.00
41.00	04100	870,778	629,163	1,499,941	-2,237	1,497,704	41.00
43.00	04300	0	0	0	866,983	866,983	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	5,008,452	9,729,681	14,738,133	-7,602,177	7,135,956	50.00
52.00	05200	4,123,809	431,762	4,555,571	-1,954,622	2,600,949	52.00
53.00	05300	0	271,916	271,916	-5,740	266,176	53.00
54.00	05400	2,134,462	1,175,946	3,310,408	50,287	3,360,695	54.00
56.00	05600	162,608	313,149	475,757	-217,834	257,923	56.00
57.00	05700	364,003	1,175,548	1,539,551	-249,066	1,290,485	57.00
58.00	05800	211,969	571,300	783,269	-79,235	704,034	58.00
59.00	05900	673,047	1,436,238	2,109,285	-1,316,367	792,918	59.00
60.00	06000	1,283,608	4,008,641	5,292,249	-262,141	5,030,108	60.00
65.00	06500	1,105,033	286,412	1,391,445	-96,398	1,295,047	65.00
66.00	06600	1,336,714	226,484	1,563,198	22,844	1,586,042	66.00
67.00	06700	687,723	20,279	708,002	123,311	831,313	67.00
68.00	06800	617,199	30,039	647,238	76,625	723,863	68.00
68.01	06801	131,753	162,302	294,055	-137,765	156,290	68.01
69.00	06900	337,786	261,133	598,919	-8,595	590,324	69.00
69.01	06901	502,199	56,086	558,285	-342	557,943	69.01
70.00	07000	48,013	8,011	56,024	-5,244	50,780	70.00
71.00	07100	0	0	0	11,376,349	11,376,349	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	143,135	143,135	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	4,215,297	580,377	4,795,674	-260,956	4,534,718	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	719,449	91,031	810,480	-8,051	802,429	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300		2,097,590	2,097,590	-2,097,590	0	113.00
118.00		45,852,814	69,464,203	115,317,017	0	115,317,017	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00		45,852,814	69,464,203	115,317,017	0	115,317,017	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140289

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,311,968	4,410,376	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-121,550	3,912,312	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-48,629	13,054,871	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-5,960,533	16,496,963	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	1,430,691	6.00
7.00	00700	OPERATION OF PLANT	-26,767	1,991,977	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	467,755	8.00
9.00	00900	HOUSEKEEPING	0	1,211,132	9.00
10.00	01000	DIETARY	-900	524,276	10.00
11.00	01100	CAFETERIA	0	1,126,845	11.00
13.00	01300	NURSING ADMINISTRATION	0	847,219	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	942,097	14.00
15.00	01500	PHARMACY	0	4,813,361	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-96,629	1,766,584	16.00
17.00	01700	SOCIAL SERVICE	0	317,180	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	48,627	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS	0	6,264,080	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,671,531	31.00
41.00	04100	SUBPROVIDER - IRF	0	1,497,704	41.00
43.00	04300	NURSERY	0	866,983	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	7,135,956	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-11,936	2,589,013	52.00
53.00	05300	ANESTHESIOLOGY	-88,235	177,941	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-95,582	3,265,113	54.00
56.00	05600	RADIOISOTOPE	0	257,923	56.00
57.00	05700	CT SCAN	0	1,290,485	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	704,034	58.00
59.00	05900	CARDIAC CATHETERIZATION	-27,107	765,811	59.00
60.00	06000	LABORATORY	-159,389	4,870,719	60.00
65.00	06500	RESPIRATORY THERAPY	0	1,295,047	65.00
66.00	06600	PHYSICAL THERAPY	-39,788	1,546,254	66.00
67.00	06700	OCCUPATIONAL THERAPY	-833	830,480	67.00
68.00	06800	SPEECH PATHOLOGY	-44,631	679,232	68.00
68.01	06801	AUDIOLOGY	-25,574	130,716	68.01
69.00	06900	ELECTROCARDIOLOGY	-150,500	439,824	69.00
69.01	06901	CARDIOPULMONARY	-33,904	524,039	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	50,780	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,376,349	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	143,135	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	-64,591	4,470,127	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
101.00	10100	HOME HEALTH AGENCY	0	802,429	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,309,046	107,007,971	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	RENTED SPACE	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-8,309,046	107,007,971	200.00

RECLASSIFICATIONS

Provider CCN: 140289

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

Worksheet A-6  
Date/Time Prepared:  
5/30/2013 8:36 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
<b>A - TO RECLASS INTEREST EXPENSE</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,919,733	1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	177,857	2.00	
	TOTALS		0	2,097,590		
<b>B - TO RECLASS CAFETERIA</b>						
1.00	CAFETERIA	11.00	538,481	588,364	1.00	
	TOTALS		538,481	588,364		
<b>C - TO RECLASS NURSERY &amp; POST PARTUM</b>						
1.00	ADULTS & PEDIATRICS	30.00	824,762	86,352	1.00	
2.00	NURSERY	43.00	824,762	86,352	2.00	
	TOTALS		1,649,524	172,704		
<b>D - TO RECLASS UTILIZATION REVIEW</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	557,882	297,592	1.00	
	TOTALS		557,882	297,592		
<b>E - TO RECLASS ELECTRICITY EXPENSE</b>						
1.00	OPERATION OF PLANT	7.00	0	2,849	1.00	
	TOTALS		0	2,849		
<b>F - TO RECLASS TELEPHONE EXPENSE</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	569	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	569		
<b>G - TO RECLASS RENAL DIALYSIS EXPENSES</b>						
1.00	RENAL DIALYSIS	74.00	0	143,135	1.00	
	TOTALS		0	143,135		
<b>H - TO RECLASS PROPERTY INSURANCE</b>						
1.00	OTHER CAP REL COSTS	3.00	0	113,063	1.00	
	TOTALS		0	113,063		
<b>J - TO RECLASS MEDICAL SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,376,349	1.00	
2.00	EMPLOYEE BENEFITS	4.00	0	25	2.00	
3.00	ADMINISTRATIVE & GENERAL	5.00	0	21	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
	TOTALS		0	11,376,395		
<b>K - TO RECLASS REAL ESTATE TAXES</b>						
1.00	OTHER CAP REL COSTS	3.00	0	374,621	1.00	
	TOTALS		0	374,621		
<b>L - TO RECLASS LEASED OFFICE EXP</b>						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	430,852	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	430,852		
<b>M - TO RECLASS PROF RENUMERATION</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	200,000	1.00	
2.00	ANESTHESIOLOGY	53.00	0	175,000	2.00	
	TOTALS		0	375,000		
<b>N - TO RECLASS PENSION PLAN AUDIT COSTS</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	21,630	1.00	
	TOTALS		0	21,630		

RECLASSIFICATIONS

Provider CCN: 140289

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

Worksheet A-6

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Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
0 - TO RECLASS REHAB ADMIN EXP					
1.00	PHYSICAL THERAPY	66.00	192,517	6,172	1.00
2.00	OCCUPATIONAL THERAPY	67.00	120,412	3,861	2.00
3.00	SPEECH PATHOLOGY	68.00	74,245	2,380	3.00
4.00	AUDIOLOGY	68.01	15,628	501	4.00
	TOTALS		402,802	12,914	
500.00	Grand Total: Increases		3,148,689	16,007,278	500.00

RECLASSIFICATIONS

Provider CCN: 140289

Period:  
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To 12/31/2012

Worksheet A-6  
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		Decreases				Wkst. A-7 Ref.	
	Cost Center	Line #	Salary	Other			
	6.00	7.00	8.00	9.00	10.00		
<b>A - TO RECLASS INTEREST EXPENSE</b>							
1.00	INTEREST EXPENSE	113.00	0	2,097,590		11	1.00
2.00		0.00	0	0		11	2.00
	TOTALS		0	2,097,590			
<b>B - TO RECLASS CAFETERIA</b>							
1.00	DIETARY	10.00	538,481	588,364		0	1.00
	TOTALS		538,481	588,364			
<b>C - TO RECLASS NURSERY &amp; POST PARTUM</b>							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	1,649,524	172,704		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		1,649,524	172,704			
<b>D - TO RECLASS UTILIZATION REVIEW</b>							
1.00	MEDICAL RECORDS & LIBRARY	16.00	557,882	297,592		0	1.00
	TOTALS		557,882	297,592			
<b>E - TO RECLASS ELECTRICITY EXPENSE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,849		0	1.00
	TOTALS		0	2,849			
<b>F - TO RECLASS TELEPHONE EXPENSE</b>							
1.00	OPERATION OF PLANT	7.00	0	75		0	1.00
2.00	EMERGENCY	91.00	0	45		0	2.00
3.00	HOME HEALTH AGENCY	101.00	0	449		0	3.00
	TOTALS		0	569			
<b>G - TO RECLASS RENAL DIALYSIS EXPENSES</b>							
1.00	ADULTS & PEDIATRICS	30.00	0	143,135		0	1.00
	TOTALS		0	143,135			
<b>H - TO RECLASS PROPERTY INSURANCE</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	113,063		12	1.00
	TOTALS		0	113,063			
<b>J - TO RECLASS MEDICAL SUPPLIES</b>							
1.00	HOUSEKEEPING	9.00	0	8,173		0	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	410,483		0	2.00
3.00	PHARMACY	15.00	0	273,715		0	3.00
4.00	MEDICAL RECORDS & LIBRARY	16.00	0	77		0	4.00
5.00	ADULTS & PEDIATRICS	30.00	0	63,333		0	5.00
6.00	INTENSIVE CARE UNIT	31.00	0	13,512		0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	2,237		0	7.00
8.00	NURSERY	43.00	0	44,131		0	8.00
9.00	OPERATING ROOM	50.00	0	7,602,177		0	9.00
10.00	DELIVERY ROOM & LABOR ROOM	52.00	0	132,394		0	10.00
11.00	ANESTHESIOLOGY	53.00	0	180,740		0	11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	149,713		0	12.00
13.00	RADIOISOTOPE	56.00	0	217,834		0	13.00
14.00	CT SCAN	57.00	0	249,066		0	14.00
15.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	79,235		0	15.00
16.00	CARDIAC CATHETERIZATION	59.00	0	1,316,367		0	16.00
17.00	LABORATORY	60.00	0	262,141		0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	96,398		0	18.00
19.00	PHYSICAL THERAPY	66.00	0	6,079		0	19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	962		0	20.00
21.00	AUDIOLOGY	68.01	0	153,894		0	21.00
22.00	ELECTROCARDIOLOGY	69.00	0	8,595		0	22.00
23.00	CARDIOPULMONARY	69.01	0	342		0	23.00
24.00	ELECTROENCEPHALOGRAPHY	70.00	0	5,244		0	24.00
25.00	EMERGENCY	91.00	0	91,951		0	25.00
26.00	HOME HEALTH AGENCY	101.00	0	7,602		0	26.00
	TOTALS		0	11,376,395			
<b>K - TO RECLASS REAL ESTATE TAXES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	374,621		0	1.00
	TOTALS		0	374,621			
<b>L - TO RECLASS LEASED OFFICE EXP</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	75,026		10	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	17,100		0	2.00
3.00	PHYSICAL THERAPY	66.00	0	169,766		0	3.00
4.00	EMERGENCY	91.00	0	168,960		0	4.00
	TOTALS		0	430,852			
<b>M - TO RECLASS PROF RENUMERATION</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	375,000		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		0	375,000			
<b>N - TO RECLASS PENSION PLAN AUDIT COSTS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	21,630		0	1.00
	TOTALS		0	21,630			

