

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: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S Parts I-III Date/Time Prepared: 2/27/2013 7:54 pm
--	----------------------	---	--

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/27/2013 Time: 7:54 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEACONESS HOSPITAL (150082) for the cost reporting period beginning 10/01/2011 and ending 09/30/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-1,215,227	-213,604	-19,645	0	1.00
2.00 Subprovider - IPF	0	12,151	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-1,203,076	-213,604	-19,645	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: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 7:06 pm
---	--	----------------------	---	---

1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
1.00	Street: 600 MARY STREET	PO Box:	Zip Code: 47747-	1.00
2.00	City: EVANSVILLE	State: IN	County: VANDERBURGH	2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		

Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DEACONESS HOSPITAL	150082	21780	1	06/02/1966	N	P	P	3.00
4.00	Subprovider - IPF	DEACONESS PSYCHIATRIC UNIT	15S082	21780	4	10/01/2009	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	DEACONESS - HHA	157132	21780		11/09/1984	N	P	P	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	DEACONESS - HOSPICE	151512	21780		02/06/1991				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)	10/01/2011	09/30/2012	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information

22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	

24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	7,111	829	1,756	1,439	5,469	0	24.00
-------	--	-------	-----	-------	-------	-------	---	-------

25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00
-------	---	---	---	---	---	---	---	-------

						Urban/Rural S	Date of Geogr	
						1.00	2.00	

26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
-------	--	---	--	-------

27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
-------	---	---	--	-------

35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00
-------	--	---	--	-------

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 7:06 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N				39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	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
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	Y				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00		0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)	FAMILY PRACTICE	1350	2.30	16.16	0.124594	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.	FAMILY PRACTICE	1350	4.23	13.52	0.238310	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 7:06 pm		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 7:06 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,019,763	374,001		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150082			Period: From 10/01/2011 To 09/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/27/2013 7:06 pm		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/27/2013 7:06 pm
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	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.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	Y		11.00
			Y/N	
			1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/18/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	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		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		20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/27/2013 7:06 pm
---	--	----------------------	---	--

		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?			36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	WENDY	FRUMKIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	DEACONESS HOSPITAL		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812-450-7423	WENDY.FRUMKIN@DEACONESS.COM	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	01/18/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	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.	Y		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		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REIMBURSEMENT COORDINATOR		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: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days	CAH Hours	
	Line Number		Avai lable		
	1.00	2.00	3.00	4.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	435	159,210	0.00	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					5.00
6.00 Hospital Adults & Peds. Swing Bed NF					6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		435	159,210	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	67	22,488	0.00	8.00
9.00 CORONARY CARE UNIT	32.00	16	8,116	0.00	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)		518	189,814	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	17	6,390		16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE	116.00	5	1,738		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)		540			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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	44,894	8,313	98,227		1.00
2.00 HMO		12,584	5,434			2.00
3.00 HMO IPF Subprovider		0	70			3.00
4.00 HMO IRF Subprovider		0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	44,894	8,313	98,227		7.00
8.00 INTENSIVE CARE UNIT	0	6,689	1,170	12,360		8.00
9.00 CORONARY CARE UNIT	0	3,517	630	5,443		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	55,100	10,113	116,030		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	1,463	388	3,716		16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	13,975	2,141	26,969		22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE		898	191	1,457		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)						27.00
28.00 Observation Bed Days	0		886	12,446		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				1,204		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	10,835	1.00
2.00 HMO					2,538	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)	17.60	3,656.00	0.00	0	10,835	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	27.00	0.00	0	152	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	42.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00	31.00	0.00			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	17.60	3,756.00	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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,656	24,566		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				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)	1,656	24,566		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	66	801		16.00
17.00 SUBPROVIDER - IRF				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				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)				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: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-3 Part II Date/Time Prepared: 2/27/2013 7:06 pm			
	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	190,083,671	534,633	190,618,304	7,382,894.87	25.82	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		699,798	0	699,798	12,130.95	57.69	4.00
4.01	Physicians - Part A - Teaching		0	697,552	697,552	7,208.84	96.76	4.01
5.00	Physician-Part B		18,954,754	0	18,954,754	125,730.90	150.76	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	1,042,488	1,042,488	36,960.06	28.21	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)		20,671,074	1,549,284	22,220,358	656,505.43	33.85	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		1,403,338	0	1,403,338	16,102.68	87.15	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		3,509,606	0	3,509,606	41,466.95	84.64	13.00
14.00	Home office salaries & wage-related costs		8,202,224	0	8,202,224	260,569.00	31.48	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		54,896,406	0	54,896,406			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		12,281,506	0	12,281,506			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		42,041	0	42,041			22.00
22.01	Physician Part A - Teaching		117,936	0	117,936			22.01
23.00	Physician Part B		2,721,073	0	2,721,073			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		235,120	0	235,120			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	2,172,814	19,814	2,192,628	144,969.10	15.12	26.00
27.00	Administrative & General	5.00	30,927,261	-4,880,923	26,046,338	1,055,433.30	24.68	27.00
28.00	Administrative & General under contract (see inst.)		1,185,132	0	1,185,132	3,487.37	339.84	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	2,874,768	79,034	2,953,802	121,720.65	24.27	30.00
31.00	Laundry & Linen Service	8.00	148,755	459,041	607,796	55,687.00	10.91	31.00
32.00	Housekeeping	9.00	3,298,032	180,150	3,478,182	307,728.85	11.30	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,937,283	-1,440,446	1,496,837	121,799.87	12.29	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	864,658	864,658	72,471.51	11.93	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	2,036,343	38,105	2,074,448	86,923.39	23.87	38.00
39.00	Central Services and Supply	14.00	1,709,914	62,914	1,772,828	106,900.52	16.58	39.00
40.00	Pharmacy	15.00	6,938,419	80,235	7,018,654	206,799.82	33.94	40.00
41.00	Medical Records & Medical Records Library	16.00	2,123,479	1,484,433	3,607,912	195,906.49	18.42	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2013 7:06 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	2,371,185	44,728	2,415,913	102,241.53	23.63	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: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2013 7:06 pm

	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	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	172,314,049	-1,205,407	171,108,642	7,216,482.44	23.71	1.00
2.00	Excluded area salaries (see instructions)	20,671,074	1,549,284	22,220,358	656,505.43	33.85	2.00
3.00	Subtotal salaries (line 1 minus line 2)	151,642,975	-2,754,691	148,888,284	6,559,977.01	22.70	3.00
4.00	Subtotal other wages & related costs (see inst.)	13,115,168	0	13,115,168	318,138.63	41.22	4.00
5.00	Subtotal wage-related costs (see inst.)	54,938,447	0	54,938,447	0.00	36.90	5.00
6.00	Total (sum of lines 3 thru 5)	219,696,590	-2,754,691	216,941,899	6,878,115.64	31.54	6.00
7.00	Total overhead cost (see instructions)	58,723,385	-3,008,257	55,715,128	2,582,069.40	21.58	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2013 7:06 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			6,326,097 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)			10,886,866 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			31,581,442 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			1,125,064 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			103,638 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			2,290 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			3,331,868 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			1,590,843 15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)			0 16.00
TAXES				
17.00	FICA-Employers Portion Only			13,456,752 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			247,938 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			382,902 21.00
22.00	Day Care Cost and Allowances			132,459 22.00
23.00	Tuition Reimbursement			555,771 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			69,723,930 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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	0	0	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: 150082 Component CCN: 157132		Period: From 10/01/2011 To 09/30/2012		Worksheet S-4 Date/Time Prepared: 2/27/2013 7:06 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			VANDERBURGH		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	4,544	151	77	4,772	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	640.00	91.00	481.00	1,212.00	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)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.36	0.00	0.36	4.00
5.00	Other Administrative Personnel			18.05	0.00	18.05	5.00
6.00	Direct Nursing Service			20.35	0.00	20.35	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	4.57	4.57	8.00
9.00	Physical Therapy Supervisor			0.00	1.00	1.00	9.00
10.00	Occupational Therapy Service			0.00	2.69	2.69	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.49	0.49	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.97	0.00	0.97	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.29	0.00	2.29	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.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			21780			20.00
20.01				99915			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,336	503	311	78	7,228	21.00
22.00	Skilled Nursing Visit Charges	1,193,694	93,929	59,113	14,898	1,361,634	22.00
23.00	Physical Therapy Visits	2,947	0	90	49	3,086	23.00
24.00	Physical Therapy Visit Charges	601,880	0	18,506	9,992	630,378	24.00
25.00	Occupational Therapy Visits	1,665	0	12	8	1,685	25.00
26.00	Occupational Therapy Visit Charges	339,182	0	2,472	1,648	343,302	26.00
27.00	Speech Pathology Visits	296	0	3	2	301	27.00
28.00	Speech Pathology Visit Charges	60,840	0	618	412	61,870	28.00
29.00	Medical Social Service Visits	110	0	4	4	118	29.00
30.00	Medical Social Service Visit Charges	30,240	0	1,108	1,108	32,456	30.00
31.00	Home Health Aide Visits	1,553	0	4	0	1,557	31.00
32.00	Home Health Aide Visit Charges	167,351	0	436	0	167,787	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	12,907	503	424	141	13,975	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)	2,393,187	93,929	82,253	28,058	2,597,427	35.00
36.00	Total Number of Episodes (standard/non outlier)	791		152	16	959	36.00
37.00	Total Number of Outlier Episodes		12		0	12	37.00
38.00	Total Non-Routine Medical Supply Charges	0	10,214	11,593	865	22,672	38.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150082 Component CCN: 151512		Period: From 10/01/2011 To 09/30/2012		Worksheet S-9 Parts I & II Date/Time Prepared: 2/27/2013 7:06 pm	
		Unduplicated Days				Hospice I	
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	
		1.00	2.00	3.00	4.00	5.00	
PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	0	0	0	0	0	
2.00	Routine Home Care	9,719	235	0	28	1,054	
3.00	Inpatient Respite Care	205	1	0	0	7	
4.00	General Inpatient Care	898	191	0	0	216	
5.00	Total Hospice Days	10,822	427	0	28	1,277	
Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	370	33	0	1	59	
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00			
8.00	Average Length of Stay (line 5/line 6)	29.25	12.94	0.00	28.00	21.64	
9.00	Unduplicated Census Count	333	33	0	0	59	

HOSPITAL IDENTIFICATION DATA		Provider CCN: 150082 Component CCN: 151512	Period: From 10/01/2011 To 09/30/2012	Worksheet S-9 Parts I & II Date/Time Prepared: 2/27/2013 7:06 pm
		Hospice I		

		Unduplicated Days	
		Total (sum of cols. 1, 2 & 5)	
		6.00	
PART I - ENROLLMENT DAYS			
1.00	Continuous Home Care	0	1.00
2.00	Routine Home Care	11,008	2.00
3.00	Inpatient Respite Care	213	3.00
4.00	General Inpatient Care	1,305	4.00
5.00	Total Hospice Days	12,526	5.00
Part II - CENSUS DATA			
6.00	Number of Patients Receiving Hospice Care	462	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare		7.00
8.00	Average Length of Stay (line 5/line 6)	27.11	8.00
9.00	Unduplicated Census Count	425	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet S-10 Date/Time Prepared: 2/27/2013 7:06 pm
---	----------------------	---	--