Provider CCN: 140289

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

Worksheet A-6  
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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
0 - TO RECLASS REHAB ADMIN EXP						
1.00	ADMINISTRATIVE & GENERAL	5.00	402,802	12,914	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
4.00		0.00	0	0	0	4.00
TOTALS			402,802	12,914		
500.00	Grand Total: Decreases		3,148,689	16,007,278		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	673,013	0	0	0	1.00
2.00	Land Improvements	2,569,752	0	0	0	2.00
3.00	Buildings and Fixtures	87,969,630	12,858,635	0	12,858,635	3.00
4.00	Building Improvements	24,000	0	0	0	4.00
5.00	Fixed Equipment	5,035,498	170,963	0	170,963	5.00
6.00	Movable Equipment	31,763,695	4,095,891	0	4,095,891	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	128,035,588	17,125,489	0	17,125,489	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	128,035,588	17,125,489	0	17,125,489	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	673,013	0			1.00
2.00	Land Improvements	2,569,752	0			2.00
3.00	Buildings and Fixtures	96,702,770	0			3.00
4.00	Building Improvements	24,000	0			4.00
5.00	Fixed Equipment	5,190,243	0			5.00
6.00	Movable Equipment	35,100,018	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	140,259,796	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	140,259,796	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	3,024,165	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,673,353	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,697,518	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	3,024,165				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	42,562	3,715,915				2.00
3.00	Total (sum of lines 1-2)	42,562	6,740,080				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140289

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	99,969,534	0	99,969,534	0.712745	80,585	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	40,290,262	0	40,290,262	0.287255	32,478	2.00
3.00	Total (sum of lines 1-2)	140,259,796	0	140,259,796	1.000000	113,063	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	267,009	0	347,594	3,024,165	430,852	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	107,612	0	140,090	3,673,353	0	2.00
3.00	Total (sum of lines 1-2)	374,621	0	487,684	6,697,518	430,852	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	607,765	80,585	267,009	0	4,410,376	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	56,307	32,478	107,612	42,562	3,912,312	2.00
3.00	Total (sum of lines 1-2)	664,072	113,063	374,621	42,562	8,322,688	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140289

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-1,311,968	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-121,550	CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-568	ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-15,190	ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-26,767	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,801,268			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service		0		0.00	0	13.00
14.00 Cafeteria-employees and guests		0		0.00	0	14.00
15.00 Rental of quarters to employee and others		0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00 Sale of drugs to other than patients		0		0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-96,629	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00 Vending machines		0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant		0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00 MANAGMENT FEES	B	-264,000	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01 EDUCATION CLASSES- VARIOUS	B	-533	ADMINISTRATIVE & GENERAL	5.00	0	33.01
33.02 CR CARD SHARING	B	-66,883	ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 OB LACTATION REVENUE	B	-11,936	DELIVERY ROOM & LABOR ROOM	52.00	0	33.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 140289

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

Worksheet A-8

Date/Time Prepared:  
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.04 HEALTH MANAGEMENT REVENUE	B	-33,504	CARDIOPULMONARY	69.01	0 33.04
33.05 OTHER MISCELLANEOUS INCOME	B	-21,217	ADMINISTRATIVE & GENERAL	5.00	0 33.05
33.06 PROVIDER TAX OFFSET	A	-3,756,450	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 REVERSE SALES TAX NEGATIVE EXP	A	5	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 PROMOTIONAL ITEMS	A	-19,099	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09 ALCOHOL EXPENSE	A	-2,842	ADMINISTRATIVE & GENERAL	5.00	0 33.09
33.10 ALCOHOL EXPENSE	A	-900	DIETARY	10.00	0 33.10
33.11 UNFUNDED MALPRACTICE SELF INSURANCE	A	-171,000	ADMINISTRATIVE & GENERAL	5.00	0 33.11
33.12 FINANCIAL SERVICE DONATIONS	A	-5,749	ADMINISTRATIVE & GENERAL	5.00	0 33.12
33.13 LOBBYING EXPENSE	A	-30,287	ADMINISTRATIVE & GENERAL	5.00	0 33.13
33.14 PHYSICIAN RECRUITMENT	A	-62,969	ADMINISTRATIVE & GENERAL	5.00	0 33.14
33.15 LI FELINE EXPENSE	A	-22,285	ADMINISTRATIVE & GENERAL	5.00	0 33.15
33.16 SISHA EMPLOYEE BENEFITS	A	-9,267	EMPLOYEE BENEFITS	4.00	0 33.16
33.17 SISHA EMPLOYEE BENEFITS	A	-11,612	EMPLOYEE BENEFITS	4.00	0 33.17
33.18 SISHA EMPLOYEE BENEFITS	A	-6,742	EMPLOYEE BENEFITS	4.00	0 33.18
33.19 SISHA EMPLOYEE BENEFITS	A	-30	EMPLOYEE BENEFITS	4.00	0 33.19
33.20 SISHA EMPLOYEE BENEFITS	A	-3,615	EMPLOYEE BENEFITS	4.00	0 33.20
33.21 SISHA OVERHEAD	A	-5,067	PHYSICAL THERAPY	66.00	0 33.21
33.22 SISHA OVERHEAD	A	-1,122	SPEECH PATHOLOGY	68.00	0 33.22
33.23 SISHA OVERHEAD	A	-314	AUDIOLOGY	68.01	0 33.23
33.24 SISHA OVERHEAD	A	-722	OCCUPATIONAL THERAPY	67.00	0 33.24
33.25 SISHA OVERHEAD	A	-434	ADMINISTRATIVE & GENERAL	5.00	0 33.25
33.26 SISHA DIRECTOR SALARIES	A	-13,544	ADMINISTRATIVE & GENERAL	5.00	0 33.26
33.27 SISHA PT SALARIES	A	-34,721	PHYSICAL THERAPY	66.00	0 33.27
33.28 SISHA OT SALARIES	A	-111	OCCUPATIONAL THERAPY	67.00	0 33.28
33.29 SISHA ST SALARIES	A	-43,509	SPEECH PATHOLOGY	68.00	0 33.29
33.30 SISHA AUDIOLOGY SALARIES	A	-25,260	AUDIOLOGY	68.01	0 33.30
33.31 PUBLICITY SALARIES	A	-65,054	ADMINISTRATIVE & GENERAL	5.00	0 33.31
33.32 PUBLICITY OTHER EXPENSES	A	-226,970	ADMINISTRATIVE & GENERAL	5.00	0 33.32
33.33 PUBLICITY EMPLOYEE BENEFITS	A	-17,363	EMPLOYEE BENEFITS	4.00	0 33.33
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-8,309,046			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140289

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2013 8:36 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	69.00	ELECTROCARDIOLOGY	150,500	150,500	0	0	0	1.00
2.00	59.00	CARDIAC CATHETERIZATION	16,667	0	16,667	208,000	80	2.00
3.00	60.00	LABORATORY	162,500	154,082	8,418	215,700	30	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	1,215,464	1,215,464	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	175,000	0	175,000	200,300	901	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	200,000	0	200,000	225,300	964	6.00
7.00	59.00	CARDIAC CATHETERIZATION	25,000	0	25,000	177,200	77	7.00
8.00	91.00	EMERGENCY	64,591	64,591	0	0	0	8.00
9.00	69.01	CARDIOPULMONARY	400	400	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,010,122	1,585,037	425,085		2,052	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	1.00
2.00	59.00	CARDIAC CATHETERIZATION	8,000	400	0	0	0	2.00
3.00	60.00	LABORATORY	3,111	156	0	0	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	86,765	4,338	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	104,418	5,221	0	0	0	6.00
7.00	59.00	CARDIAC CATHETERIZATION	6,560	328	0	0	0	7.00
8.00	91.00	EMERGENCY	0	0	0	0	0	8.00
9.00	69.01	CARDIOPULMONARY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			208,854	10,443	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	69.00	ELECTROCARDIOLOGY	0	0	0	150,500		1.00
2.00	59.00	CARDIAC CATHETERIZATION	0	8,000	8,667	8,667		2.00
3.00	60.00	LABORATORY	0	3,111	5,307	159,389		3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	1,215,464		4.00
5.00	53.00	ANESTHESIOLOGY	0	86,765	88,235	88,235		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	104,418	95,582	95,582		6.00
7.00	59.00	CARDIAC CATHETERIZATION	0	6,560	18,440	18,440		7.00
8.00	91.00	EMERGENCY	0	0	0	64,591		8.00
9.00	69.01	CARDIOPULMONARY	0	0	0	400		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	208,854	216,231	1,801,268		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,410,376	4,410,376			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	3,912,312		3,912,312		2.00
4.00 00400	EMPLOYEE BENEFITS	13,054,871	6,958	97,056	13,158,885	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,496,963	344,750	1,599,314	1,879,040	5.00
6.00 00600	MAINTENANCE & REPAIRS	1,430,691	28,611	52,641	255,867	6.00
7.00 00700	OPERATION OF PLANT	1,991,977	384,213	174,916	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	467,755	4,230	774	14,422	8.00
9.00 00900	HOUSEKEEPING	1,211,132	25,735	12,324	298,832	9.00
10.00 01000	DIETARY	524,276	101,449	1,823	72,930	10.00
11.00 01100	CAFETERIA	1,126,845	0	3,913	156,482	11.00
13.00 01300	NURSING ADMINISTRATION	847,219	27,435	375	190,007	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	942,097	106,302	34,585	216,994	14.00
15.00 01500	PHARMACY	4,813,361	24,273	146,685	365,661	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,766,584	87,267	36,796	353,975	16.00
17.00 01700	SOCIAL SERVICE	317,180	6,750	453	90,490	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	48,627	0	0	18,818	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	6,264,080	260,191	79,050	1,809,902	30.00
31.00 03100	INTENSIVE CARE UNIT	1,671,531	87,208	30,771	458,665	31.00
41.00 04100	SUBPROVIDER - IRF	1,497,704	70,021	4,621	253,047	41.00
43.00 04300	NURSERY	866,983	10,100	14,779	239,675	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	7,135,956	304,912	729,147	1,455,451	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,589,013	312,620	44,339	719,025	52.00
53.00 05300	ANESTHESIOLOGY	177,941	0	21,709	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,265,113	79,825	447,535	620,273	54.00
56.00 05600	RADIOISOTOPE	257,923	11,336	0	47,254	56.00
57.00 05700	CT SCAN	1,290,485	91,359	0	105,779	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	704,034	28,868	0	61,598	58.00
59.00 05900	CARDIAC CATHETERIZATION	765,811	0	12,332	195,587	59.00
60.00 06000	LABORATORY	4,870,719	94,620	85,365	373,015	60.00
65.00 06500	RESPIRATORY THERAPY	1,295,047	63,894	65,608	321,121	65.00
66.00 06600	PHYSICAL THERAPY	1,546,254	294,139	13,514	434,303	66.00
67.00 06700	OCCUPATIONAL THERAPY	830,480	185,198	3,684	234,811	67.00
68.00 06800	SPEECH PATHOLOGY	679,232	65,366	250	188,289	68.00
68.01 06801	AUDIOLOGY	130,716	4,556	3,681	35,488	68.01
69.00 06900	ELECTROCARDIOLOGY	439,824	0	81,476	98,160	69.00
69.01 06901	CARDIOPULMONARY	524,039	33,938	4,608	145,939	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	50,780	0	7,873	13,953	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,376,349	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	143,135	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	4,470,127	290,453	96,423	1,224,961	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	802,429	18,264	3,892	209,071	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	107,007,971	3,454,841	3,912,312	13,158,885	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,600	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	506,785	0	0	192.00
194.00 07950	RENTED SPACE	0	408,150	0	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	TOTAL (sum lines 118-201)	107,007,971	4,410,376	3,912,312	13,158,885	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,320,067				5.00
6.00	00600	MAINTENANCE & REPAIRS	414,384	2,182,194			6.00
7.00	00700	OPERATION OF PLANT	597,992	208,044	3,357,142		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	114,198	2,290	3,895	607,564	8.00
9.00	00900	HOUSEKEEPING	362,864	13,935	23,698	0	1,948,520
10.00	01000	DIETARY	164,196	54,933	93,416	0	1,974
11.00	01100	CAFETERIA	301,735	0	0	0	4,111
13.00	01300	NURSING ADMINISTRATION	249,650	14,856	25,263	0	14,472
14.00	01400	CENTRAL SERVICES & SUPPLY	304,721	57,560	97,884	14,236	5,921
15.00	01500	PHARMACY	1,254,062	13,143	22,351	0	12,170
16.00	01600	MEDICAL RECORDS & LIBRARY	526,151	47,253	80,357	0	8,552
17.00	01700	SOCIAL SERVICE	97,248	3,655	6,216	0	7,236
23.00	02300	PARAMED PRGM-(SPECIFY)	15,809	0	0	2,352	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	1,972,102	140,888	239,587	158,219	485,322
31.00	03100	INTENSIVE CARE UNIT	526,983	47,221	80,302	31,169	240,769
41.00	04100	SUBPROVIDER - IRF	427,881	37,915	64,477	31,869	130,252
43.00	04300	NURSERY	265,238	5,469	9,301	10,062	43,582
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	2,256,257	165,103	280,767	120,794	22,202
52.00	05200	DELIVERY ROOM & LABOR ROOM	859,094	169,278	287,865	74,300	146,863
53.00	05300	ANESTHESIOLOGY	46,799	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,034,370	43,224	73,504	19,795	52,956
56.00	05600	RADIOISOTOPE	74,192	6,138	10,438	2,669	7,072
57.00	05700	CT SCAN	348,706	49,469	84,124	22,419	60,028
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	186,235	15,632	26,582	7,338	19,571
59.00	05900	CARDIAC CATHETERIZATION	228,247	0	0	7,439	0
60.00	06000	LABORATORY	1,271,347	51,235	87,128	0	27,958
65.00	06500	RESPIRATORY THERAPY	409,194	34,597	58,834	0	61,508
66.00	06600	PHYSICAL THERAPY	536,368	159,270	270,847	6,827	48,680
67.00	06700	OCCUPATIONAL THERAPY	293,984	100,281	170,533	4,576	19,406
68.00	06800	SPEECH PATHOLOGY	218,732	35,395	60,190	2,436	10,361
68.01	06801	AUDIOLOGY	40,890	2,467	4,195	610	2,631
69.00	06900	ELECTROCARDIOLOGY	145,205	0	0	0	39,964
69.01	06901	CARDIOPULMONARY	166,082	18,377	31,251	1,939	0
70.00	07000	ELECTROENCEPHALOGRAPHY	17,019	0	0	1,071	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,666,661	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	33,552	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	1,425,643	157,274	267,453	87,444	321,354
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	242,294	9,890	16,818	0	0
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,096,085	1,664,792	2,477,276	607,564	1,794,915
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	9,517	21,984	37,385	0	7,236
192.00	19200	PHYSICIANS' PRIVATE OFFICES	118,793	274,413	466,651	0	146,369
194.00	07950	RENTED SPACE	95,672	221,005	375,830	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	20,320,067	2,182,194	3,357,142	607,564	1,948,520

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,014,997					10.00
11.00	01100	0	1,593,086				11.00
13.00	01300	0	56,394	1,425,671			13.00
14.00	01400	0	105,163	0	1,885,463		14.00
15.00	01500	0	47,577	0	1,900	6,701,183	15.00
16.00	01600	0	131,850	0	3	0	16.00
17.00	01700	0	16,918	0	5	0	17.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	784,362	293,721	466,372	14,109	22,524	30.00
31.00	03100	76,598	39,952	99,217	6,781	4,892	31.00
41.00	04100	154,037	53,932	0	0	3,969	41.00
43.00	04300	0	23,352	56,273	3,458	3,227	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	156,552	337,932	95,798	5,928	50.00
52.00	05200	0	69,976	168,620	10,373	2,321	52.00
53.00	05300	0	10,882	0	4,243	0	53.00
54.00	05400	0	65,846	0	1,272	0	54.00
56.00	05600	0	8,896	0	223	0	56.00
57.00	05700	0	74,662	0	4,971	0	57.00
58.00	05800	0	24,464	0	162	0	58.00
59.00	05900	0	0	35,639	604	436	59.00
60.00	06000	0	101,271	0	157,706	0	60.00
65.00	06500	0	55,600	0	8,078	0	65.00
66.00	06600	0	22,637	0	1,700	0	66.00
67.00	06700	0	15,171	0	133	0	67.00
68.00	06800	0	8,102	0	143	0	68.00
68.01	06801	0	1,986	0	400	0	68.01
69.00	06900	0	23,908	0	734	0	69.00
69.01	06901	0	38,364	0	760	0	69.01
70.00	07000	0	0	0	85	0	70.00
71.00	07100	0	0	0	1,555,558	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	6,652,841	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	108,499	261,618	15,936	5,045	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	328	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	0	0	0	0	0	113.00
118.00		1,014,997	1,555,675	1,425,671	1,885,463	6,701,183	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	37,411	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,014,997	1,593,086	1,425,671	1,885,463	6,701,183	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140289