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.274468		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		47,624,686		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		153,244,570		6.00
7.00	Medicaid cost (line 1 times line 6)		42,060,731		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
				1.00	
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	Uninsured patients	Insured patients	Total (col. 1 + col. 2)	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	60,635,828	3,370,927	64,006,755	21.00
22.00	Partial payment by patients approved for charity care	16,642,594	925,212	17,567,806	22.00
23.00	Cost of charity care (line 21 minus line 22)	237,802	0	237,802	23.00
				16,404,792	23.00
				925,212	23.00
				17,330,004	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)		37,533,332		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		727,888		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		36,805,444		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		10,101,917		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		27,431,921		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		27,431,921		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		28,044,901		28,044,901	-959,850	27,085,051	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT		0		0	82,093	82,093	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,681,183		5,681,183	17,737,295	23,418,478	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	2,172,814	57,897,451	60,070,265	2,846,058		62,916,323	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	30,927,261	55,078,016	86,005,277	-16,334,099		69,671,178	5.00
7.00	00700	OPERATION OF PLANT	2,874,768	7,966,862	10,841,630	-4,052		10,837,578	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	148,755	99,494	248,249	683,610		931,859	8.00
9.00	00900	HOUSEKEEPING	3,298,032	753,853	4,051,885	102,634		4,154,519	9.00
10.00	01000	DIETARY	2,937,283	2,461,450	5,398,733	-2,794,285		2,604,448	10.00
11.00	01100	CAFETERIA	0	0	0	1,545,923		1,545,923	11.00
13.00	01300	NURSING ADMINISTRATION	2,036,343	796,743	2,833,086	-267,895		2,565,191	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,709,914	3,865,081	5,574,995	-3,512,306		2,062,689	14.00
15.00	01500	PHARMACY	6,938,419	23,852,890	30,791,309	-23,551,350		7,239,959	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,123,479	41,132	2,164,611	131,982		2,296,593	16.00
17.00	01700	SOCIAL SERVICE	2,371,185	628,853	3,000,038	44,124		3,044,162	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,042,488		1,042,488	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	819,712		819,712	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	203,402	14,309	217,711	4,592		222,303	23.00
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	0	0	217,275		217,275	23.01
23.03	02302	PARAMED ED PRGM- NURSING	0	0	0	297,495		297,495	23.03
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	31,572,201	2,819,359	34,391,560	-49,783		34,341,777	30.00
31.00	03100	INTENSIVE CARE UNIT	7,715,452	832,732	8,548,184	-160,465		8,387,719	31.00
32.00	03200	CORONARY CARE UNIT	3,257,970	287,255	3,545,225	-74,026		3,471,199	32.00
40.00	04000	SUBPROVIDER - IPF	1,219,083	128,014	1,347,097	19,773		1,366,870	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0		0	44.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,966,713	62,656,864	80,623,577	-31,256,535		49,367,042	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,189,104	10,780,363	18,969,467	-3,624,698		15,344,769	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	295,340	2,887,963	3,183,303	-41,961		3,141,342	55.00
59.00	05900	CARDIAC CATHETERIZATION	1,217,191	4,637,718	5,854,909	-3,863,009		1,991,900	59.00
60.00	06000	LABORATORY	10,619,690	16,335,739	26,955,429	-185,929		26,769,500	60.00
64.00	06400	INTRAVENOUS THERAPY	718,280	845,051	1,563,331	-278,876		1,284,455	64.00
65.00	06500	RESPIRATORY THERAPY	3,434,601	725,139	4,159,740	-419,702		3,740,038	65.00
66.00	06600	PHYSICAL THERAPY	91	8,985,518	8,985,609	-69,308		8,916,301	66.00
69.00	06900	ELECTROCARDIOLOGY	365,195	329,281	694,476	-10,022		684,454	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	18,417,863		18,417,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	21,818,655		21,818,655	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	23,292,771		23,292,771	73.00
74.00	07400	RENAL DIALYSIS	143,560	1,856,095	1,999,655	-48,966		1,950,689	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	773,904	8,019	781,923	25,606		807,529	76.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	1,814,705	881,102	2,695,807	33,051		2,728,858	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,545,461	312,805	2,858,266	-1,810,113		1,048,153	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	353,321	153,341	506,662	12,193		518,855	90.02
90.03	09003	INFUSION CENTER	88,515	511,974	600,489	-6,542		593,947	90.03
90.04	09004	PRIMARY CARE SENIORS	1,636,204	356,658	1,992,862	462		1,993,324	90.04
90.05	09005	PAIN MANAGEMENT	1,834,400	1,159,197	2,993,597	-602,394		2,391,203	90.05
90.06	09006	WOUND CARE CENTER	219,807	262,318	482,125	-171,644		310,481	90.06
91.00	09100	EMERGENCY	15,752,463	7,426,347	23,178,810	-96,173		23,082,637	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)							92.00
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,360,176	2,820,816	4,180,992	-196,079		3,984,913	96.00
101.00	10100	HOME HEALTH AGENCY	2,136,551	1,499,088	3,635,639	-157,803		3,477,836	101.00
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	1,479,888	588,359	2,068,247	96,597		2,164,844	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	174,451,521	317,269,333	491,720,854	-1,275,613		490,445,241	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	1,324,278		1,324,278	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	11,010,228	4,723,451	15,733,679	68		15,733,747	192.00
192.01	19201	DEACONESS URGENT CARE	1,544,238	653,723	2,197,961	9,585		2,207,546	192.01
192.02	19202	HEARTCARE OFFICES	325,436	900,946	1,226,382	13,018		1,239,400	192.02
192.03	19203	FAMILY PHARMACY	125,073	588,561	713,634	-655		712,979	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	1,056,574	761,175	1,817,749	121,065		1,938,814	194.00
194.01	07951	OCCUPATIONAL HEALTH	1,198,777	1,043,430	2,242,207	-655		2,241,552	194.01
194.02	07952	OTHER FACILITIES	90,668	2,979,515	3,070,183	-147,342		2,922,841	194.02
194.03	07953	THE HEART HOSPITAL	0	225,341	225,341	0		225,341	194.03
194.04	07954	PUBLIC RELATIONS	281,156	1,062,643	1,343,799	-43,749		1,300,050	194.04
200.00		TOTAL (SUM OF LINES 118-199)	190,083,671	330,208,118	520,291,789	0		520,291,789	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-7,194,609	19,890,442	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT	0	82,093	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-89,337	23,329,141	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-14,615,217	48,301,106	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-3,657,255	66,013,923	5.00
7.00	00700	OPERATION OF PLANT	0	10,837,578	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	110,078	1,041,937	8.00
9.00	00900	HOUSEKEEPING	0	4,154,519	9.00
10.00	01000	DIETARY	324,604	2,929,052	10.00
11.00	01100	CAFETERIA	-880,957	664,966	11.00
13.00	01300	NURSING ADMINISTRATION	100,000	2,665,191	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,062,689	14.00
15.00	01500	PHARMACY	-580	7,239,379	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	541,187	2,837,780	16.00
17.00	01700	SOCIAL SERVICE	-628,793	2,415,369	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,042,488	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	819,712	22.00
23.00	02300	PARAMED ED PRGM - PHARMACY	0	222,303	23.00
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	217,275	23.01
23.03	02302	PARAMED ED PRGM- NURSING	0	297,495	23.03
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-987,852	33,353,925	30.00
31.00	03100	INTENSIVE CARE UNIT	0	8,387,719	31.00
32.00	03200	CORONARY CARE UNIT	0	3,471,199	32.00
40.00	04000	SUBPROVIDER - IPF	0	1,366,870	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-27,205,329	22,161,713	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-219,987	15,124,782	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	-1,402,645	1,738,697	55.00
59.00	05900	CARDIAC CATHETERIZATION	262,175	2,254,075	59.00
60.00	06000	LABORATORY	-529,372	26,240,128	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,284,455	64.00
65.00	06500	RESPIRATORY THERAPY	-5,091	3,734,947	65.00
66.00	06600	PHYSICAL THERAPY	-3,005,651	5,910,650	66.00
69.00	06900	ELECTROCARDIOLOGY	238,936	923,390	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	222,879	18,640,742	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	514,455	22,333,110	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	23,292,771	73.00
74.00	07400	RENAL DIALYSIS	109,527	2,060,216	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	807,529	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-477,801	2,251,057	90.00
90.01	09001	FAMILY PRACTICE CLINIC	317,262	1,365,415	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	518,855	90.02
90.03	09003	INFUSION CENTER	-194	593,753	90.03
90.04	09004	PRIMARY CARE SENIORS	-1,211,006	782,318	90.04
90.05	09005	PAIN MANAGEMENT	-222,737	2,168,466	90.05
90.06	09006	WOUND CARE CENTER	-10,958	299,523	90.06
91.00	09100	EMERGENCY	-10,433,425	12,649,212	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	3,984,913	96.00
101.00	10100	HOME HEALTH AGENCY	-145,388	3,332,448	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	189,349	2,354,193	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-69,993,732	420,451,509	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,324,278	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	15,733,747	192.00
192.01	19201	DEACONESS URGENT CARE	0	2,207,546	192.01
192.02	19202	HEARTCARE OFFICES	0	1,239,400	192.02
192.03	19203	FAMILY PHARMACY	0	712,979	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	1,938,814	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	2,241,552	194.01
194.02	07952	OTHER FACILITIES	0	2,922,841	194.02
194.03	07953	THE HEART HOSPITAL	0	225,341	194.03
194.04	07954	PUBLIC RELATIONS	0	1,300,050	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-69,993,732	450,298,057	200.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6

Date/Time Prepared:
2/27/2013 7:06 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	150,481	1.00
	TOTALS		0	150,481	
B - EQUIPMENT DEPRECIATION					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	16,945,570	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
43.00		0.00	0	0	43.00
	TOTALS		0	16,945,570	
C - HSB BUILDING DEPRECIATION					
1.00	NEW CAP REL COSTS- BLDG & FIXT	1.01	0	74,591	1.00
	TOTALS		0	74,591	
D - INTEREST EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	302,749	1.00
	TOTALS		0	302,749	
E - CAFETERIA/GARDEN CAFE					
1.00	CAFETERIA	11.00	812,963	681,265	1.00
2.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	696,404	583,589	2.00
	TOTALS		1,509,367	1,264,854	
F - QUALITY SHARE/INCENTIVE COMP					
1.00	EMPLOYEE BENEFITS	4.00	104,463	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	763,591	0	2.00
3.00	OPERATION OF PLANT	7.00	88,892	0	3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	39,882	0	4.00
5.00	HOUSEKEEPING	9.00	225,640	0	5.00
6.00	DIETARY	10.00	90,807	0	6.00
7.00	CAFETERIA	11.00	51,695	0	7.00
8.00	NURSING ADMINISTRATION	13.00	63,481	0	8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	77,811	0	9.00
10.00	PHARMACY	15.00	148,384	0	10.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6

Date/Time Prepared:
2/27/2013 7:06 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
11.00	MEDICAL RECORDS & LIBRARY	16.00	140,803	0	11.00
12.00	SOCIAL SERVICE	17.00	74,598	0	12.00
13.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	26,712	0	13.00
14.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	5,207	0	14.00
15.00	PARAMED PRGM - PHARMACY	23.00	4,592	0	15.00
16.00	PARAMED PRGM- CHAPLAIN RESIDENCY	23.01	9,097	0	16.00
17.00	PARAMED PRGM- NURSING	23.03	7,168	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	1,029,144	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	213,901	0	19.00
20.00	CORONARY CARE UNIT	32.00	88,710	0	20.00
21.00	SUBPROVIDER - IPF	40.00	38,229	0	21.00
22.00	OPERATING ROOM	50.00	306,547	0	22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	241,141	0	23.00
24.00	RADIOLOGY - THERAPEUTIC	55.00	10,318	0	24.00
25.00	CARDIAC CATHETERIZATION	59.00	30,042	0	25.00
26.00	LABORATORY	60.00	410,798	0	26.00
27.00	INTRAVENOUS THERAPY	64.00	16,606	0	27.00
28.00	RESPIRATORY THERAPY	65.00	101,783	0	28.00
29.00	PHYSICAL THERAPY	66.00	3	0	29.00
30.00	ELECTROCARDIOLOGY	69.00	11,380	0	30.00
31.00	RENAL DIALYSIS	74.00	3,212	0	31.00
32.00	BEHAVIORAL HEALTH SERVICES	76.00	29,926	0	32.00
33.00	CLINIC	90.00	55,246	0	33.00
34.00	FAMILY PRACTICE CLINIC	90.01	33,657	0	34.00
35.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	12,740	0	35.00
36.00	INFUSION CENTER	90.03	2,230	0	36.00
37.00	PRIMARY CARE SENIORS	90.04	27,990	0	37.00
38.00	PAIN MANAGEMENT	90.05	55,233	0	38.00
39.00	WOUND CARE CENTER	90.06	7,880	0	39.00
40.00	EMERGENCY	91.00	249,287	0	40.00
41.00	DURABLE MEDICAL EQUIP-RENTED	96.00	56,606	0	41.00
42.00	HOME HEALTH AGENCY	101.00	59,858	0	42.00
43.00	HOSPICE	116.00	44,428	0	43.00
44.00	PHYSICIANS' PRIVATE OFFICES	192.00	121,389	0	44.00
45.00	GI FT., FLOWER, COFFEE SHOP & CANTEEN	190.00	44,285	0	45.00
46.00	DEACONESS URGENT CARE	192.01	36,188	0	46.00
47.00	HEARTCARE OFFICES	192.02	13,490	0	47.00
48.00	FAMILY PHARMACY	192.03	2,382	0	48.00
49.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	56,577	0	49.00
50.00	OCCUPATIONAL HEALTH	194.01	32,088	0	50.00
51.00	OTHER FACILITIES	194.02	3,921	0	51.00
52.00	PUBLIC RELATIONS	194.04	6,898	0	52.00
	TOTALS		5,376,936	0	
G - LEASES					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	352,700	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	331,723	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	684,423	
H - DRUGS & IV					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	23,292,771	1.00
	TOTALS		0	23,292,771	
I - MEDICAL SUPPLIES CHARGED					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	3,335,934	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	10,856	2.00
	TOTALS		0	3,346,790	
J - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	1,015,776	0	1.00
	TOTALS		1,015,776	0	
K - CHILD CARE CENTER					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	76,869	15,455	1.00
	TOTALS		76,869	15,455	

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6
Date/Time Prepared:
2/27/2013 7:06 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
L - TEACHING PHYSICIANS					
1.00	I&R SERVICES-OTHER PRGM	22.00	692,345	122,160	1.00
	COSTS APPRVD				
	TOTALS		692,345	122,160	
M - PASTORAL EDUCATION					
1.00	PARAMED ED PRGM- CHAPLAIN	23.01	196,886	11,292	1.00
	RESIDENCY				
	TOTALS		196,886	11,292	
N - INSURANCE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	447,127	1.00
2.00	NEW CAP REL COSTS- BLDG & FIXT	1.01	0	7,502	2.00
	TOTALS		0	454,629	
O - HOME SERVICES					
1.00	HOSPICE	116.00	40,229	35,606	1.00
2.00	DURABLE MEDICAL EQUIP-RENTED	96.00	81,324	71,979	2.00
	TOTALS		121,553	107,585	
P - PUBLIC RELATIONS					
1.00	ADMINISTRATIVE & GENERAL	5.00	10,042	37,333	1.00
	TOTALS		10,042	37,333	
Q - PARAMED ED PROGRAM - NURSING					
1.00	PARAMED ED PRGM- NURSING	23.03	290,327	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
	TOTALS		290,327	0	
R - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	420,000	422,963	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
	TOTALS		420,000	422,963	
S - SALARIES					
1.00	MEDICAL RECORDS & LIBRARY	16.00	1,350,000	0	1.00
2.00	HOSPICE	116.00	15,000	0	2.00
	TOTALS		1,365,000	0	
T - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	15,081,929	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	21,807,799	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6

Date/Time Prepared:
2/27/2013 7:06 pm

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
8.00		0.00	0	0	8.00
	TOTALS		0	36,889,728	
U - BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	1,590,843	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	21,900	0	2.00
	TOTALS		21,900	1,590,843	
V - PROPERTY TAXES					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	157,253	1.00
	TOTALS		0	157,253	
W - HOME VISITS DME					
1.00	HOME HEALTH AGENCY	101.00	0	67,920	1.00
	TOTALS		0	67,920	
X - PHYSICIAN PART A					
1.00	ADULTS & PEDIATRICS	30.00	38,050	57,945	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	4,941	2.00
	TOTALS		38,050	62,886	
Y - DISABILITY BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	1,272,267	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
	TOTALS		0	1,272,267	
500.00	Grand Total: Increases		11,135,051	87,274,543	500.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6
Date/Time Prepared:
2/27/2013 7:06 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - BUILDING DEPRECIATION							
1.00	OTHER FACILITIES	194.02	0	150,481	9		1.00
	TOTALS		0	150,481			
B - EQUIPMENT DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,532,818	9		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	14,416	9		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	9,238,112	9		3.00
4.00	OPERATION OF PLANT	7.00	0	83,086	9		4.00
5.00	LAUNDRY & LINEN SERVICE	8.00	0	198,394	9		5.00
6.00	HOUSEKEEPING	9.00	0	77,516	9		6.00
7.00	DIETARY	10.00	0	81,416	9		7.00
8.00	NURSING ADMINISTRATION	13.00	0	306,000	9		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	189,483	9		9.00
10.00	PHARMACY	15.00	0	338,814	9		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	2,451	9		11.00
12.00	SOCIAL SERVICE	17.00	0	604	9		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	362,306	9		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	212,013	9		14.00
15.00	CORONARY CARE UNIT	32.00	0	39,110	9		15.00
16.00	SUBPROVIDER - IPF	40.00	0	1,126	9		16.00
17.00	OPERATING ROOM	50.00	0	1,838,359	9		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	975,934	9		18.00
19.00	RADIOLOGY - THERAPEUTIC	55.00	0	50,015	9		19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	130,092	9		20.00
21.00	LABORATORY	60.00	0	503,138	9		21.00
22.00	INTRAVENOUS THERAPY	64.00	0	7,038	9		22.00
23.00	RESPIRATORY THERAPY	65.00	0	177,633	9		23.00
24.00	PHYSICAL THERAPY	66.00	0	52,809	9		24.00
25.00	ELECTROCARDIOLOGY	69.00	0	5,144	9		25.00
26.00	RENAL DIALYSIS	74.00	0	50,447	9		26.00
27.00	CLINIC	90.00	0	18,135	9		27.00
28.00	FAMILY PRACTICE CLINIC	90.01	0	4,614	9		28.00
29.00	OUTPATIENT PSYCHIATRIC SERVICES	90.02	0	547	9		29.00
30.00	INFUSION CENTER	90.03	0	5,722	9		30.00
31.00	PRIMARY CARE SENIORS	90.04	0	4,600	9		31.00
32.00	PAIN MANAGEMENT	90.05	0	67,289	9		32.00
33.00	WOUND CARE CENTER	90.06	0	3,166	9		33.00
34.00	EMERGENCY	91.00	0	177,707	9		34.00
35.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	104,123	9		35.00
36.00	HOME HEALTH AGENCY	101.00	0	31,817	9		36.00
37.00	HOSPICE	116.00	0	2,349	9		37.00
38.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	8,646	9		38.00
39.00	DEACONESS URGENT CARE	192.01	0	14,929	9		39.00
40.00	FAMILY PHARMACY	192.03	0	3,037	9		40.00
41.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	4,214	9		41.00
42.00	OCCUPATIONAL HEALTH	194.01	0	25,619	9		42.00
43.00	OTHER FACILITIES	194.02	0	782	9		43.00
	TOTALS		0	16,945,570			
C - HSB BUILDING DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	74,591	9		1.00
	TOTALS		0	74,591			
D - INTEREST EXPENSE							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	302,749	11		1.00
	TOTALS		0	302,749			
E - CAFETERIA/GARDEN CAFE							
1.00	DIETARY	10.00	1,509,367	1,264,854	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		1,509,367	1,264,854			
F - QUALITY SHARE/INCENTIVE COMP							
1.00	ADMINISTRATIVE & GENERAL	5.00	5,376,936	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6

Date/Time Prepared:
2/27/2013 7:06 pm

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
11.00		0.00	0	0	0	0	11.00
12.00		0.00	0	0	0	0	12.00
13.00		0.00	0	0	0	0	13.00
14.00		0.00	0	0	0	0	14.00
15.00		0.00	0	0	0	0	15.00
16.00		0.00	0	0	0	0	16.00
17.00		0.00	0	0	0	0	17.00
18.00		0.00	0	0	0	0	18.00
19.00		0.00	0	0	0	0	19.00
20.00		0.00	0	0	0	0	20.00
21.00		0.00	0	0	0	0	21.00
22.00		0.00	0	0	0	0	22.00
23.00		0.00	0	0	0	0	23.00
24.00		0.00	0	0	0	0	24.00
25.00		0.00	0	0	0	0	25.00
26.00		0.00	0	0	0	0	26.00
27.00		0.00	0	0	0	0	27.00
28.00		0.00	0	0	0	0	28.00
29.00		0.00	0	0	0	0	29.00
30.00		0.00	0	0	0	0	30.00
31.00		0.00	0	0	0	0	31.00
32.00		0.00	0	0	0	0	32.00
33.00		0.00	0	0	0	0	33.00
34.00		0.00	0	0	0	0	34.00
35.00		0.00	0	0	0	0	35.00
36.00		0.00	0	0	0	0	36.00
37.00		0.00	0	0	0	0	37.00
38.00		0.00	0	0	0	0	38.00
39.00		0.00	0	0	0	0	39.00
40.00		0.00	0	0	0	0	40.00
41.00		0.00	0	0	0	0	41.00
42.00		0.00	0	0	0	0	42.00
43.00		0.00	0	0	0	0	43.00
44.00		0.00	0	0	0	0	44.00
45.00		0.00	0	0	0	0	45.00
46.00		0.00	0	0	0	0	46.00
47.00		0.00	0	0	0	0	47.00
48.00		0.00	0	0	0	0	48.00
49.00		0.00	0	0	0	0	49.00
50.00		0.00	0	0	0	0	50.00
51.00		0.00	0	0	0	0	51.00
52.00		0.00	0	0	0	0	52.00
TOTALS			5,376,936	0			
G - LEASES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	16,480	10		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	658,041	10		2.00
3.00	ELECTROCARDIOLOGY	69.00	0	9,902	10		3.00
TOTALS			0	684,423			
H - DRUGS & IV							
1.00	PHARMACY	15.00	0	23,292,771	0		1.00
TOTALS			0	23,292,771			
I - MEDICAL SUPPLIES CHARGED							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	3,346,790	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	3,346,790			
J - RESIDENTS							
1.00	FAMILY PRACTICE CLINIC	90.01	1,015,776	0	0		1.00
TOTALS			1,015,776	0			
K - CHILD CARE CENTER							
1.00	EMPLOYEE BENEFITS	4.00	76,869	15,455	0		1.00
TOTALS			76,869	15,455			
L - TEACHING PHYSICIANS							
1.00	FAMILY PRACTICE CLINIC	90.01	692,345	122,160	0		1.00
TOTALS			692,345	122,160			
M - PASTORAL EDUCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	196,886	11,292	0		1.00
TOTALS			196,886	11,292			
N - INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	454,629	12		1.00
2.00		0.00	0	0	12		2.00
TOTALS			0	454,629			