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
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	3,038,788				16.00
17.00	01700	SOCIAL SERVICE	0	546,151			17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	85,606		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	144,029	286,712	0	13,421,170	0 30.00
31.00	03100	INTENSIVE CARE UNIT	21,257	96,337	0	3,519,653	0 31.00
41.00	04100	SUBPROVIDER - I RF	38,899	116,169	0	2,884,793	0 41.00
43.00	04300	NURSERY	32,730	3,537	0	1,587,766	0 43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	574,380	0	0	13,641,179	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	121,230	10,608	0	5,585,525	0 52.00
53.00	05300	ANESTHESIOLOGY	77,799	0	0	339,373	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	253,546	0	0	5,957,259	0 54.00
56.00	05600	RADIOISOTOPE	34,176	0	0	460,317	0 56.00
57.00	05700	CT SCAN	287,143	0	0	2,419,145	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	93,995	0	0	1,168,479	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	105,853	0	0	1,351,948	0 59.00
60.00	06000	LABORATORY	410,927	0	0	7,531,291	0 60.00
65.00	06500	RESPIRATORY THERAPY	113,662	0	0	2,487,143	0 65.00
66.00	06600	PHYSICAL THERAPY	78,956	0	0	3,413,495	0 66.00
67.00	06700	OCCUPATIONAL THERAPY	50,131	0	0	1,908,388	0 67.00
68.00	06800	SPEECH PATHOLOGY	18,028	0	0	1,286,524	0 68.00
68.01	06801	AUDIOLOGY	6,700	0	0	234,320	0 68.01
69.00	06900	ELECTROCARDIOLOGY	76,594	0	0	905,865	0 69.00
69.01	06901	CARDIOPULMONARY	15,039	0	0	980,336	0 69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	11,810	0	0	102,591	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	26,222	0	0	15,624,790	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,640	0	0	6,776,481	0 73.00
74.00	07400	RENAL DIALYSIS	0	0	0	176,687	0 74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	313,510	32,788	85,606	9,164,134	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	HOME HEALTH AGENCY	8,532	0	0	1,311,518	0 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,038,788	546,151	85,606	104,240,170	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	154,133	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,513,011	0 192.00
194.00	07950	RENTED SPACE	0	0	0	1,100,657	0 194.00
200.00		Cross Foot Adjustments				0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	3,038,788	546,151	85,606	107,007,971	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 8:36 am
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Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
68.01	06801	AUDIOLOGY	68.01
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIOPULMONARY	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
101.00	10100	HOME HEALTH AGENCY	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	RENTED SPACE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B  
Part II  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	6,958	97,056	104,014	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	154,368	344,750	1,599,314	2,098,432	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	28,611	52,641	81,252	6.00
7.00 00700	OPERATION OF PLANT	-1,032	384,213	174,916	558,097	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	4,230	774	5,004	8.00
9.00 00900	HOUSEKEEPING	0	25,735	12,324	38,059	9.00
10.00 01000	DIETARY	0	101,449	1,823	103,272	10.00
11.00 01100	CAFETERIA	0	0	3,913	3,913	11.00
13.00 01300	NURSING ADMINISTRATION	0	27,435	375	27,810	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	62,695	106,302	34,585	203,582	14.00
15.00 01500	PHARMACY	909	24,273	146,685	171,867	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	87,267	36,796	124,063	16.00
17.00 01700	SOCIAL SERVICE	0	6,750	453	7,203	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	260,191	79,050	339,241	30.00
31.00 03100	INTENSIVE CARE UNIT	0	87,208	30,771	117,979	31.00
41.00 04100	SUBPROVIDER - IRF	0	70,021	4,621	74,642	41.00
43.00 04300	NURSERY	0	10,100	14,779	24,879	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	144,861	304,912	729,147	1,178,920	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	312,620	44,339	356,959	52.00
53.00 05300	ANESTHESIOLOGY	0	0	21,709	21,709	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	20,954	79,825	447,535	548,314	54.00
56.00 05600	RADIOISOTOPE	0	11,336	0	11,336	56.00
57.00 05700	CT SCAN	417,874	91,359	0	509,233	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	256,458	28,868	0	285,326	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	12,332	12,332	59.00
60.00 06000	LABORATORY	40,048	94,620	85,365	220,033	60.00
65.00 06500	RESPIRATORY THERAPY	16,417	63,894	65,608	145,919	65.00
66.00 06600	PHYSICAL THERAPY	0	294,139	13,514	307,653	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	185,198	3,684	188,882	67.00
68.00 06800	SPEECH PATHOLOGY	0	65,366	250	65,616	68.00
68.01 06801	AUDIOLOGY	0	4,556	3,681	8,237	68.01
69.00 06900	ELECTROCARDIOLOGY	20,299	0	81,476	101,775	69.00
69.01 06901	CARDIOPULMONARY	0	33,938	4,608	38,546	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	7,873	7,873	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	171	290,453	96,423	387,047	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	0	18,264	3,892	22,156	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,134,022	3,454,841	3,912,312	8,501,175	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	40,600	0	40,600	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	506,785	0	506,785	192.00
194.00 07950	RENTED SPACE	0	408,150	0	408,150	194.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,134,022	4,410,376	3,912,312	9,456,710	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B  
Part II  
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	2,113,288					5.00
6.00	00600	43,096	126,370				6.00
7.00	00700	62,191	12,048	632,336			7.00
8.00	00800	11,876	133	734	17,861		8.00
9.00	00900	37,738	807	4,464	0	83,430	9.00
10.00	01000	17,076	3,181	17,595	0	85	10.00
11.00	01100	31,380	0	0	0	176	11.00
13.00	01300	25,963	860	4,758	0	620	13.00
14.00	01400	31,691	3,333	18,437	419	254	14.00
15.00	01500	130,422	761	4,210	0	521	15.00
16.00	01600	54,719	2,736	15,136	0	366	16.00
17.00	01700	10,114	212	1,171	0	310	17.00
23.00	02300	1,644	0	0	69	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	205,098	8,159	45,128	4,650	20,779	30.00
31.00	03100	54,806	2,735	15,125	916	10,309	31.00
41.00	04100	44,499	2,196	12,145	937	5,577	41.00
43.00	04300	27,585	317	1,752	296	1,866	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	234,650	9,561	52,884	3,551	951	50.00
52.00	05200	89,345	9,803	54,221	2,184	6,288	52.00
53.00	05300	4,867	0	0	0	0	53.00
54.00	05400	107,574	2,503	13,845	582	2,267	54.00
56.00	05600	7,716	355	1,966	78	303	56.00
57.00	05700	36,265	2,865	15,845	659	2,570	57.00
58.00	05800	19,368	905	5,007	216	838	58.00
59.00	05900	23,738	0	0	219	0	59.00
60.00	06000	132,219	2,967	16,411	0	1,197	60.00
65.00	06500	42,556	2,004	11,082	0	2,634	65.00
66.00	06600	55,782	9,223	51,016	201	2,084	66.00
67.00	06700	30,574	5,807	32,121	135	831	67.00
68.00	06800	22,748	2,050	11,337	72	444	68.00
68.01	06801	4,253	143	790	18	113	68.01
69.00	06900	15,101	0	0	0	1,711	69.00
69.01	06901	17,272	1,064	5,886	57	0	69.01
70.00	07000	1,770	0	0	31	0	70.00
71.00	07100	277,345	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	3,489	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	148,266	9,108	50,376	2,571	13,759	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	25,198	573	3,168	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		2,089,994	96,409	466,610	17,861	76,853	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	990	1,273	7,042	0	310	190.00
192.00	19200	12,354	15,890	87,894	0	6,267	192.00
194.00	07950	9,950	12,798	70,790	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,113,288	126,370	632,336	17,861	83,430	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B  
Part II  
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	141,785					10.00
11.00	01100	0	36,706				11.00
13.00	01300	0	1,299	62,812			13.00
14.00	01400	0	2,423	0	261,854		14.00
15.00	01500	0	1,096	0	264	312,031	15.00
16.00	01600	0	3,038	0	0	0	16.00
17.00	01700	0	390	0	1	0	17.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	109,568	6,766	20,548	1,959	1,049	30.00
31.00	03100	10,700	921	4,371	942	228	31.00
41.00	04100	21,517	1,243	0	0	185	41.00
43.00	04300	0	538	2,479	480	150	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	0	3,607	14,889	13,304	276	50.00
52.00	05200	0	1,612	7,429	1,441	108	52.00
53.00	05300	0	251	0	589	0	53.00
54.00	05400	0	1,517	0	177	0	54.00
56.00	05600	0	205	0	31	0	56.00
57.00	05700	0	1,720	0	690	0	57.00
58.00	05800	0	564	0	23	0	58.00
59.00	05900	0	0	1,570	84	20	59.00
60.00	06000	0	2,333	0	21,902	0	60.00
65.00	06500	0	1,281	0	1,122	0	65.00
66.00	06600	0	522	0	236	0	66.00
67.00	06700	0	350	0	18	0	67.00
68.00	06800	0	187	0	20	0	68.00
68.01	06801	0	46	0	56	0	68.01
69.00	06900	0	551	0	102	0	69.00
69.01	06901	0	884	0	105	0	69.01
70.00	07000	0	0	0	12	0	70.00
71.00	07100	0	0	0	216,037	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	309,780	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	0	2,500	11,526	2,213	235	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	0	46	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		141,785	35,844	62,812	261,854	312,031	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	862	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		141,785	36,706	62,812	261,854	312,031	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140289		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 8:36 am	
Cost Center Description			MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	23.00	24.00	25.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	202,856					16.00
17.00	01700	SOCIAL SERVICE	0	20,116				17.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	1,862			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	9,615	10,560		797,426	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,419	3,548		227,624	0	31.00
41.00	04100	SUBPROVIDER - IRF	2,597	4,279		171,817	0	41.00
43.00	04300	NURSERY	2,185	130		64,551	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	38,341	0		1,562,438	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,093	391		543,557	0	52.00
53.00	05300	ANESTHESIOLOGY	5,194	0		32,610	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,926	0		698,608	0	54.00
56.00	05600	RADIOISOTOPE	2,281	0		24,645	0	56.00
57.00	05700	CT SCAN	19,168	0		589,851	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,275	0		319,009	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	7,066	0		46,575	0	59.00
60.00	06000	LABORATORY	27,432	0		427,442	0	60.00
65.00	06500	RESPIRATORY THERAPY	7,588	0		216,724	0	65.00
66.00	06600	PHYSICAL THERAPY	5,271	0		435,421	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,347	0		263,921	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,203	0		105,165	0	68.00
68.01	06801	AUDIOLOGY	447	0		14,384	0	68.01
69.00	06900	ELECTROCARDIOLOGY	5,113	0		125,129	0	69.00
69.01	06901	CARDIOPULMONARY	1,004	0		65,972	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	788	0		10,584	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,750	0		495,132	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,254	0		318,034	0	73.00
74.00	07400	RENAL DIALYSIS	0	0		3,489	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	20,929	1,208		659,421	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
101.00	10100	HOME HEALTH AGENCY	570	0		53,364	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	202,856	20,116	0	8,272,893	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		51,077	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		629,190	0	192.00
194.00	07950	RENTED SPACE	0	0		501,688	0	194.00
200.00		Cross Foot Adjustments			1,862	1,862	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	202,856	20,116	1,862	9,456,710	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140289

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		Total	
		26.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
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
23.00	02300	PARAMED ED PRGM-(SPECIFY)	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
41.00	04100	SUBPROVIDER - IRF	41.00
43.00	04300	NURSERY	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
68.01	06801	AUDIOLOGY	68.01
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	06901	CARDIOPULMONARY	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>			
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
101.00	10100	HOME HEALTH AGENCY	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>			
113.00	11300	INTEREST EXPENSE	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
194.00	07950	RENTED SPACE	194.00
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	446,257				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		3,716,115			2.00
4.00 00400	EMPLOYEE BENEFITS	704	92,189	45,281,960		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	34,883	1,519,111	6,466,120	-20,320,067	5.00
6.00 00600	MAINTENANCE & REPAIRS	2,895	50,001	880,480	0	6.00
7.00 00700	OPERATION OF PLANT	38,876	166,144	0	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	428	735	49,629	0	8.00
9.00 00900	HOUSEKEEPING	2,604	11,706	1,028,330	0	9.00
10.00 01000	DIETARY	10,265	1,732	250,964	0	10.00
11.00 01100	CAFETERIA	0	3,717	538,481	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,776	356	653,847	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,756	32,851	746,712	0	14.00
15.00 01500	PHARMACY	2,456	139,329	1,258,301	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	8,830	34,951	1,218,088	0	16.00
17.00 01700	SOCIAL SERVICE	683	430	311,390	0	17.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	64,757	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	26,327	75,086	6,228,177	0	30.00
31.00 03100	INTENSIVE CARE UNIT	8,824	29,228	1,578,343	0	31.00
41.00 04100	SUBPROVIDER - IRF	7,085	4,389	870,778	0	41.00
43.00 04300	NURSERY	1,022	14,038	824,762	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	30,852	692,581	5,008,452	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	31,632	42,115	2,474,285	0	52.00
53.00 05300	ANESTHESIOLOGY	0	20,620	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,077	425,092	2,134,462	0	54.00
56.00 05600	RADIOISOTOPE	1,147	0	162,608	0	56.00
57.00 05700	CT SCAN	9,244	0	364,003	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	2,921	0	211,969	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	11,714	673,047	0	59.00
60.00 06000	LABORATORY	9,574	81,084	1,283,608	0	60.00
65.00 06500	RESPIRATORY THERAPY	6,465	62,318	1,105,033	0	65.00
66.00 06600	PHYSICAL THERAPY	29,762	12,836	1,494,510	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	18,739	3,499	808,024	0	67.00
68.00 06800	SPEECH PATHOLOGY	6,614	237	647,935	0	68.00
68.01 06801	AUDIOLOGY	461	3,496	122,121	0	68.01
69.00 06900	ELECTROCARDIOLOGY	0	77,390	337,786	0	69.00
69.01 06901	CARDIOPULMONARY	3,434	4,377	502,199	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	7,478	48,013	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100	EMERGENCY	29,389	91,588	4,215,297	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
101.00 10100	HOME HEALTH AGENCY	1,848	3,697	719,449	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	349,573	3,716,115	45,281,960	-20,320,067	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,108	0	0	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	51,278	0	0	0	192.00
194.00 07950	RENTED SPACE	41,298	0	0	0	194.00
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)	4,410,376	3,912,312	13,158,885		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	9.883040	1.052796	0.290599		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			104,014		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.002297		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1

Date/Time Prepared: 5/30/2013 8:36 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	407,775					6.00
7.00	00700	38,876	368,899				7.00
8.00	00800	428	428	980,046			8.00
9.00	00900	2,604	2,604	0	11,848		9.00
10.00	01000	10,265	10,265	0	12	97,660	10.00
11.00	01100	0	0	0	25	0	11.00
13.00	01300	2,776	2,776	0	88	0	13.00
14.00	01400	10,756	10,756	22,963	36	0	14.00
15.00	01500	2,456	2,456	0	74	0	15.00
16.00	01600	8,830	8,830	0	52	0	16.00
17.00	01700	683	683	0	44	0	17.00
23.00	02300	0	0	3,794	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	26,327	26,327	255,222	2,951	75,469	30.00
31.00	03100	8,824	8,824	50,278	1,464	7,370	31.00
41.00	04100	7,085	7,085	51,407	792	14,821	41.00
43.00	04300	1,022	1,022	16,231	265	0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	30,852	30,852	194,849	135	0	50.00
52.00	05200	31,632	31,632	119,851	893	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	8,077	8,077	31,931	322	0	54.00
56.00	05600	1,147	1,147	4,306	43	0	56.00
57.00	05700	9,244	9,244	36,164	365	0	57.00
58.00	05800	2,921	2,921	11,836	119	0	58.00
59.00	05900	0	0	12,000	0	0	59.00
60.00	06000	9,574	9,574	0	170	0	60.00
65.00	06500	6,465	6,465	0	374	0	65.00
66.00	06600	29,762	29,762	11,012	296	0	66.00
67.00	06700	18,739	18,739	7,381	118	0	67.00
68.00	06800	6,614	6,614	3,929	63	0	68.00
68.01	06801	461	461	984	16	0	68.01
69.00	06900	0	0	0	243	0	69.00
69.01	06901	3,434	3,434	3,128	0	0	69.01
70.00	07000	0	0	1,727	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	29,389	29,389	141,053	1,954	0	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	1,848	1,848	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		311,091	272,215	980,046	10,914	97,660	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	4,108	4,108	0	44	0	190.00
192.00	19200	51,278	51,278	0	890	0	192.00
194.00	07950	41,298	41,298	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		2,182,194	3,357,142	607,564	1,948,520	1,014,997	202.00
203.00		5.351466	9.100437	0.619934	164.459824	10.393170	203.00
204.00		126,370	632,336	17,861	83,430	141,785	204.00
205.00		0.309901	1.714117	0.018225	7.041695	1.451823	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1