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6
Date/Time Prepared:
2/27/2013 7:06 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
O - HOME SERVICES							
1.00	HOME HEALTH AGENCY	101.00	121,553	107,585	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		121,553	107,585			
P - PUBLIC RELATIONS							
1.00	PUBLIC RELATIONS	194.04	10,042	37,333	0		1.00
	TOTALS		10,042	37,333			
Q - PARAMED ED PROGRAM - NURSING							
1.00	ADULTS & PEDIATRICS	30.00	178,816	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	45,847	0	0		2.00
3.00	CORONARY CARE UNIT	32.00	34,475	0	0		3.00
4.00	OPERATING ROOM	50.00	7,152	0	0		4.00
5.00	CARDIAC CATHETERIZATION	59.00	1,948	0	0		5.00
6.00	INTRAVENOUS THERAPY	64.00	1,816	0	0		6.00
7.00	RENAL DIALYSIS	74.00	1,731	0	0		7.00
8.00	EMERGENCY	91.00	18,542	0	0		8.00
	TOTALS		290,327	0			
R - LAUNDRY							
1.00	EMPLOYEE BENEFITS	4.00	0	6,995	0		1.00
2.00	DIETARY	10.00	0	7,569	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	38,947	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	311,599	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	58,294	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	42,212	0		6.00
7.00	SUBPROVIDER - IPF	40.00	0	13,187	0		7.00
8.00	OPERATING ROOM	50.00	0	121,737	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	61,162	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	32,795	0		10.00
11.00	LABORATORY	60.00	0	4,825	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	4,588	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	16,502	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	4,338	0		14.00
15.00	CLINIC	90.00	0	915	0		15.00
16.00	FAMILY PRACTICE CLINIC	90.01	0	1,620	0		16.00
17.00	INFUSION CENTER	90.03	0	3,050	0		17.00
18.00	PRIMARY CARE SENIORS	90.04	0	180	0		18.00
19.00	PAIN MANAGEMENT	90.05	0	6,244	0		19.00
20.00	WOUND CARE CENTER	90.06	0	1,710	0		20.00
21.00	EMERGENCY	91.00	0	73,410	0		21.00
22.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	471	0		22.00
23.00	HOSPICE	116.00	0	9,262	0		23.00
24.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	71	0		24.00
25.00	DEACONESS URGENT CARE	192.01	0	370	0		25.00
26.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	0	17,446	0		26.00
27.00	OCCUPATIONAL HEALTH	194.01	0	3,464	0		27.00
	TOTALS		0	842,963			
S - SALARIES							
1.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,350,000	0		1.00
2.00	HOSPICE	116.00	0	15,000	0		2.00
	TOTALS		0	1,365,000			
T - MEDICAL SUPPLIES							
1.00	OPERATING ROOM	50.00	0	29,516,927	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,105,409	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	3,712,585	0		3.00
4.00	INTRAVENOUS THERAPY	64.00	0	282,898	0		4.00
5.00	RESPIRATORY THERAPY	65.00	0	297,424	0		5.00
6.00	PAIN MANAGEMENT	90.05	0	579,754	0		6.00
7.00	WOUND CARE CENTER	90.06	0	173,608	0		7.00
8.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	221,123	0		8.00
	TOTALS		0	36,889,728			
U - BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,590,843	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	21,900	0		2.00
	TOTALS		0	1,612,743			
V - PROPERTY TAXES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	157,253	13		1.00
	TOTALS		0	157,253			
W - HOME VISITS DME							
1.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	67,920	0		1.00
	TOTALS		0	67,920			

RECLASSIFICATIONS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-6

Date/Time Prepared:
2/27/2013 7:06 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
X - PHYSICIAN PART A							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	38,050	62,886	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		38,050	62,886			
Y - DISABILITY BENEFITS							
1.00	EMPLOYEE BENEFITS	4.00	7,780	0	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	102,634	0	0		2.00
3.00	OPERATION OF PLANT	7.00	9,858	0	0		3.00
4.00	LAUNDRY & LINEN SERVICE	8.00	841	0	0		4.00
5.00	HOUSEKEEPING	9.00	45,490	0	0		5.00
6.00	DIETARY	10.00	21,886	0	0		6.00
7.00	NURSING ADMINISTRATION	13.00	25,376	0	0		7.00
8.00	CENTRAL SERVICES & SUPPLY	14.00	14,897	0	0		8.00
9.00	PHARMACY	15.00	68,149	0	0		9.00
10.00	MEDICAL RECORDS & LIBRARY	16.00	6,370	0	0		10.00
11.00	SOCIAL SERVICE	17.00	29,870	0	0		11.00
12.00	ADULTS & PEDIATRICS	30.00	322,201	0	0		12.00
13.00	INTENSIVE CARE UNIT	31.00	63,153	0	0		13.00
14.00	CORONARY CARE UNIT	32.00	46,939	0	0		14.00
15.00	SUBPROVIDER - IPF	40.00	4,143	0	0		15.00
16.00	OPERATING ROOM	50.00	78,907	0	0		16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	65,293	0	0		17.00
18.00	RADIOLOGY - THERAPEUTIC	55.00	2,264	0	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00	15,631	0	0		19.00
20.00	LABORATORY	60.00	88,764	0	0		20.00
21.00	INTRAVENOUS THERAPY	64.00	3,730	0	0		21.00
22.00	RESPIRATORY THERAPY	65.00	41,840	0	0		22.00
23.00	ELECTROCARDIOLOGY	69.00	2,018	0	0		23.00
24.00	BEHAVIORAL HEALTH SERVICES	76.00	4,320	0	0		24.00
25.00	CLINIC	90.00	3,145	0	0		25.00
26.00	FAMILY PRACTICE CLINIC	90.01	7,255	0	0		26.00
27.00	PRIMARY CARE SENIORS	90.04	22,748	0	0		27.00
28.00	PAIN MANAGEMENT	90.05	4,340	0	0		28.00
29.00	WOUND CARE CENTER	90.06	1,040	0	0		29.00
30.00	EMERGENCY	91.00	75,801	0	0		30.00
31.00	DURABLE MEDICAL EQUIP-RENTED	96.00	12,351	0	0		31.00
32.00	HOME HEALTH AGENCY	101.00	24,626	0	0		32.00
33.00	HOSPICE	116.00	12,055	0	0		33.00
34.00	PHYSICIANS' PRIVATE OFFICES	192.00	11,668	0	0		34.00
35.00	DEACONESS URGENT CARE	192.01	11,304	0	0		35.00
36.00	HEARTCARE OFFICES	192.02	472	0	0		36.00
37.00	OTHER NONREIMBURSABLE COST	194.00	6,176	0	0		37.00
	CENTERS						
38.00	OCCUPATIONAL HEALTH	194.01	3,660	0	0		38.00
39.00	PUBLIC RELATIONS	194.04	3,272	0	0		39.00
	TOTALS		1,272,267	0			
500.00	Grand Total: Decreases		10,600,418	87,809,176			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/27/2013 7:06 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,565,811	333,744	0	333,744	43,889	1.00
2.00	Land Improvements	0	0	0	0	0	2.00
3.00	Buildings and Fixtures	408,686,830	46,297,204	0	46,297,204	734,620	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	197,148,692	53,127,513	0	53,127,513	12,156,504	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	620,401,333	99,758,461	0	99,758,461	12,935,013	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	620,401,333	99,758,461	0	99,758,461	12,935,013	10.00
SUMMARY OF CAPITAL							
Cost Center Description		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	19,009,439	0	9,035,462	0	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,681,183	0	0	0	2.00
3.00	Total (sum of lines 1-2)	19,009,439	5,681,183	9,035,462	0	0	3.00
COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL		
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/27/2013 7:06 pm

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	14,855,666	0		1.00		
2.00	Land Improvements	0	0		2.00		
3.00	Buildings and Fixtures	454,249,414	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	238,119,701	0		5.00		
6.00	Movable Equipment	0	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	707,224,781	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	707,224,781	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	28,044,901		1.00		
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0		1.01		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,681,183		2.00		
3.00	Total (sum of lines 1-2)	0	33,726,084		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	17,572,479	352,700	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	0	0	74,591	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	16,856,233	6,012,906	2.00
3.00	Total (sum of lines 1-2)	0	0	0	34,503,303	6,365,606	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,518,136	447,127	0	0	19,890,442	1.00
1.01	NEW CAP REL COSTS- BLDG & FIXT	0	7,502	0	0	82,093	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	302,749	0	157,253	0	23,329,141	2.00
3.00	Total (sum of lines 1-2)	1,820,885	454,629	157,253	0	43,301,676	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
			Cost Center	Line #
			1.00	2.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,214,577	NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
1.01 Investment income - NEW CAP REL COSTS- BLDG & FIXT (chapter 2)			NEW CAP REL COSTS- BLDG & FIXT	1.01 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00 2.00
3.00 Investment income - other (chapter 2)		0		0.00 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-63,948	ADMINISTRATIVE & GENERAL	5.00 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00 7.00
8.00 Television and radio service (chapter 21)		0		0.00 8.00
9.00 Parking lot (chapter 21)	B	-28,140	NEW CAP REL COSTS-BLDG & FIXT	1.00 9.00
10.00 Provider-based physician adjustment	A-8-2	-22,614,237		10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-25,134,015		12.00
13.00 Laundry and linen service		0		0.00 13.00
14.00 Cafeteria-employees and guests	B	-880,957	CAFETERIA	11.00 14.00
15.00 Rental of quarters to employee and others		0		0.00 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00 16.00
17.00 Sale of drugs to other than patients		0		0.00 17.00
18.00 Sale of medical records and abstracts		0		0.00 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00 19.00
20.00 Vending machines		0		0.00 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00 23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00 24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00 25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
26.01 Depreciation - NEW CAP REL COSTS- BLDG & FIXT			NEW CAP REL COSTS- BLDG & FIXT	1.01 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***	19.00 28.00
29.00 Physicians' assistant				0.00 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	67.00 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		*** Cost Center Deleted ***	68.00 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00 32.00
33.00		0		0.00 33.00
33.01 MISCELLANEOUS (ATM RENT)	B	-175	ADMINISTRATIVE & GENERAL	5.00 33.01
33.02 NSF AND LATE CHARGES	B	-11,130	ADMINISTRATIVE & GENERAL	5.00 33.02
33.03 CALL CENTER	B	-174,277	ADMINISTRATIVE & GENERAL	5.00 33.03
33.04 PRIMARY CARE SENIORS - NON OP	B	-5,619	PRIMARY CARE SENIORS	90.04 33.04
33.05 PROFESSIONAL BILLING FEES	B	-38,544	ADMINISTRATIVE & GENERAL	5.00 33.05
33.06 WEIGHT LOSS PROGRAM	B	-46,463	OPERATING ROOM	50.00 33.06
33.07 DIABETES EDUCATION MATERIAL	B	-240	CLINIC	90.00 33.07
33.08 SELF INSURANCE	A	-13,641,751	EMPLOYEE BENEFITS	4.00 33.08
33.09 PROPERTY TAX - RENTAL PROPERTY	A	-587,388	ADMINISTRATIVE & GENERAL	5.00 33.09
33.10 FAMILY PRACTICE GRANT	A	476,791	FAMILY PRACTICE CLINIC	90.01 33.10
33.11 NURSING ADMIN GRANT	A	100,000	NURSING ADMINISTRATION	13.00 33.11
33.13 CME GRANT	A	3,700	ADMINISTRATIVE & GENERAL	5.00 33.13
33.14 HOSPICE GRANT	A	190,000	HOSPICE	116.00 33.14
33.15 CHILD CARE TUITION	B	-973,466	EMPLOYEE BENEFITS	4.00 33.15

Provider CCN: 150082 Period: From 10/01/2011 To 09/30/2012 Worksheet A-8
 Date/Time Prepared: 2/27/2013 7:06 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center			Line #
			1.00	2.00		3.00
33.16 INCOME TAX - UBI	A	-217,076	ADMINISTRATIVE & GENERAL	5.00	33.16	
33.17 1992 CAPITAL CARRYFORWARD	A	-8	NEW CAP REL COSTS-MVBLE EQUIP	2.00	33.17	
33.18 AMORT PHASE II	A	20,350	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.18	
33.19 AMORT PHASE I	A	6,463	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.19	
33.20 1984 AMORT A&G	A	2,225	NEW CAP REL COSTS-BLDG & FIXT	1.00	33.20	
34.00 AHA GENERATOR	A	8,039	NEW CAP REL COSTS-MVBLE EQUIP	2.00	34.00	
35.00		0		0.00	35.00	
36.00		0		0.00	36.00	
42.00 AHA/IHA DUES	A	-21,154	ADMINISTRATIVE & GENERAL	5.00	42.00	
43.00 ADVERTISING	A	-34,201	ADMINISTRATIVE & GENERAL	5.00	43.00	
44.00 DIETARY EXPENSE RECOVERY	A	324,604	DIETARY	10.00	44.00	
45.00 GAIN ON DISPOSAL OF ASSETS - EQP	A	-97,368	NEW CAP REL COSTS-MVBLE EQUIP	2.00	45.00	
45.01 LOSS ON DISPOSAL OF ASSETS - BLDG	A	19,070	NEW CAP REL COSTS-BLDG & FIXT	1.00	45.01	
45.02 LAUNDRY EXPENSE RECOVERY	B	110,078	LAUNDRY & LINEN SERVICE	8.00	45.02	
45.03 MEDICAL RECORDS EXPENSE RECOVERY	A	529,682	MEDICAL RECORDS & LIBRARY	16.00	45.03	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-69,993,732			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
1.01	Investment income - NEW CAP REL COSTS- BLDG & FIXT (chapter 2)	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	9	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CAP REL COSTS- BLDG & FIXT	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00		0	33.00
33.01	MISCELLANEOUS (ATM RENT)	0	33.01
33.02	NSF AND LATE CHARGES	0	33.02
33.03	CALL CENTER	0	33.03
33.04	PRIMARY CARE SENIORS - NON OP	0	33.04
33.05	PROFESSIONAL BILLING FEES	0	33.05
33.06	WEIGHT LOSS PROGRAM	0	33.06
33.07	DIABETES EDUCATION MATERIAL	0	33.07
33.08	SELF INSURANCE	0	33.08
33.09	PROPERTY TAX - RENTAL PROPERTY	0	33.09
33.10	FAMILY PRACTICE GRANT	0	33.10
33.11	NURSING ADMIN GRANT	0	33.11
33.13	CME GRANT	0	33.13
33.14	HOSPICE GRANT	0	33.14
33.15	CHILD CARE TUITION	0	33.15
33.16	INCOME TAX - UBI	0	33.16
33.17	1992 CAPITAL CARRYFORWARD	9	33.17
33.18	AMORT PHASE II	9	33.18
33.19	AMORT PHASE I	9	33.19
33.20	1984 AMORT A&G	9	33.20
34.00	AHA GENERATOR	9	34.00
35.00		0	35.00
36.00		0	36.00
42.00	AHA/IHA DUES	0	42.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
43.00	ADVERTISING	0	43.00
44.00	DIETARY EXPENSE RECOVERY	0	44.00
45.00	GAIN ON DISPOSAL OF ASSETS - EQP	9	45.00
45.01	LOSS ON DISPOSAL OF ASSETS - BLDG	9	45.01
45.02	LAUNDRY EXPENSE RECOVERY	0	45.02
45.03	MEDICAL RECORDS EXPENSE RECOVERY	0	45.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	1.00
2.00	16.00	MEDICAL RECORDS & LIBRARY	FACILITY RENT	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	3.00
4.00	60.00	LABORATORY	FACILITY RENT	4.00
4.01	66.00	PHYSICAL THERAPY	FACILITY RENT	4.01
4.02	90.00	CLINIC	FACILITY RENT	4.02
4.03	90.01	FAMILY PRACTICE CLINIC	FACILITY RENT	4.03
4.04	90.04	PRIMARY CARE SENIORS	FACILITY RENT	4.04
4.05	90.05	PAIN MANAGEMENT	FACILITY RENT	4.05
4.06	90.06	WOUND CARE CENTER	FACILITY RENT	4.06
4.07	50.00	OPERATING ROOM	CONTRACT SERVICES	4.07
4.08	66.00	PHYSICAL THERAPY	THERAPY CONTRACT SERVICES	4.08
4.09	101.00	HOME HEALTH AGENCY	THERAPY CONTRACT SERVICES	4.09
4.10	116.00	HOSPICE	THERAPY CONTRACT SERVICES	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	FACILITY RENT	4.11
4.12	15.00	PHARMACY	FACILITY RENT	4.12
4.13	50.00	OPERATING ROOM	FACILITY RENT	4.13
4.14	54.00	RADIOLOGY-DIAGNOSTIC	FACILITY RENT	4.14
4.15	60.00	LABORATORY	FACILITY RENT	4.15
4.16	90.00	CLINIC	FACILITY RENT	4.16
4.17	90.03	INFUSION CENTER	FACILITY RENT	4.17
4.18	55.00	RADIOLOGY - THERAPEUTIC	CONTRACT SERVICES	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	CONTRACT SERVICES	4.19
4.20	50.00	OPERATING ROOM	CONTRACT SERVICES	4.20
4.21	59.00	CARDIAC CATHETERIZATION	CONTRACT SERVICES	4.21
4.22	69.00	ELECTROCARDIOLOGY	CONTRACT SERVICES	4.22
4.23	71.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	CONTRACT SERVICES	4.23
4.24	72.00	IMPL. DEV. CHARGED TO PATIENT	CONTRACT SERVICES	4.24
4.25	74.00	RENAL DIALYSIS	CONTRACT SERVICES	4.25
4.26	0.00			4.26
4.27	0.00			4.27
4.28	0.00			4.28
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
	1.00	2.00	3.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

6.00	B		100.00	6.00
7.00	B		100.00	7.00
8.00	B		100.00	8.00
9.00	B		100.00	9.00
10.00	B		100.00	10.00
10.01	B		100.00	10.01
10.02	B		100.00	10.02
10.03	B		100.00	10.03
10.04	B		100.00	10.04
10.05	B		100.00	10.05
10.06	C		0.00	10.06
10.07	C		0.00	10.07
10.08	C		0.00	10.08
10.09	C		0.00	10.09
10.10	A	DEACONESS HEALT	100.00	10.10
10.11	A	DEACONESS HEALT	100.00	10.11
10.12	A	DEACONESS HEALT	100.00	10.12
10.13	A	DEACONESS HEALT	100.00	10.13
10.14	A	DEACONESS HEALT	100.00	10.14
10.15	A	DEACONESS HEALT	100.00	10.15
10.16	A	DEACONESS HEALT	100.00	10.16

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

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-1

Date/Time Prepared:
2/27/2013 7:06 pm

		Symbol (1)	Name	Percentage of Ownership	
		1.00	2.00	3.00	
10.17		C		0.00	10.17
10.18		C		0.00	10.18
10.19		C		0.00	10.19
10.20		C		0.00	10.20
10.21		C		0.00	10.21
10.22		C		0.00	10.22
10.23		C		0.00	10.23
10.24		C		0.00	10.24
10.25		C		0.00	10.25
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 150082

Period: From 10/01/2011 To 09/30/2012

Worksheet A-8-1

Date/Time Prepared: 2/27/2013 7:06 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	179,613	193,090	-13,477	0	1.00
2.00	11,505	0	11,505	0	2.00
3.00	320,438	540,425	-219,987	0	3.00
4.00	12,859	23,014	-10,155	0	4.00
4.01	101,648	94,271	7,377	0	4.01
4.02	61,687	91,470	-29,783	0	4.02
4.03	2,355	0	2,355	0	4.03
4.04	26,018	67,461	-41,443	0	4.04
4.05	197,520	323,456	-125,936	0	4.05
4.06	37,478	48,436	-10,958	0	4.06
4.07	9,466,327	28,922,293	-19,455,966	0	4.07
4.08	5,322,243	8,335,271	-3,013,028	0	4.08
4.09	912,914	1,058,302	-145,388	0	4.09
4.10	4,086	4,737	-651	0	4.10
4.11	100,000	100,000	0	0	4.11
4.12	8,010	8,010	0	0	4.12
4.13	207,723	207,723	0	0	4.13
4.14	437,983	437,983	0	0	4.14
4.15	93,366	93,366	0	0	4.15
4.16	24,931	24,931	0	0	4.16
4.17	43,174	43,174	0	0	4.17
4.18	1,192,211	2,594,856	-1,402,645	0	4.18
4.19	0	2,487,270	-2,487,270	0	4.19
4.20	12,789	0	12,789	0	4.20
4.21	530,405	0	530,405	0	4.21
4.22	410,002	0	410,002	0	4.22
4.23	222,879	0	222,879	0	4.23
4.24	514,455	0	514,455	0	4.24
4.25	110,905	0	110,905	0	4.25
4.26	0	0	0	0	4.26
4.27	0	0	0	0	4.27
4.28	0	0	0	0	4.28
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	20,565,524	45,699,539	-25,134,015	5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

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

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

6.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	6.00
7.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	7.00
8.00	DEACONESS HEALT	0.00	HEALTH SYTEM	8.00
9.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	9.00
10.00	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.00
10.01	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.01
10.02	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.02
10.03	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.03
10.04	DEACONESS HEALTH SYSTEM	0.00	HEALTH SYTEM	10.04
10.05	DEACONESS HEALT	0.00	HEALTH SYTEM	10.05
10.06	EVANSVILLE SURG	50.00	SURGERY	10.06
10.07	PROGRESSIVE HEA	51.00	THERAPY SERVICE	10.07
10.08	PROGRESSIVE HEALTH OF IN	51.00	THERAPY SERVICE	10.08
10.09	PROGRESSIVE HEA	51.00	THERAPY SERVICE	10.09
10.10	DEACONESS CLINI	100.00	CLINIC	10.10
10.11	DEACONESS CLINIC	100.00	CLINIC	10.11

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

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-1

Date/Time Prepared:
2/27/2013 7:06 pm

		Related Organization(s) and/or Home Office			
		Name	Percentage of Ownership	Type of Business	
		4.00	5.00	6.00	
10.12		DEACONESS CLINIC	100.00	CLINIC	10.12
10.13		DEACONESS CLINIC	100.00	CLINIC	10.13
10.14		DEACONESS CLINIC	100.00	CLINIC	10.14
10.15		DEACONESS CLINI	100.00	CLINIC	10.15
10.16		DEACONESS CLINI	100.00	CLINIC	10.16
10.17		TRI-STATE RADIA	51.00	RADIATION THRPY	10.17
10.18		HEART HOSPITAL	51.00	HOSPITAL	10.18
10.19		HEART HOSPITAL	51.00	HOSPITAL	10.19
10.20		HEART HOSPITAL	51.00	HOSPITAL	10.20
10.21		HEART HOSPITAL	51.00	HOSPITAL	10.21
10.22		HEART HOSPITAL	51.00	HOSPITAL	10.22
10.23		HEART HOSPITAL	51.00	HOSPITAL	10.23
10.24		HEART HOSPITAL	51.00	HOSPITAL	10.24
10.25			0.00		10.25
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 7:06 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	111,364	0	1.00
2.00	15.00	PHARMACY	2,475	0	2.00
3.00	17.00	SOCIAL SERVICE	628,793	628,793	3.00
4.00	30.00	ADULTS & PEDIATRICS	1,117,473	926,856	4.00
5.00	50.00	OPERATING ROOM	8,324,352	7,715,689	5.00
6.00	59.00	CARDIAC CATHETERIZATION	324,100	0	6.00
7.00	60.00	LABORATORY	637,832	260,460	7.00
8.00	65.00	RESPIRATORY THERAPY	16,380	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	171,066	171,066	9.00
10.00	74.00	RENAL DIALYSIS	5,333	0	10.00
11.00	90.00	CLINIC	449,673	447,143	11.00
12.00	90.01	FAMILY PRACTICE CLINIC	161,884	161,884	12.00
13.00	90.03	INFUSION CENTER	688	0	13.00
14.00	90.04	PRIMARY CARE SENIORS	1,163,944	1,163,944	14.00
15.00	90.05	PAIN MANAGEMENT	104,217	93,842	15.00
16.00	91.00	EMERGENCY	12,992,932	10,433,425	16.00
200.00			26,212,506	22,003,102	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 7:06 pm