Date/Time Prepared: 5/30/2013 8:36 am

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
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	20,057					11.00
13.00	01300	710	14,441				13.00
14.00	01400	1,324	0	13,789,060			14.00
15.00	01500	599	0	13,892	1,183,529		15.00
16.00	01600	1,660	0	25	0	63,042	16.00
17.00	01700	213	0	39	0	0	17.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	3,698	4,724	103,184	3,978	2,988	30.00
31.00	03100	503	1,005	49,589	864	441	31.00
41.00	04100	679	0	0	701	807	41.00
43.00	04300	294	570	25,289	570	679	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,971	3,423	700,602	1,047	11,916	50.00
52.00	05200	881	1,708	75,865	410	2,515	52.00
53.00	05300	137	0	31,034	0	1,614	53.00
54.00	05400	829	0	9,302	0	5,260	54.00
56.00	05600	112	0	1,632	0	709	56.00
57.00	05700	940	0	36,356	0	5,957	57.00
58.00	05800	308	0	1,186	0	1,950	58.00
59.00	05900	0	361	4,414	77	2,196	59.00
60.00	06000	1,275	0	1,153,363	0	8,525	60.00
65.00	06500	700	0	59,079	0	2,358	65.00
66.00	06600	285	0	12,431	0	1,638	66.00
67.00	06700	191	0	970	0	1,040	67.00
68.00	06800	102	0	1,043	0	374	68.00
68.01	06801	25	0	2,929	0	139	68.01
69.00	06900	301	0	5,366	0	1,589	69.00
69.01	06901	483	0	5,555	0	312	69.01
70.00	07000	0	0	620	0	245	70.00
71.00	07100	0	0	11,376,349	0	544	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,174,991	2,565	73.00
74.00	07400	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	1,366	2,650	116,547	891	6,504	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
101.00	10100	0	0	2,399	0	177	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
113.00	11300						113.00
118.00		19,586	14,441	13,789,060	1,183,529	63,042	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	471	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00							201.00
202.00		1,593,086	1,425,671	1,885,463	6,701,183	3,038,788	202.00
203.00		79.427930	98.723842	0.136736	5.662035	48.202595	203.00
204.00		36,706	62,812	261,854	312,031	202,856	204.00
205.00		1.830084	4.349560	0.018990	0.263645	3.217791	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140289

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)	
		17.00	23.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
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	174,015	17.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0 100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	91,352 0	30.00
31.00	03100	INTENSIVE CARE UNIT	30,695 0	31.00
41.00	04100	SUBPROVIDER - IRF	37,014 0	41.00
43.00	04300	NURSERY	1,127 0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	0 0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,380 0	52.00
53.00	05300	ANESTHESIOLOGY	0 0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0 0	54.00
56.00	05600	RADIOISOTOPE	0 0	56.00
57.00	05700	CT SCAN	0 0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0 0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0 0	59.00
60.00	06000	LABORATORY	0 0	60.00
65.00	06500	RESPIRATORY THERAPY	0 0	65.00
66.00	06600	PHYSICAL THERAPY	0 0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0 0	67.00
68.00	06800	SPEECH PATHOLOGY	0 0	68.00
68.01	06801	AUDIOLOGY	0 0	68.01
69.00	06900	ELECTROCARDIOLOGY	0 0	69.00
69.01	06901	CARDIOPULMONARY	0 0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0 0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0 0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0 0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0 0	73.00
74.00	07400	RENAL DIALYSIS	0 0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100	EMERGENCY	10,447 100	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
101.00	10100	HOME HEALTH AGENCY	0 0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
113.00	11300	INTEREST EXPENSE		113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	174,015 100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0 0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0 0	192.00
194.00	07950	RENTED SPACE	0 0	194.00
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)	546,151 85,606	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	3.138528 856.060000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	20,116 1,862	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.115599 18.620000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/30/2013 8:36 am			
				Title XVIII	Hospital	PPS			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
	1.00	2.00	3.00	4.00	5.00	6.00			
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	13,421,170		13,421,170	0	13,421,170	15,815,657	30.00
31.00	03100	INTENSIVE CARE UNIT	3,519,653		3,519,653	0	3,519,653	2,624,097	31.00
41.00	04100	SUBPROVIDER - IRF	2,884,793		2,884,793	0	2,884,793	4,801,483	41.00
43.00	04300	NURSERY	1,587,766		1,587,766	0	1,587,766	4,042,646	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	13,641,179		13,641,179	0	13,641,179	14,912,013	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,585,525		5,585,525	0	5,585,525	12,650,050	52.00
53.00	05300	ANESTHESIOLOGY	339,373		339,373	88,235	427,608	2,819,942	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,957,259		5,957,259	95,582	6,052,841	4,584,814	54.00
56.00	05600	RADIOISOTOPE	460,317		460,317	0	460,317	985,986	56.00
57.00	05700	CT SCAN	2,419,145		2,419,145	0	2,419,145	3,161,980	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,168,479		1,168,479	0	1,168,479	1,663,542	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,351,948		1,351,948	27,107	1,379,055	7,080,136	59.00
60.00	06000	LABORATORY	7,531,291		7,531,291	5,307	7,536,598	18,721,566	60.00
65.00	06500	RESPIRATORY THERAPY	2,487,143	0	2,487,143	0	2,487,143	7,514,651	65.00
66.00	06600	PHYSICAL THERAPY	3,413,495	0	3,413,495	0	3,413,495	4,685,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,908,388	0	1,908,388	0	1,908,388	3,837,807	67.00
68.00	06800	SPEECH PATHOLOGY	1,286,524	0	1,286,524	0	1,286,524	492,190	68.00
68.01	06801	AUDIOLOGY	234,320	0	234,320	0	234,320	0	68.01
69.00	06900	ELECTROCARDIOLOGY	905,865		905,865	0	905,865	3,590,270	69.00
69.01	06901	CARDIOPULMONARY	980,336		980,336	0	980,336	361,006	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	102,591		102,591	0	102,591	74,769	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,624,790		15,624,790	0	15,624,790	12,344,942	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,776,481		6,776,481	0	6,776,481	11,544,486	73.00
74.00	07400	RENAL DIALYSIS	176,687		176,687	0	176,687	542,161	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
91.00	09100	EMERGENCY	9,164,134		9,164,134	0	9,164,134	6,178,621	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	985,495		985,495	0	985,495	224,910	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
101.00	10100	HOME HEALTH AGENCY	1,311,518		1,311,518	0	1,311,518	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	105,225,665	0	105,225,665	216,231	105,441,896	145,254,839	200.00
201.00		Less Observation Beds	985,495		985,495		985,495		201.00
202.00		Total (see instructions)	104,240,170	0	104,240,170	216,231	104,456,401	145,254,839	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00	9.00	10.00	11.00				
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS		15,815,657					30.00
31.00	03100	INTENSIVE CARE UNIT		2,624,097					31.00
41.00	04100	SUBPROVIDER - IRF		4,801,483					41.00
43.00	04300	NURSERY		4,042,646					43.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	41,045,220	55,957,233	0.243779	0.000000	0.243779		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,031,500	14,681,550	0.380445	0.000000	0.380445		52.00
53.00	05300	ANESTHESIOLOGY	6,780,422	9,600,364	0.035350	0.000000	0.044541		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,377,077	31,961,891	0.186386	0.000000	0.189377		54.00
56.00	05600	RADIOISOTOPE	3,234,084	4,220,070	0.109078	0.000000	0.109078		56.00
57.00	05700	CT SCAN	32,280,132	35,442,112	0.068256	0.000000	0.068256		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,936,571	11,600,113	0.100730	0.000000	0.100730		58.00
59.00	05900	CARDIAC CATHETERIZATION	5,987,621	13,067,757	0.103457	0.000000	0.105531		59.00
60.00	06000	LABORATORY	31,998,917	50,720,483	0.148486	0.000000	0.148591		60.00
65.00	06500	RESPIRATORY THERAPY	5,166,579	12,681,230	0.196128	0.000000	0.196128		65.00
66.00	06600	PHYSICAL THERAPY	5,060,615	9,745,729	0.350255	0.000000	0.350255		66.00
67.00	06700	OCCUPATIONAL THERAPY	2,351,672	6,189,479	0.308328	0.000000	0.308328		67.00
68.00	06800	SPEECH PATHOLOGY	1,730,516	2,222,706	0.578810	0.000000	0.578810		68.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140289

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
68.01	06801	AUDIOLOGY	825,456	825,456	0.283867	0.000000	0.283867		68.01
69.00	06900	ELECTROCARDIOLOGY	5,598,948	9,189,218	0.098579	0.000000	0.098579		69.00
69.01	06901	CARDIOPULMONARY	1,496,021	1,857,027	0.527906	0.000000	0.527906		69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,381,622	1,456,391	0.070442	0.000000	0.070442		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,802,308	19,147,250	0.816033	0.000000	0.816033		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,717,687	15,262,173	0.444005	0.000000	0.444005		73.00
74.00	07400	RENAL DIALYSIS	13,633	555,794	0.317900	0.000000	0.317900		74.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	32,520,976	38,699,597	0.236802	0.000000	0.236802		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,437,150	1,662,060	0.592936	0.000000	0.592936		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,054,860	1,054,860					101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	229,829,587	375,084,426					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	229,829,587	375,084,426					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140289		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/30/2013 8:36 am		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	797,426	0	797,426	21,899	36.41	30.00	
31.00	INTENSIVE CARE UNIT	227,624	0	227,624	2,197	103.61	31.00	
41.00	SUBPROVIDER - IRF	171,817	0	171,817	4,418	38.89	41.00	
43.00	NURSERY	64,551		64,551	3,758	17.18	43.00	
200.00	Total (Lines 30-199)	1,261,418		1,261,418	32,272		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	8,216	299,145					30.00
31.00	INTENSIVE CARE UNIT	607	62,891					31.00
41.00	SUBPROVIDER - IRF	3,092	120,248					41.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	11,915	482,284					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 8:36 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,562,438	55,957,233	0.027922	6,465,686	180,535	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	543,557	14,681,550	0.037023	5,862	217	52.00
53.00	05300 ANESTHESIOLOGY	32,610	9,600,364	0.003397	988,209	3,357	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	698,608	31,961,891	0.021858	2,549,685	55,731	54.00
56.00	05600 RADIOISOTOPE	24,645	4,220,070	0.005840	546,753	3,193	56.00
57.00	05700 CT SCAN	589,851	35,442,112	0.016643	2,811,594	46,793	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	319,009	11,600,113	0.027501	748,234	20,577	58.00
59.00	05900 CARDIAC CATHETERIZATION	46,575	13,067,757	0.003564	1,944,238	6,929	59.00
60.00	06000 LABORATORY	427,442	50,720,483	0.008427	8,802,249	74,177	60.00
65.00	06500 RESPIRATORY THERAPY	216,724	12,681,230	0.017090	3,114,782	53,232	65.00
66.00	06600 PHYSICAL THERAPY	435,421	9,745,729	0.044678	1,232,844	55,081	66.00
67.00	06700 OCCUPATIONAL THERAPY	263,921	6,189,479	0.042640	672,484	28,675	67.00
68.00	06800 SPEECH PATHOLOGY	105,165	2,222,706	0.047314	145,984	6,907	68.00
68.01	06801 AUDIOLOGY	14,384	825,456	0.017426	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	125,129	9,189,218	0.013617	2,243,505	30,550	69.00
69.01	06901 CARDIOPULMONARY	65,972	1,857,027	0.035526	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	10,584	1,456,391	0.007267	44,000	320	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	495,132	19,147,250	0.025859	6,199,773	160,320	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	318,034	15,262,173	0.020838	4,817,764	100,393	73.00
74.00	07400 RENAL DIALYSIS	3,489	555,794	0.006278	251,041	1,576	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	659,421	38,699,597	0.017039	2,517,988	42,904	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	58,554	1,662,060	0.035230	122,741	4,324	92.00
200.00	Total (lines 50-199)	7,016,665	346,745,683		46,225,416	875,791	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140289		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/30/2013 8:36 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,899	0.00	8,216	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,197	0.00	607	0		31.00
41.00	04100	SUBPROVIDER - IRF	4,418	0.00	3,092	0		41.00
43.00	04300	NURSERY	3,758	0.00	0	0		43.00
200.00		Total (lines 30-199)	32,272		11,915	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140289