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	111,364	171,400	1,202	99,049	4,952	1.00
2.00	2,475	171,400	23	1,895	95	2.00
3.00	0	171,400	0	0	0	3.00
4.00	190,617	171,400	1,573	129,621	6,481	4.00
5.00	608,663	200,300	11,791	1,135,451	56,773	5.00
6.00	324,100	171,400	678	55,870	2,794	6.00
7.00	377,372	219,500	1,124	118,615	5,931	7.00
8.00	16,380	171,400	137	11,289	564	8.00
9.00	0	171,400	0	0	0	9.00
10.00	5,333	171,400	48	3,955	198	10.00
11.00	2,530	171,400	23	1,895	95	11.00
12.00	0	171,400	0	0	0	12.00
13.00	688	171,400	6	494	25	13.00
14.00	0	171,400	0	0	0	14.00
15.00	10,374	171,400	90	7,416	371	15.00
16.00	2,559,507	171,400	36,905	3,041,114	152,056	16.00
200.00	4,209,403		53,600	4,606,664	230,335	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 7:06 pm

	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	Provider Component Share of col. 14	Adjusted RCE Limit	
	12.00	13.00	14.00	15.00	16.00	
1.00	0	0	0	0	99,049	1.00
2.00	0	0	0	0	1,895	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	129,621	4.00
5.00	0	0	0	0	1,135,451	5.00
6.00	0	0	0	0	55,870	6.00
7.00	0	0	0	0	118,615	7.00
8.00	0	0	0	0	11,289	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	3,955	10.00
11.00	0	0	0	0	1,895	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	494	13.00
14.00	0	0	0	0	0	14.00
15.00	0	0	0	0	7,416	15.00
16.00	0	0	0	0	3,041,114	16.00
200.00	0	0	0	0	4,606,664	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/27/2013 7:06 pm

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	12,315	12,315	1.00
2.00	580	580	2.00
3.00	0	628,793	3.00
4.00	60,996	987,852	4.00
5.00	0	7,715,689	5.00
6.00	268,230	268,230	6.00
7.00	258,757	519,217	7.00
8.00	5,091	5,091	8.00
9.00	0	171,066	9.00
10.00	1,378	1,378	10.00
11.00	635	447,778	11.00
12.00	0	161,884	12.00
13.00	194	194	13.00
14.00	0	1,163,944	14.00
15.00	2,958	96,801	15.00
16.00	0	10,433,425	16.00
200.00	611,134	22,614,237	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	19,890,442	19,890,442			1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT	82,093	0	82,093		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	23,329,141			23,329,141	2.00
4.00 00400	EMPLOYEE BENEFITS	48,301,106			21,820	48,789,701
5.00 00500	ADMINISTRATIVE & GENERAL	66,013,923	2,019,405	48,113	13,983,045	6,744,256
7.00 00700	OPERATION OF PLANT	10,837,578	3,192,122	0	125,761	764,837
8.00 00800	LAUNDRY & LINEN SERVICE	1,041,937	430,589	0	300,294	157,378
9.00 00900	HOUSEKEEPING	4,154,519	179,960	0	117,330	900,616
10.00 01000	DIETARY	2,929,052	472,686	0	123,233	387,580
11.00 01100	CAFETERIA	664,966	132,331	0	0	223,888
13.00 01300	NURSING ADMINISTRATION	2,665,191	61,172	0	463,170	537,143
14.00 01400	CENTRAL SERVICES & SUPPLY	2,062,689	305,584	0	286,806	459,044
15.00 01500	PHARMACY	7,239,379	210,391	0	512,838	1,817,361
16.00 01600	MEDICAL RECORDS & LIBRARY	2,837,780	199,981	0	3,710	934,207
17.00 01700	SOCIAL SERVICE	2,415,369	76,543	0	914	625,560
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,042,488	0	0	0	269,935
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	819,712	0	10,518	0	180,619
23.00 02300	PARAMED ED PRGM - PHARMACY	222,303	0	0	0	53,857
23.01 02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	217,275	9,774	810	0	53,336
23.03 02302	PARAMED ED PRGM- NURSING	297,495	0	0	0	77,031
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	33,353,925	4,269,780	0	548,396	8,321,764
31.00 03100	INTENSIVE CARE UNIT	8,387,719	716,527	0	320,908	2,024,947
32.00 03200	CORONARY CARE UNIT	3,471,199	216,461	0	59,198	845,485
40.00 04000	SUBPROVIDER - IPF	1,366,870	163,447	0	1,704	324,487
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,161,713	1,632,497	0	2,782,588	4,709,267
54.00 05400	RADIOLOGY-DIAGNOSTIC	15,124,782	791,455	0	1,477,199	2,165,962
55.00 05500	RADIOLOGY - THERAPEUTIC	1,738,697	283,915	0	75,704	78,559
59.00 05900	CARDIAC CATHETERIZATION	2,254,075	189,473	0	196,911	318,398
60.00 06000	LABORATORY	26,240,128	725,534	0	761,563	2,833,173
64.00 06400	INTRAVENOUS THERAPY	1,284,455	10,361	0	10,653	188,850
65.00 06500	RESPIRATORY THERAPY	3,734,947	213,557	0	268,870	904,853
66.00 06600	PHYSICAL THERAPY	5,910,650	126,261	0	79,933	24
69.00 06900	ELECTROCARDIOLOGY	923,390	65,088	0	7,786	96,985
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,640,742	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	22,333,110	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	23,292,771	0	0	0	0
74.00 07400	RENAL DIALYSIS	2,060,216	9,594	0	76,358	37,556
76.00 03020	BEHAVIORAL HEALTH SERVICES	807,529	0	0	0	207,020
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	2,251,057	92,370	0	27,450	483,378
90.01 09001	FAMILY PRACTICE CLINIC	1,365,415	300,967	0	6,984	223,651
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	518,855	96,450	0	828	94,785
90.03 09003	INFUSION CENTER	593,753	63,081	0	8,661	23,497
90.04 09004	PRIMARY CARE SENIORS	782,318	0	0	6,963	425,025
90.05 09005	PAIN MANAGEMENT	2,168,466	0	0	101,850	488,165
90.06 09006	WOUND CARE CENTER	299,523	7,751	0	4,792	58,686
91.00 09100	EMERGENCY	12,649,212	735,129	0	268,982	4,118,953
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	3,984,913	112,750	0	157,603	384,711
101.00 10100	HOME HEALTH AGENCY	3,332,448	65,301	0	48,159	530,872
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	2,354,193	161,440	0	3,556	405,875
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	420,451,509	18,794,677	71,266	23,242,520	44,481,576
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,324,278	140,424	0	0	191,789
192.00 19200	PHYSICIANS' PRIVATE OFFICES	15,733,747	456,059	0	13,087	2,869,469
192.01 19201	DEACONESS URGENT CARE	2,207,546	0	0	22,597	406,297
192.02 19202	HEARTCARE OFFICES	1,239,400	0	0	0	87,637
192.03 19203	FAMILY PHARMACY	712,979	29,664	0	4,597	33,002
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	1,938,814	198,300	10,827	6,378	306,536
194.01 07951	OCCUPATIONAL HEALTH	2,241,552	177,496	0	38,778	317,764
194.02 07952	OTHER FACILITIES	2,922,841	73,263	0	1,184	24,492
194.03 07953	THE HEART HOSPITAL	225,341	0	0	0	0
194.04 07954	PUBLIC RELATIONS	1,300,050	20,559	0	0	71,139

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
			NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	4.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	450,298,057	19,890,442	82,093	23,329,141	48,789,701	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part I Date/Time Prepared: 2/27/2013 7:06 pm		
Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING
		4A	5.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	88,808,742	88,808,742		5.00
7.00	00700	OPERATION OF PLANT	14,920,298	3,665,544	18,585,842	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,930,198	474,201	562,632	2,967,031
9.00	00900	HOUSEKEEPING	5,352,425	1,314,957	235,146	6,902,528
10.00	01000	DIETARY	3,912,551	961,216	617,639	27,535
11.00	01100	CAFETERIA	1,021,185	250,880	172,911	0
13.00	01300	NURSING ADMINISTRATION	3,726,676	915,551	79,931	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,114,123	765,062	399,294	145,370
15.00	01500	PHARMACY	9,779,969	2,402,694	274,909	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,975,678	976,725	261,306	0
17.00	01700	SOCIAL SERVICE	3,118,386	766,109	100,015	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,312,423	322,430	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,010,849	248,340	0	0
23.00	02300	PARAMED PRGM - PHARMACY	276,160	67,846	0	0
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	281,195	69,083	12,771	0
23.03	02302	PARAMED PRGM- NURSING	374,526	92,012	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,493,865	11,422,232	5,579,137	1,150,957
31.00	03100	INTENSIVE CARE UNIT	11,450,101	2,813,004	936,255	208,492
32.00	03200	CORONARY CARE UNIT	4,592,343	1,128,224	282,840	112,371
40.00	04000	SUBPROVIDER - I/PF	1,856,508	456,098	213,569	35,748
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	31,286,065	7,686,204	2,133,114	423,654
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,559,398	4,805,255	1,034,160	176,544
55.00	05500	RADIOLOGY - THERAPEUTIC	2,176,875	534,804	370,980	584
59.00	05900	CARDIAC CATHETERIZATION	2,958,857	726,917	247,576	103,427
60.00	06000	LABORATORY	30,560,398	7,507,926	948,024	17,638
64.00	06400	INTRAVENOUS THERAPY	1,494,319	367,117	13,539	0
65.00	06500	RESPIRATORY THERAPY	5,122,227	1,258,403	279,045	11,775
66.00	06600	PHYSICAL THERAPY	6,116,868	1,502,762	164,979	53,048
69.00	06900	ELECTROCARDIOLOGY	1,093,249	268,584	85,048	11,998
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,640,742	4,579,564	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,333,110	5,486,687	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	23,292,771	5,722,452	0	0
74.00	07400	RENAL DIALYSIS	2,183,724	536,486	12,537	0
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,014,549	249,249	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	2,854,255	701,219	120,696	3,285
90.01	09001	FAMILY PRACTICE CLINIC	1,897,017	466,050	393,260	5,509
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	710,918	174,655	126,027	0
90.03	09003	INFUSION CENTER	688,992	169,268	82,426	3,881
90.04	09004	PRIMARY CARE SENIORS	1,214,306	298,325	0	506
90.05	09005	PAIN MANAGEMENT	2,758,481	677,690	0	22,626
90.06	09006	WOUND CARE CENTER	370,752	91,084	10,127	4,369
91.00	09100	EMERGENCY	17,772,276	4,366,204	960,561	262,165
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,639,977	1,139,926	147,326	385
101.00	10100	HOME HEALTH AGENCY	3,976,780	976,995	85,325	0
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	2,925,064	718,615	210,947	24,916
118.00		SUBTOTALS (SUM OF LINES 1-117)	414,950,171	80,124,649	17,154,052	2,806,783
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,656,491	406,958	183,486	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,072,362	4,685,603	595,913	30,962
192.01	19201	DEACONESS URGENT CARE	2,636,440	647,707	0	1,209
192.02	19202	HEARTCARE OFFICES	1,327,037	326,020	0	0
192.03	19203	FAMILY PHARMACY	780,242	191,686	38,761	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,460,855	604,571	259,110	45,259
194.01	07951	OCCUPATIONAL HEALTH	2,775,590	681,893	231,926	9,068
194.02	07952	OTHER FACILITIES	3,021,780	742,376	95,730	0
194.03	07953	THE HEART HOSPITAL	225,341	55,361	0	73,750
194.04	07954	PUBLIC RELATIONS	1,391,748	341,918	26,864	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	450,298,057	88,808,742	18,585,842	2,967,031

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	5,758,611					10.00
11.00	01100		1,512,073				11.00
13.00	01300		22,861	4,776,036			13.00
14.00	01400		27,987		4,606,779		14.00
15.00	01500		53,360		50,561	12,668,169	15.00
16.00	01600		50,643		44		16.00
17.00	01700		26,859				17.00
21.00	02100		9,585				21.00
22.00	02200		1,845				22.00
23.00	02300		1,640		4		23.00
23.01	02301		3,281				23.01
23.03	02302		2,563	14,715			23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	4,205,411	370,241	2,125,789	67,975	16,612	30.00
31.00	03100	466,225	76,939	441,757	23,232	3,540	31.00
32.00	03200	205,012	31,934	183,354	11,371	3,725	32.00
40.00	04000	139,796	13,737	78,875	611	88	40.00
44.00	04400		0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	110,257	633,057	24,783	6,170	50.00
54.00	05400	0	86,729	0	127,775	3,599	54.00
55.00	05500	0	3,691	0	249	0	55.00
59.00	05900	0	10,816	62,099	5,670	1,205	59.00
60.00	06000	0	147,778	0	805,332	976	60.00
64.00	06400	0	5,997	34,434	12,253	118	64.00
65.00	06500	0	36,599	0	10,992	0	65.00
66.00	06600	0	0	0	10,829	2,014	66.00
69.00	06900	0	4,101	0	2,874	798	69.00
71.00	07100	0	0	0	1,475,272	0	71.00
72.00	07200	0	0	0	1,748,073	0	72.00
73.00	07300	0	0	0	0	11,780,299	73.00
74.00	07400	0	1,179	6,769	18,960	2,357	74.00
76.00	03020	0	10,764	61,805	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	19,888	114,192	12,466	3,611	90.00
90.01	09001	0	12,148	69,751	5,515	14,268	90.01
90.02	09002	0	4,562	26,193	0	0	90.02
90.03	09003	0	820	4,709	8,427	6,429	90.03
90.04	09004	0	10,047	57,684	468	12,367	90.04
90.05	09005	0	19,888	114,192	0	0	90.05
90.06	09006	0	2,819	16,187	0	3,522	90.06
91.00	09100	9,608	89,702	515,040	33,517	2,519	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	0	20,350	0	105,327	330,754	96.00
101.00	10100	0	21,529	123,610	9,908	1,318	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	47,727	15,993	91,824	2,533	72,345	116.00
118.00		5,073,779	1,329,132	4,776,036	4,575,021	12,268,634	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	15,941	0	0	0	190.00
192.00	19200	0	43,672	0	859	9,324	192.00
192.01	19201	0	13,020	0	7,289	24,497	192.01
192.02	19202	0	4,870	0	13	0	192.02
192.03	19203	0	871	0	1	274,948	192.03
194.00	07950	501,315	20,350	0	5,840	1,835	194.00
194.01	07951	0	11,533	0	4,295	86,013	194.01
194.02	07952	0	1,435	0	0	0	194.02
194.03	07953	183,517	68,789	0	13,461	2,918	194.03
194.04	07954	0	2,460	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		5,758,611	1,512,073	4,776,036	4,606,779	12,668,169	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	5,365,794					16.00
17.00 01700 SOCIAL SERVICE	0	4,050,179				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,644,438			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	1,261,034		22.00
23.00 02300 PARAMED PRGM - PHARMACY	0	0	0	0	345,650	23.00
23.01 02301 PARAMED PRGM- CHAPLAIN RESIDENCY	0	0	0	0	0	23.01
23.03 02302 PARAMED PRGM- NURSING	0	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	412,652	3,335,442	481,588	369,305	0	30.00
31.00 03100 INTENSIVE CARE UNIT	109,978	256,572	30,113	23,092	0	31.00
32.00 03200 CORONARY CARE UNIT	47,976	164,939	0	0	0	32.00
40.00 04000 SUBPROVIDER - I/PF	22,856	0	0	0	0	40.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	599,845	0	169,777	130,193	0	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	834,843	0	8,142	6,244	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	32,057	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	123,361	0	30,630	23,488	0	59.00
60.00 06000 LABORATORY	661,731	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	16,585	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	73,766	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	113,859	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	76,633	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	296,639	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	160,699	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	549,710	0	0	0	345,650	73.00
74.00 07400 RENAL DIALYSIS	17,717	0	2,025	1,553	0	74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	6,282	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	18,876	0	10,253	7,862	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	4,972	0	804,341	616,807	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	9,367	0	0	0	0	90.02
90.03 09003 INFUSION CENTER	20,217	0	0	0	0	90.03
90.04 09004 PRIMARY CARE SENIORS	2,511	0	21,755	16,683	0	90.04
90.05 09005 PAIN MANAGEMENT	67,829	0	10,511	8,061	0	90.05
90.06 09006 WOUND CARE CENTER	7,026	0	0	0	0	90.06
91.00 09100 EMERGENCY	440,417	293,226	75,303	57,746	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	46,157	0	0	0	0	96.00
101.00 10100 HOME HEALTH AGENCY	16,782	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	14,800	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	4,806,143	4,050,179	1,644,438	1,261,034	345,650	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	76,569	0	0	0	0	192.00
192.01 19201 DEACONESS URGENT CARE	13,958	0	0	0	0	192.01
192.02 19202 HEARTCARE OFFICES	9,219	0	0	0	0	192.02
192.03 19203 FAMILY PHARMACY	2,824	0	0	0	0	192.03
194.00 07950 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.00
194.01 07951 OCCUPATIONAL HEALTH	10,412	0	0	0	0	194.01
194.02 07952 OTHER FACILITIES	0	0	0	0	0	194.02
194.03 07953 THE HEART HOSPITAL	446,669	0	0	0	0	194.03
194.04 07954 PUBLIC RELATIONS	0	0	0	0	0	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
202.00 TOTAL (sum lines 118-201)	5,365,794	4,050,179	1,644,438	1,261,034	345,650	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description			PARAMED PRGM- CHAPLAIN RESIDENCY	PARAMED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM - PHARMACY						23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	371,286					23.01
23.03	02302	PARAMED PRGM- NURSING	0	483,816				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	371,286	308,490	78,875,925	-850,893	78,025,032	30.00
31.00	03100	INTENSIVE CARE UNIT	0	73,238	17,275,845	-53,205	17,222,640	31.00
32.00	03200	CORONARY CARE UNIT	0	57,703	6,931,546	0	6,931,546	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	2,900,760	0	2,900,760	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	8,877	44,039,735	-299,970	43,739,765	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	27,043,987	-14,386	27,029,601	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	3,263,196	0	3,263,196	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,219	4,392,335	-54,118	4,338,217	59.00
60.00	06000	LABORATORY	0	0	41,017,677	0	41,017,677	60.00
64.00	06400	INTRAVENOUS THERAPY	0	2,219	1,951,835	0	1,951,835	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	6,901,088	0	6,901,088	65.00
66.00	06600	PHYSICAL THERAPY	0	0	8,028,378	0	8,028,378	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,576,287	0	1,576,287	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	24,992,217	0	24,992,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	29,728,569	0	29,728,569	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	41,690,882	0	41,690,882	73.00
74.00	07400	RENAL DIALYSIS	0	2,219	2,790,391	-3,578	2,786,813	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	1,342,649	0	1,342,649	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	3,913,438	-18,115	3,895,323	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	4,442,240	-1,421,148	3,021,092	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	1,100,626	0	1,100,626	90.02
90.03	09003	INFUSION CENTER	0	0	1,017,154	0	1,017,154	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	1,634,652	-38,438	1,596,214	90.04
90.05	09005	PAIN MANAGEMENT	0	0	3,679,278	-18,572	3,660,706	90.05
90.06	09006	WOUND CARE CENTER	0	0	538,667	0	538,667	90.06
91.00	09100	EMERGENCY	0	28,851	25,251,023	-133,049	25,117,974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	6,487,371	0	6,487,371	96.00
101.00	10100	HOME HEALTH AGENCY	0	0	5,245,357	0	5,245,357	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	4,206,620	0	4,206,620	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	371,286	483,816	402,259,728	-2,905,472	399,354,256	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	2,334,076	0	2,334,076	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	24,746,504	0	24,746,504	192.00
192.01	19201	DEACONESS URGENT CARE	0	0	3,344,120	0	3,344,120	192.01
192.02	19202	HEARTCARE OFFICES	0	0	1,667,159	0	1,667,159	192.02
192.03	19203	FAMILY PHARMACY	0	0	1,304,374	0	1,304,374	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	3,999,681	0	3,999,681	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	0	3,900,727	0	3,900,727	194.01
194.02	07952	OTHER FACILITIES	0	0	3,898,468	0	3,898,468	194.02
194.03	07953	THE HEART HOSPITAL	0	0	1,069,806	0	1,069,806	194.03
194.04	07954	PUBLIC RELATIONS	0	0	1,773,414	0	1,773,414	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.01	23.03	24.00	25.00	26.00	
202.00	TOTAL (sum lines 118-201)	371,286	483,816	450,298,057	-2,905,472	447,392,585	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/27/2013 7:06 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	454,950	11,825	21,820	488,595 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	2,019,405	48,113	13,983,045	16,050,563 5.00
7.00 00700	OPERATION OF PLANT	0	3,192,122	0	125,761	3,317,883 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	430,589	0	300,294	730,883 8.00
9.00 00900	HOUSEKEEPING	0	179,960	0	117,330	297,290 9.00
10.00 01000	DIETARY	0	472,686	0	123,233	595,919 10.00
11.00 01100	CAFETERIA	0	132,331	0	0	132,331 11.00
13.00 01300	NURSING ADMINISTRATION	0	61,172	0	463,170	524,342 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	305,584	0	286,806	592,390 14.00
15.00 01500	PHARMACY	0	210,391	0	512,838	723,229 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	199,981	0	3,710	203,691 16.00
17.00 01700	SOCIAL SERVICE	0	76,543	0	914	77,457 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	10,518	0	10,518 22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	0	0	0	0	0 23.00
23.01 02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	9,774	810	0	10,584 23.01
23.03 02302	PARAMED ED PRGM- NURSING	0	0	0	0	0 23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	4,269,780	0	548,396	4,818,176 30.00
31.00 03100	INTENSIVE CARE UNIT	0	716,527	0	320,908	1,037,435 31.00
32.00 03200	CORONARY CARE UNIT	0	216,461	0	59,198	275,659 32.00
40.00 04000	SUBPROVIDER - IPF	0	163,447	0	1,704	165,151 40.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	1,632,497	0	2,782,588	4,415,085 50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	791,455	0	1,477,199	2,268,654 54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	0	283,915	0	75,704	359,619 55.00
59.00 05900	CARDIAC CATHETERIZATION	0	189,473	0	196,911	386,384 59.00
60.00 06000	LABORATORY	0	725,534	0	761,563	1,487,097 60.00
64.00 06400	INTRAVENOUS THERAPY	0	10,361	0	10,653	21,014 64.00
65.00 06500	RESPIRATORY THERAPY	0	213,557	0	268,870	482,427 65.00
66.00 06600	PHYSICAL THERAPY	0	126,261	0	79,933	206,194 66.00
69.00 06900	ELECTROCARDIOLOGY	0	65,088	0	7,786	72,874 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	9,594	0	76,358	85,952 74.00
76.00 03020	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	92,370	0	27,450	119,820 90.00
90.01 09001	FAMILY PRACTICE CLINIC	0	300,967	0	6,984	307,951 90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	0	96,450	0	828	97,278 90.02
90.03 09003	INFUSION CENTER	0	63,081	0	8,661	71,742 90.03
90.04 09004	PRIMARY CARE SENIORS	0	0	0	6,963	6,963 90.04
90.05 09005	PAIN MANAGEMENT	0	0	0	101,850	101,850 90.05