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
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
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0	0	0	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	06901	CARDIOPULMONARY	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100	EMERGENCY	0	0	85,606	0	85,606
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	85,606	0	85,606

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 8:36 am
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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	PPS
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	55,957,233	0.000000	0.000000	6,465,686	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	14,681,550	0.000000	0.000000	5,862	52.00
53.00	05300 ANESTHESIOLOGY	0	9,600,364	0.000000	0.000000	988,209	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	31,961,891	0.000000	0.000000	2,549,685	54.00
56.00	05600 RADIOISOTOPE	0	4,220,070	0.000000	0.000000	546,753	56.00
57.00	05700 CT SCAN	0	35,442,112	0.000000	0.000000	2,811,594	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,600,113	0.000000	0.000000	748,234	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	13,067,757	0.000000	0.000000	1,944,238	59.00
60.00	06000 LABORATORY	0	50,720,483	0.000000	0.000000	8,802,249	60.00
65.00	06500 RESPIRATORY THERAPY	0	12,681,230	0.000000	0.000000	3,114,782	65.00
66.00	06600 PHYSICAL THERAPY	0	9,745,729	0.000000	0.000000	1,232,844	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	6,189,479	0.000000	0.000000	672,484	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,222,706	0.000000	0.000000	145,984	68.00
68.01	06801 AUDIOLOGY	0	825,456	0.000000	0.000000	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	9,189,218	0.000000	0.000000	2,243,505	69.00
69.01	06901 CARDIOPULMONARY	0	1,857,027	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,456,391	0.000000	0.000000	44,000	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,147,250	0.000000	0.000000	6,199,773	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	15,262,173	0.000000	0.000000	4,817,764	73.00
74.00	07400 RENAL DIALYSIS	0	555,794	0.000000	0.000000	251,041	74.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	85,606	38,699,597	0.002212	0.002212	2,517,988	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,662,060	0.000000	0.000000	122,741	92.00
200.00	Total (lines 50-199)	85,606	346,745,683			46,225,416	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 8:36 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	8,223,838	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,382,905	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,553,429	0	54.00
56.00	05600 RADIOISOTOPE	0	933,666	0	56.00
57.00	05700 CT SCAN	0	6,957,319	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,046,670	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	1,342,779	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	380,593	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	92,990	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	2,497,731	0	69.00
69.01	06901 CARDIOPULMONARY	0	391,736	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,244,960	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,458,195	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,400,808	0	73.00
74.00	07400 RENAL DIALYSIS	0	3,496	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100 EMERGENCY	5,570	4,021,232	8,895	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	365,405	0	92.00
200.00	Total (lines 50-199)	5,570	38,297,752	8,895	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140289

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2013 8:36 am

		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0.243779	8,223,838	0	0	2,004,799	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.380445	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.035350	1,382,905	0	0	48,886	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.186386	4,553,429	0	0	848,695	54.00
56.00	05600	RADIOISOTOPE	0.109078	933,666	0	0	101,842	56.00
57.00	05700	CT SCAN	0.068256	6,957,319	0	0	474,879	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100730	2,046,670	0	0	206,161	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.103457	0	0	0	0	59.00
60.00	06000	LABORATORY	0.148486	1,342,779	0	0	199,384	60.00
65.00	06500	RESPIRATORY THERAPY	0.196128	380,593	0	0	74,645	65.00
66.00	06600	PHYSICAL THERAPY	0.350255	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308328	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.578810	0	0	0	0	68.00
68.01	06801	AUDIOLOGY	0.283867	92,990	0	0	26,397	68.01
69.00	06900	ELECTROCARDIOLOGY	0.098579	2,497,731	0	0	246,224	69.00
69.01	06901	CARDIOPULMONARY	0.527906	391,736	0	0	206,800	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.070442	1,244,960	0	0	87,697	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.816033	2,458,195	0	0	2,005,968	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444005	1,400,808	0	19,060	621,966	73.00
74.00	07400	RENAL DIALYSIS	0.317900	3,496	0	0	1,111	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
91.00	09100	EMERGENCY	0.236802	4,021,232	0	0	952,236	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.592936	365,405	0	0	216,662	92.00
200.00		Subtotal (see instructions)		38,297,752	0	19,060	8,324,352	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		38,297,752	0	19,060	8,324,352	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 8:36 am
	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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
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
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	06901 CARDIOPULMONARY	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,463	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	0	8,463	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	8,463	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 8:36 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,562,438	55,957,233	0.027922	27,455	767	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	543,557	14,681,550	0.037023	0	0	52.00
53.00	05300 ANESTHESIOLOGY	32,610	9,600,364	0.003397	5,434	18	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	698,608	31,961,891	0.021858	116,001	2,536	54.00
56.00	05600 RADIOISOTOPE	24,645	4,220,070	0.005840	10,235	60	56.00
57.00	05700 CT SCAN	589,851	35,442,112	0.016643	84,721	1,410	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	319,009	11,600,113	0.027501	19,638	540	58.00
59.00	05900 CARDIAC CATHETERIZATION	46,575	13,067,757	0.003564	1,625	6	59.00
60.00	06000 LABORATORY	427,442	50,720,483	0.008427	415,577	3,502	60.00
65.00	06500 RESPIRATORY THERAPY	216,724	12,681,230	0.017090	185,723	3,174	65.00
66.00	06600 PHYSICAL THERAPY	435,421	9,745,729	0.044678	1,719,290	76,814	66.00
67.00	06700 OCCUPATIONAL THERAPY	263,921	6,189,479	0.042640	1,872,006	79,822	67.00
68.00	06800 SPEECH PATHOLOGY	105,165	2,222,706	0.047314	155,743	7,369	68.00
68.01	06801 AUDIOLOGY	14,384	825,456	0.017426	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	125,129	9,189,218	0.013617	19,518	266	69.00
69.01	06901 CARDIOPULMONARY	65,972	1,857,027	0.035526	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	10,584	1,456,391	0.007267	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	495,132	19,147,250	0.025859	109,847	2,841	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	318,034	15,262,173	0.020838	496,767	10,352	73.00
74.00	07400 RENAL DIALYSIS	3,489	555,794	0.006278	28,315	178	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	659,421	38,699,597	0.017039	13,674	233	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,662,060	0.000000	0	0	92.00
200.00	Total (lines 50-199)	6,958,111	346,745,683		5,281,569	189,888	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 8:36 am
	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	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
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
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
68.01	06801 AUDIOLOGY	0	0	0	0	0	68.01
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIOPULMONARY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
91.00	09100 EMERGENCY	0	0	85,606	0	85,606	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	85,606	0	85,606	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 8:36 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	55,957,233	0.000000	0.000000	27,455	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	14,681,550	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	9,600,364	0.000000	0.000000	5,434	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	31,961,891	0.000000	0.000000	116,001	54.00
56.00 05600 RADIOISOTOPE	0	4,220,070	0.000000	0.000000	10,235	56.00
57.00 05700 CT SCAN	0	35,442,112	0.000000	0.000000	84,721	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	11,600,113	0.000000	0.000000	19,638	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	13,067,757	0.000000	0.000000	1,625	59.00
60.00 06000 LABORATORY	0	50,720,483	0.000000	0.000000	415,577	60.00
65.00 06500 RESPIRATORY THERAPY	0	12,681,230	0.000000	0.000000	185,723	65.00
66.00 06600 PHYSICAL THERAPY	0	9,745,729	0.000000	0.000000	1,719,290	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	6,189,479	0.000000	0.000000	1,872,006	67.00
68.00 06800 SPEECH PATHOLOGY	0	2,222,706	0.000000	0.000000	155,743	68.00
68.01 06801 AUDIOLOGY	0	825,456	0.000000	0.000000	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	9,189,218	0.000000	0.000000	19,518	69.00
69.01 06901 CARDIOPULMONARY	0	1,857,027	0.000000	0.000000	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,456,391	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,147,250	0.000000	0.000000	109,847	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	15,262,173	0.000000	0.000000	496,767	73.00
74.00 07400 RENAL DIALYSIS	0	555,794	0.000000	0.000000	28,315	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	85,606	38,699,597	0.002212	0.002212	13,674	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,662,060	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	85,606	346,745,683			5,281,569	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 8:36 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0	0	50.00
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	257	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	631	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
68.01 06801 AUDIOLOGY	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01 06901 CARDIOPULMONARY	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	34,135	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	803	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	30	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00 Total (lines 50-199)	30	35,826	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 8:36 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
					1.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0.243779	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.380445	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.035350	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.186386	257	0	0	48	54.00
56.00 05600 RADIOISOTOPE	0.109078	0	0	0	0	56.00
57.00 05700 CT SCAN	0.068256	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.100730	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.103457	0	0	0	0	59.00
60.00 06000 LABORATORY	0.148486	631	0	0	94	60.00
65.00 06500 RESPIRATORY THERAPY	0.196128	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.350255	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.308328	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.578810	0	0	0	0	68.00
68.01 06801 AUDIOLOGY	0.283867	0	0	0	0	68.01
69.00 06900 ELECTROCARDIOLOGY	0.098579	0	0	0	0	69.00
69.01 06901 CARDIOPULMONARY	0.527906	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0.070442	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.816033	34,135	0	0	27,855	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.444005	803	0	393	357	73.00
74.00 07400 RENAL DIALYSIS	0.317900	0	0	0	0	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
91.00 09100 EMERGENCY	0.236802	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.592936	0	0	0	0	92.00
200.00	Subtotal (see instructions)		35,826	0	393	28,354
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		35,826	0	393	28,354

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 8:36 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	0	0		50.00
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
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
68.01 06801 AUDIOLOGY	0	0		68.01
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIOPULMONARY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	174		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	0	174		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	174		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 8:36 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,899	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,899	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)		20,291	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)		8,216	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
<b>SWING BED ADJUSTMENT</b>				
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)		13,421,170	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)		13,421,170	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		17,477,717	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		17,477,717	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.767902	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)		861.35	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)		13,421,170	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		612.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,035,340	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,035,340	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 8:36 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	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	3,519,653	2,197	1,602.03	607	972,432	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				13,451,314		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				19,459,086		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)				362,036		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				881,361		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				1,243,397		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				18,215,689		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				1,608		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				612.87		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				985,495		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 8:36 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	797,426	13,421,170	0.059416	985,495	58,554	90.00
91.00	Nursing School cost	0	13,421,170	0.000000	985,495	0	91.00
92.00	Allied health cost	0	13,421,170	0.000000	985,495	0	92.00
93.00	All other Medical Education	0	13,421,170	0.000000	985,495	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 8:36 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,418	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,418	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)		4,418	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,092	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
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,884,793	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,884,793	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,801,483	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,801,483	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.600813	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,086.80	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,884,793	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		652.96	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,018,952	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,018,952	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140289		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T289				Date/Time Prepared: 5/30/2013 8:36 am	
		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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,730,024		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,748,976		49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					120,248		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					189,918		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					310,166		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,438,810		53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
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: 140289 Component CCN: 14T289		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 8:36 am	
		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	171,817	2,884,793	0.059560	0	0	90.00
91.00	Nursing School cost	0	2,884,793	0.000000	0	0	91.00
92.00	Allied health cost	0	2,884,793	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,884,793	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 8:36 am	
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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		6,628,700	30.00
31.00	03100	INTENSIVE CARE UNIT		1,045,954	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.243779	6,465,686	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.380445	5,862	52.00
53.00	05300	ANESTHESIOLOGY	0.044541	988,209	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189377	2,549,685	54.00
56.00	05600	RADIOISOTOPE	0.109078	546,753	56.00
57.00	05700	CT SCAN	0.068256	2,811,594	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100730	748,234	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105531	1,944,238	59.00
60.00	06000	LABORATORY	0.148591	8,802,249	60.00
65.00	06500	RESPIRATORY THERAPY	0.196128	3,114,782	65.00
66.00	06600	PHYSICAL THERAPY	0.350255	1,232,844	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308328	672,484	67.00
68.00	06800	SPEECH PATHOLOGY	0.578810	145,984	68.00
68.01	06801	AUDIOLOGY	0.283867	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.098579	2,243,505	69.00
69.01	06901	CARDIOPULMONARY	0.527906	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.070442	44,000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.816033	6,199,773	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444005	4,817,764	73.00
74.00	07400	RENAL DIALYSIS	0.317900	251,041	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.236802	2,517,988	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.592936	122,741	92.00
200.00		Total (sum of lines 50-94 and 96-98)		46,225,416	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)		46,225,416	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T289		Date/Time Prepared: 5/30/2013 8:36 am	
		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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
41.00	04100	SUBPROVIDER - IRF		3,377,671	41.00
43.00	04300	NURSERY			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.243779	27,455	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.380445	0	52.00
53.00	05300	ANESTHESIOLOGY	0.044541	5,434	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.189377	116,001	54.00
56.00	05600	RADIOISOTOPE	0.109078	10,235	56.00
57.00	05700	CT SCAN	0.068256	84,721	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.100730	19,638	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.105531	1,625	59.00
60.00	06000	LABORATORY	0.148591	415,577	60.00
65.00	06500	RESPIRATORY THERAPY	0.196128	185,723	65.00
66.00	06600	PHYSICAL THERAPY	0.350255	1,719,290	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.308328	1,872,006	67.00
68.00	06800	SPEECH PATHOLOGY	0.578810	155,743	68.00
68.01	06801	AUDIOLOGY	0.283867	0	68.01
69.00	06900	ELECTROCARDIOLOGY	0.098579	19,518	69.00
69.01	06901	CARDIOPULMONARY	0.527906	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.070442	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.816033	109,847	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.444005	496,767	73.00
74.00	07400	RENAL DIALYSIS	0.317900	28,315	74.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
91.00	09100	EMERGENCY	0.236802	13,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.592936	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		5,281,569	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)		5,281,569	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 8:36 am
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		14,753,795	1.00
2.00	Outlier payments for discharges. (see instructions)		167,328	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		129.61	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.19	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.50	31.00
32.00	Sum of lines 30 and 31		20.69	32.00
33.00	Allowable disproportionate share percentage (see instructions)		6.28	33.00
34.00	Disproportionate share adjustment (see instructions)		926,538	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		15,847,661	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)		15,847,661	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,239,511	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		3,175	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: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 8:36 am
		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)			5,570 58.00
59.00	Total (sum of amounts on lines 49 through 58)			17,095,917 59.00
60.00	Primary payer payments			24,404 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			17,071,513 61.00
62.00	Deductibles billed to program beneficiaries			1,822,532 62.00
63.00	Coinurance billed to program beneficiaries			4,913 63.00
64.00	Allowable bad debts (see instructions)			377,705 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			264,394 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			301,106 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			15,508,462 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-9,407 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume 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)			15,499,055 71.00
72.00	Interim payments			15,479,770 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)			19,285 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			31,470 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 8:36 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		8,463	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,315,457	2.00
3.00	PPS payments		7,585,333	3.00
4.00	Outlier payment (see instructions)		13,841	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		8,895	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,463	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		19,060	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)		19,060	14.00
<b>Customary charges</b>				
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)		19,060	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		10,597	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		8,463	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)		7,608,069	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		1,813,227	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)		5,803,305	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)		5,803,305	30.00
31.00	Primary payer payments		3,224	31.00
32.00	Subtotal (line 30 minus line 31)		5,800,081	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		321,144	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		224,801	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		283,446	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		6,024,882	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)		6,024,882	40.00
41.00	Interim payments		5,903,517	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)		121,365	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 8:36 am
		Component CCN: 14T289	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		174	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		28,354	2.00
3.00	PPS payments		314	3.00
4.00	Outlier payment (see instructions)		3,243	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)		174	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges		393	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)		393	14.00
<b>Customary charges</b>				
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)		393	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		219	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)		174	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)		3,557	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)		27	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)		3,704	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)		3,704	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		3,704	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
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)		3,704	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)		3,704	40.00
41.00	Interim payments		3,691	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)		13	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140289

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am

		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		15,417,824		5,835,061	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	08/16/2012	43,455	08/16/2012	68,456	3.01	
3.02		10/30/2012	18,491		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)		61,946		68,456	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)		15,479,770		5,903,517	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		19,285		121,365	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		15,499,055		6,024,882	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: 140289  
Component CCN: 14T289

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 8:36 am  
PPS

Title XVIII

Subprovider -  
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		3,529,899		3,691	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		3,529,899		3,691	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		63,252		13	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,593,151		3,704	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140289

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

Worksheet E-1  
Part II  
Date/Time Prepared:  
5/30/2013 8:36 am

		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			6,573 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			8,823 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,487 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			22,488 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			375,084,426 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			6,134,506 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,577,264 8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,700,346 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-123,082 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140289 Component CCN: 14T289	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 8:36 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			3,493,398 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0163 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			140,766 3.00
4.00	Outlier Payments			19,193 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			12.071038 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)			3,653,357 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)			3,653,357 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,653,357 19.00
20.00	Deductibles			48,504 20.00
21.00	Subtotal (line 19 minus line 20)			3,604,853 21.00
22.00	Coinsurance			20,471 22.00
23.00	Subtotal (line 21 minus line 22)			3,584,382 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			12,484 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			8,739 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			10,356 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,593,121 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)			30 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)			3,593,151 32.00
33.00	Interim payments			3,529,899 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)			63,252 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			19,193 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

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

Provider CCN: 140289

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

Worksheet G

Date/Time Prepared:  
5/30/2013 8:36 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	4,503,040	0	0	0	1.00
2.00	Temporary investments	2,041,295	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	16,723,705	0	0	0	4.00
5.00	Other receivable	6,822,909	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	1,941,638	0	0	0	7.00
8.00	Prepaid expenses	1,987,441	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	129,772	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	34,149,800	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	673,013	0	0	0	12.00
13.00	Land improvements	2,569,752	0	0	0	13.00
14.00	Accumulated depreciation	-2,015,636	0	0	0	14.00
15.00	Buildings	96,702,769	0	0	0	15.00
16.00	Accumulated depreciation	-38,126,403	0	0	0	16.00
17.00	Leasehold improvements	24,000	0	0	0	17.00
18.00	Accumulated depreciation	-24,000	0	0	0	18.00
19.00	Fixed equipment	5,190,244	0	0	0	19.00
20.00	Accumulated depreciation	-3,612,554	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	35,016,353	0	0	0	23.00
24.00	Accumulated depreciation	-22,598,916	0	0	0	24.00
25.00	Minor equipment depreciable	83,665	0	0	0	25.00
26.00	Accumulated depreciation	-83,665	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	689,855	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	74,488,477	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	20,082,006	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	17,807,701	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	37,889,707	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	146,527,984	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	3,393,376	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,094,848	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	2,531,572	0	0	0	43.00
44.00	Other current liabilities	12,492,183	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	20,511,979	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	44,172,395	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,272,000	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	61,444,395	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	81,956,374	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	64,571,610				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)	64,571,610	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	146,527,984	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140289

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

Worksheet G-1

Date/Time Prepared:  
5/30/2013 8:36 am

		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		60,106,267		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,113,088			2.00
3.00	Total (sum of line 1 and line 2)		69,219,355		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)		69,219,355		0	11.00
12.00	TRANSFERS TO AFFILIATES	4,647,745		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)		4,647,745		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		64,571,610		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	TRANSFERS TO AFFILIATES		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: 140289

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2013 8:36 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	19,858,303		19,858,303	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	4,801,483		4,801,483	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	24,659,786		24,659,786	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,624,097		2,624,097	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,624,097		2,624,097	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	27,283,883		27,283,883	17.00
18.00	Ancillary services	111,567,425	194,816,601	306,384,026	18.00
19.00	Outpatient services	6,403,531	33,958,126	40,361,657	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,054,860	1,054,860	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				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)	145,254,839	229,829,587	375,084,426	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		115,317,017		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		115,317,017		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140289

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

Worksheet G-3

Date/Time Prepared:  
5/30/2013 8:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	375,084,426	1.00
2.00	Less contractual allowances and discounts on patients' accounts	258,204,386	2.00
3.00	Net patient revenues (line 1 minus line 2)	116,880,040	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	115,317,017	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,563,023	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	153,860	6.00
7.00	Income from investments	3,551,711	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	568	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	96,629	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	1,694,851	22.00
23.00	Governmental appropriations	0	23.00
24.00	<b>MANAGEMENT FEES</b>	264,000	24.00
24.01	<b>OTHER INCOME</b>	1,788,446	24.01
25.00	Total other income (sum of lines 6-24)	7,550,065	25.00
26.00	Total (line 5 plus line 25)	9,113,088	26.00
27.00	<b>OTHER EXPENSES (SPECIFY)</b>	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)	9,113,088	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140289

Period: From 01/01/2012

Worksheet H

HHA CCN: 147420

To 12/31/2012

Date/Time Prepared: 5/30/2013 8:36 am

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	132,206	0	0	0	9,638	141,844	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	380,712	0	17,502	0	0	398,214	6.00
7.00	97,450	0	9,330	37,855	0	144,635	7.00
8.00	45,648	0	3,850	0	0	49,498	8.00
9.00	8,104	0	529	0	0	8,633	9.00
10.00	0	0	0	0	0	0	10.00
11.00	55,329	0	4,725	0	0	60,054	11.00
12.00	0	0	0	0	7,602	7,602	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	719,449	0	35,936	37,855	17,240	810,480	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	-449	141,395	0	141,395	0	0	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	0	398,214	0	398,214	0	0	6.00
7.00	0	144,635	0	144,635	0	0	7.00
8.00	0	49,498	0	49,498	0	0	8.00
9.00	0	8,633	0	8,633	0	0	9.00
10.00	0	0	0	0	0	0	10.00
11.00	0	60,054	0	60,054	0	0	11.00
12.00	-7,602	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	-8,051	802,429	0	802,429	0	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: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/30/2013 8:36 am
		HHA CCN: 147420	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	141,395	0	0	0	141,395	5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	398,214	0	0	0	398,214	6.00	
7.00	Physical Therapy	144,635	0	0	0	144,635	7.00	
8.00	Occupational Therapy	49,498	0	0	0	49,498	8.00	
9.00	Speech Pathology	8,633	0	0	0	8,633	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	60,054	0	0	0	60,054	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	
<b>HHA NONREIMBURSABLE SERVICES</b>								
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)	802,429	0	0	0	802,429	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	141,395					5.00	
<b>HHA REIMBURSABLE SERVICES</b>								
6.00	Skilled Nursing Care	85,177	483,391				6.00	
7.00	Physical Therapy	30,937	175,572				7.00	
8.00	Occupational Therapy	10,588	60,086				8.00	
9.00	Speech Pathology	1,847	10,480				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	12,846	72,900				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
<b>HHA NONREIMBURSABLE SERVICES</b>								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		802,429				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 140289  
HHA CCN: 147420

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

Worksheet H-1  
Part II  
Date/Time Prepared:  
5/30/2013 8:36 am  
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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-141,395	661,034 5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	0	0	398,214 6.00
7.00	Physical Therapy	0	0	0	0	0	144,635 7.00
8.00	Occupational Therapy	0	0	0	0	0	49,498 8.00
9.00	Speech Pathology	0	0	0	0	0	8,633 9.00
10.00	Medical Social Services	0	0	0	0	0	0 10.00
11.00	Home Health Aide	0	0	0	0	0	60,054 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0 12.00
13.00	Drugs	0	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0	0 14.00
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	0	0	0	0	-141,395	661,034 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	141,395 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0	0.213900 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140289

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

Worksheet H-2 Part I

HHA CCN: 147420

Date/Time Prepared: 5/30/2013 8:36 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	18,264	3,892	38,419	60,575	14,199	1.00	
2.00 Skilled Nursing Care	483,391	0	0	110,634	594,025	139,242	2.00	
3.00 Physical Therapy	175,572	0	0	28,319	203,891	47,793	3.00	
4.00 Occupational Therapy	60,086	0	0	13,265	73,351	17,194	4.00	
5.00 Speech Pathology	10,480	0	0	2,355	12,835	3,009	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	72,900	0	0	16,079	88,979	20,857	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	802,429	18,264	3,892	209,071	1,033,656	242,294	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	6.00	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	9,890	16,818	0	0	0	0	1.00	
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00	
3.00 Physical Therapy	0	0	0	0	0	0	3.00	
4.00 Occupational Therapy	0	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	9,890	16,818	0	0	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

(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: 140289

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 147420

To 12/31/2012

Part I Date/Time Prepared: 5/30/2013 8:36 am

Home Health Agency I

PPS

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	PARAMED PRGM	
		13.00	14.00	15.00	16.00	17.00	23.00	
1.00	Administrative and General	0	328	0	8,532	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	328	0	8,532	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
		24.00	25.00	26.00	27.00	28.00		
1.00	Administrative and General	110,342	0	110,342				1.00
2.00	Skilled Nursing Care	733,267	0	733,267	67,359	800,626		2.00
3.00	Physical Therapy	251,684	0	251,684	23,120	274,804		3.00
4.00	Occupational Therapy	90,545	0	90,545	8,318	98,863		4.00
5.00	Speech Pathology	15,844	0	15,844	1,455	17,299		5.00
6.00	Medical Social Services	0	0	0	0	0		6.00
7.00	Home Health Aide	109,836	0	109,836	10,090	119,926		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)	1,311,518	0	1,311,518	110,342	1,311,518		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.				0.091862			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: 140289  
HHA CCN: 147420

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/30/2013 8:36 am  
PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	1,848	3,697	132,206	0	60,575	1,848	1.00
2.00 Skilled Nursing Care	0	0	380,712	0	594,025	0	2.00
3.00 Physical Therapy	0	0	97,450	0	203,891	0	3.00
4.00 Occupational Therapy	0	0	45,648	0	73,351	0	4.00
5.00 Speech Pathology	0	0	8,104	0	12,835	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	55,329	0	88,979	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,848	3,697	719,449		1,033,656	1,848	20.00
21.00 Total cost to be allocated	18,264	3,892	209,071		242,294	9,890	21.00
22.00 Unit cost multiplier	9.883117	1.052745	0.290599		0.234405	5.351732	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	
	7.00	8.00	9.00	10.00	11.00	13.00	
1.00 Administrative and General	1,848	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	1,848	0	0	0	0	0	20.00
21.00 Total cost to be allocated	16,818	0	0	0	0	0	21.00
22.00 Unit cost multiplier	9.100649	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140289  
HHA CCN: 147420

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

Worksheet H-2  
Part II  
Date/Time Prepared:  
5/30/2013 8:36 am  
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Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	PARAMED PRGM (ASSIGNED TIME)		
	14.00	15.00	16.00	17.00	23.00		
1.00 Administrative and General	2,399	0	177	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)	2,399	0	177	0	0		20.00
21.00 Total cost to be allocated	328	0	8,532	0	0		21.00
22.00 Unit cost multiplier	0.136724	0.000000	48.203390	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/30/2013 8:36 am		
				HHA CCN: 147420	Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	800,626		800,626	3,341	239.64	1.00
2.00	Physical Therapy	3.00	274,804	0	274,804	1,781	154.30	2.00
3.00	Occupational Therapy	4.00	98,863	0	98,863	735	134.51	3.00
4.00	Speech Pathology	5.00	17,299	0	17,299	101	171.28	4.00
5.00	Medical Social Services	6.00	0		0	0	0.00	5.00
6.00	Home Health Aide	7.00	119,926		119,926	902	132.96	6.00
7.00	Total (sum of lines 1-6)		1,311,518	0	1,311,518	6,860		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0 1.00 2.00 3.00 4.00 5.00								
Limitation Cost Computation								
8.00	Skilled Nursing Care		41180	1,233	565			8.00
9.00	Physical Therapy		41180	686	245			9.00
10.00	Occupational Therapy		41180	350	79			10.00
11.00	Speech Pathology		41180	58	10			11.00
12.00	Medical Social Services		41180	0	0			12.00
13.00	Home Health Aide		41180	232	263			13.00
14.00	Total (sum of lines 8-13)			2,559	1,162			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (cols. 1 + 2)								
Total Charges (from HHA Record)								
Ratio (col. 3 ÷ col. 4)								
0 1.00 2.00 3.00 4.00 5.00								
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	18,845	18,845	23,094	0.816013	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
Cost of Services								
Part A								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00 7.00 8.00 9.00 10.00 11.00								
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,233	565		295,476	135,397		1.00
2.00	Physical Therapy	686	245		105,850	37,804		2.00
3.00	Occupational Therapy	350	79		47,079	10,626		3.00
4.00	Speech Pathology	58	10		9,934	1,713		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	232	263		30,847	34,968		6.00
7.00	Total (sum of lines 1-6)	2,559	1,162		489,186	220,508		7.00
Cost Center Description								
6.00 7.00 8.00 9.00 10.00 11.00								
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/30/2013 8:36 am
				Title XVII I	Home Health Agency I	PPS
Cost Center Description	Program Covered Charges			Cost of Services		
	Part A	Part B				
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance	Part A	Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00
<b>Supplies and Drugs Cost Computations</b>						
15.00	Cost of Medical Supplies		0		0	15.00
16.00	Cost of Drugs		0		0	16.00
Cost Center Description		Total Program Cost (sum of col s. 9-10)				
		12.00				
<b>PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION</b>						
<b>Cost Per Visit Computation</b>						
1.00	Skilled Nursing Care	430,873				1.00
2.00	Physical Therapy	143,654				2.00
3.00	Occupational Therapy	57,705				3.00
4.00	Speech Pathology	11,647				4.00
5.00	Medical Social Services	0				5.00
6.00	Home Health Aide	65,815				6.00
7.00	Total (sum of lines 1-6)	709,694				7.00
Cost Center Description						
		12.00				
<b>Limitation Cost Computation</b>						
8.00	Skilled Nursing Care					8.00
9.00	Physical Therapy					9.00
10.00	Occupational Therapy					10.00
11.00	Speech Pathology					11.00
12.00	Medical Social Services					12.00
13.00	Home Health Aide					13.00
14.00	Total (sum of lines 8-13)					14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140289  
HHA CCN: 147420

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

Worksheet H-3  
Part II  
Date/Time Prepared:  
5/30/2013 8:36 am  
PPS

Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00 Physical Therapy	66.00	0.350255	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.308328	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.578810	0	0	col. 2, line 4.00		3.00
3.01 Speech Pathology 1	68.01	0.283867	0	0	col. 2, line 4.01		3.01
4.00 Cost of Medical Supplies	71.00	0.816033	23,094	18,845	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.444005	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 8:36 am	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B		
		1.00	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	0	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>					
10.00	Total reasonable cost (see instructions)		0	0	0 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		400,455	147,343	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		7,229	1,923	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		6,518	4,967	13.00
14.00	Total PPS Reimbursement - PEP Episodes		3,772	1,377	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		2,939	515	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		420,913	156,125	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		420,913	156,125	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		420,913	156,125	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 8:36 am	
		Title XVIII	Home Health Agency I	PPS	
				Part A Services	Part B Services
				1.00	2.00
29.00	Total costs - current cost reporting period (line 26 plus line 27)		420,913	156,125	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		420,913	156,125	31.00
32.00	Interim payments (see instructions)		420,913	156,125	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 140289	Period: From 01/01/2012	Worksheet H-5
	HHA CCN: 147420	To 12/31/2012	
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		420,913		156,125	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		420,913		156,125	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		420,913		156,125	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 140289 HHA CCN: 147420	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/30/2013 8:36 am
			Home Health Agency I	PPS
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140289	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 8:36 am
		Title XVII	Hospital	PPS
		1.00		
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		1,180,768	1.00
2.00	Capital DRG outlier payments		8,206	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		61.44	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.19	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		18.50	8.00
9.00	Sum of lines 7 and 8		20.69	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.28	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		50,537	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,239,511	12.00
		1.00		
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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		
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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