90.06 09006	WOUND CARE CENTER	0	7,751	0	4,792	12,543 90.06
91.00 09100	EMERGENCY	0	735,129	0	268,982	1,004,111 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	112,750	0	157,603	270,353 96.00
101.00 10100	HOME HEALTH AGENCY	0	65,301	0	48,159	113,460 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	161,440	0	3,556	164,996 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	18,794,677	71,266	23,242,520	42,108,463 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	140,424	0	0	140,424 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	456,059	0	13,087	469,146 192.00
192.01 19201	DEACONESS URGENT CARE	0	0	0	22,597	22,597 192.01
192.02 19202	HEARTCARE OFFICES	0	0	0	0	0 192.02
192.03 19203	FAMILY PHARMACY	0	29,664	0	4,597	34,261 192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	198,300	10,827	6,378	215,505 194.00
194.01 07951	OCCUPATIONAL HEALTH	0	177,496	0	38,778	216,274 194.01
194.02 07952	OTHER FACILITIES	0	73,263	0	1,184	74,447 194.02
194.03 07953	THE HEART HOSPITAL	0	0	0	0	0 194.03
194.04 07954	PUBLIC RELATIONS	0	20,559	0	0	20,559 194.04
200.00	Cross Foot Adjustments					0 200.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/27/2013 7:06 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	2A	
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	19,890,442	82,093	23,329,141	43,301,676	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description			EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	488,595					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	67,538	16,118,101				5.00
7.00	00700	OPERATION OF PLANT	7,659	665,266	3,990,808			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,576	86,064	120,810	939,333		8.00
9.00	00900	HOUSEKEEPING	9,019	238,654	50,491	0	595,454	9.00
10.00	01000	DIETARY	3,881	174,453	132,621	8,717	20,675	10.00
11.00	01100	CAFETERIA	2,242	45,533	37,128	2,042	5,788	11.00
13.00	01300	NURSING ADMINISTRATION	5,379	166,165	17,163	0	2,676	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,597	138,853	85,738	46,023	13,366	14.00
15.00	01500	PHARMACY	18,199	436,069	59,029	0	9,203	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,355	177,268	56,108	0	8,747	16.00
17.00	01700	SOCIAL SERVICE	6,264	139,043	21,476	0	3,348	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,703	58,518	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,809	45,072	0	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	539	12,313	0	0	0	23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	534	12,538	2,742	0	428	23.01
23.03	02302	PARAMED PRGM- NURSING	771	16,699	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	83,346	2,073,082	1,197,969	364,383	186,760	30.00
31.00	03100	INTENSIVE CARE UNIT	20,278	510,537	201,036	66,006	31,341	31.00
32.00	03200	CORONARY CARE UNIT	8,467	204,763	60,732	35,576	9,468	32.00
40.00	04000	SUBPROVIDER - IPF	3,249	82,778	45,858	11,317	7,149	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	47,159	1,394,983	458,029	134,125	71,406	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	21,690	872,114	222,058	55,892	34,618	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	787	97,063	79,658	185	12,419	55.00
59.00	05900	CARDIAC CATHETERIZATION	3,188	131,930	53,160	32,744	8,288	59.00
60.00	06000	LABORATORY	28,372	1,362,627	203,563	5,584	31,735	60.00
64.00	06400	INTRAVENOUS THERAPY	1,891	66,629	2,907	0	453	64.00
65.00	06500	RESPIRATORY THERAPY	9,061	228,390	59,917	3,728	9,341	65.00
66.00	06600	PHYSICAL THERAPY	0	272,739	35,425	16,795	5,523	66.00
69.00	06900	ELECTROCARDIOLOGY	971	48,746	18,262	3,798	2,847	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	831,153	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	995,789	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,038,578	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	376	97,368	2,692	0	420	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	2,073	45,237	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,841	127,266	25,916	1,040	4,040	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2,240	84,584	84,442	1,744	13,164	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	949	31,698	27,061	0	4,219	90.02
90.03	09003	INFUSION CENTER	235	30,721	17,699	1,229	2,759	90.03
90.04	09004	PRIMARY CARE SENIORS	4,256	54,143	0	160	0	90.04
90.05	09005	PAIN MANAGEMENT	4,889	122,995	0	7,163	0	90.05
90.06	09006	WOUND CARE CENTER	588	16,531	2,175	1,383	339	90.06
91.00	09100	EMERGENCY	41,248	792,430	206,255	82,999	32,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	3,853	206,887	31,634	122	4,932	96.00
101.00	10100	HOME HEALTH AGENCY	5,316	177,317	18,321	0	2,856	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	4,065	130,423	45,295	7,888	7,061	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	445,453	14,542,009	3,683,370	888,601	547,524	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,921	73,860	39,399	0	6,142	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	28,735	850,398	127,956	9,802	19,948	192.00
192.01	19201	DEACONESS URGENT CARE	4,069	117,554	0	383	0	192.01
192.02	19202	HEARTCARE OFFICES	878	59,170	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	330	34,789	8,323	0	1,298	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	3,070	109,725	55,637	14,328	8,674	194.00
194.01	07951	OCCUPATIONAL HEALTH	3,182	123,758	49,800	2,871	7,764	194.01
194.02	07952	OTHER FACILITIES	245	134,735	20,555	0	3,205	194.02
194.03	07953	THE HEART HOSPITAL	0	10,048	0	23,348	0	194.03
194.04	07954	PUBLIC RELATIONS	712	62,055	5,768	0	899	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	488,595	16,118,101	3,990,808	939,333	595,454	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/27/2013 7:06 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY	936,266				10.00	
11.00	01100	CAFETERIA	0	223,022			11.00	
13.00	01300	NURSING ADMINISTRATION	0	3,372	719,097		13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,128	0	885,095	14.00	
15.00	01500	PHARMACY	0	7,870	0	9,714	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,470	0	8	16.00	
17.00	01700	SOCIAL SERVICE	0	3,962	0	0	17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,414	0	0	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	272	0	0	22.00	
23.00	02300	PARAMED ED PRGM - PHARMACY	0	242	0	1	23.00	
23.01	02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	0	484	0	0	23.01	
23.03	02302	PARAMED ED PRGM- NURSING	0	378	2,216	0	23.03	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	683,738	54,609	320,067	13,060	1,657	30.00
31.00	03100	INTENSIVE CARE UNIT	75,801	11,348	66,512	4,464	353	31.00
32.00	03200	CORONARY CARE UNIT	33,332	4,710	27,606	2,185	372	32.00
40.00	04000	SUBPROVIDER - I/PF	22,729	2,026	11,876	117	9	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	16,262	95,315	4,762	615	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	12,792	0	24,550	359	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	544	0	48	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,595	9,350	1,089	120	59.00
60.00	06000	LABORATORY	0	21,796	0	154,730	97	60.00
64.00	06400	INTRAVENOUS THERAPY	0	885	5,185	2,354	12	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,398	0	2,112	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	2,081	201	66.00
69.00	06900	ELECTROCARDIOLOGY	0	605	0	552	80	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	283,446	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	335,846	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,174,771	73.00
74.00	07400	RENAL DIALYSIS	0	174	1,019	3,643	235	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	1,588	9,306	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,933	17,193	2,395	360	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	1,792	10,502	1,060	1,423	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	673	3,944	0	0	90.02
90.03	09003	INFUSION CENTER	0	121	709	1,619	641	90.03
90.04	09004	PRIMARY CARE SENIORS	0	1,482	8,685	90	1,233	90.04
90.05	09005	PAIN MANAGEMENT	0	2,933	17,193	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	416	2,437	0	351	90.06
91.00	09100	EMERGENCY	1,562	13,231	77,546	6,440	251	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	3,001	0	20,237	32,984	96.00
101.00	10100	HOME HEALTH AGENCY	0	3,175	18,611	1,904	131	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	7,760	2,359	13,825	487	7,214	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	824,922	196,040	719,097	878,994	1,223,469	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,351	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,441	0	165	930	192.00
192.01	19201	DEACONESS URGENT CARE	0	1,920	0	1,400	2,443	192.01
192.02	19202	HEARTCARE OFFICES	0	718	0	3	0	192.02
192.03	19203	FAMILY PHARMACY	0	129	0	0	27,419	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	81,507	3,001	0	1,122	183	194.00
194.01	07951	OCCUPATIONAL HEALTH	0	1,701	0	825	8,578	194.01
194.02	07952	OTHER FACILITIES	0	212	0	0	0	194.02
194.03	07953	THE HEART HOSPITAL	29,837	10,146	0	2,586	291	194.03
194.04	07954	PUBLIC RELATIONS	0	363	0	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	936,266	223,022	719,097	885,095	1,263,313	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/27/2013 7:06 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	462,647				16.00
17.00 01700	SOCIAL SERVICE	0	251,550			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	62,635		21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	57,671	22.00
23.00 02300	PARAMED PRGM - PHARMACY	0	0	0	0	23.00
23.01 02301	PARAMED PRGM- CHAPLAIN RESIDENCY	0	0	0	0	23.01
23.03 02302	PARAMED PRGM- NURSING	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	35,606	207,159			30.00
31.00 03100	INTENSIVE CARE UNIT	9,489	15,935			31.00
32.00 03200	CORONARY CARE UNIT	4,140	10,244			32.00
40.00 04000	SUBPROVIDER - I/PF	1,972	0			40.00
44.00 04400	SKILLED NURSING FACILITY	0	0			44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	51,758	0			50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	71,693	0			54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	2,766	0			55.00
59.00 05900	CARDIAC CATHETERIZATION	10,644	0			59.00
60.00 06000	LABORATORY	57,098	0			60.00
64.00 06400	INTRAVENOUS THERAPY	1,431	0			64.00
65.00 06500	RESPIRATORY THERAPY	6,365	0			65.00
66.00 06600	PHYSICAL THERAPY	9,824	0			66.00
69.00 06900	ELECTROCARDIOLOGY	6,612	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	25,596	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	13,866	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	47,432	0			73.00
74.00 07400	RENAL DIALYSIS	1,529	0			74.00
76.00 03020	BEHAVIORAL HEALTH SERVICES	542	0			76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,629	0			90.00
90.01 09001	FAMILY PRACTICE CLINIC	429	0			90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	808	0			90.02
90.03 09003	INFUSION CENTER	1,744	0			90.03
90.04 09004	PRIMARY CARE SENIORS	217	0			90.04
90.05 09005	PAIN MANAGEMENT	5,853	0			90.05
90.06 09006	WOUND CARE CENTER	606	0			90.06
91.00 09100	EMERGENCY	38,001	18,212			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	3,983	0			96.00
101.00 10100	HOME HEALTH AGENCY	1,448	0			101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	1,277	0			116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	414,358	251,550	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	6,607	0			192.00
192.01 19201	DEACONESS URGENT CARE	1,204	0			192.01
192.02 19202	HEARTCARE OFFICES	795	0			192.02
192.03 19203	FAMILY PHARMACY	244	0			192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0			194.00
194.01 07951	OCCUPATIONAL HEALTH	898	0			194.01
194.02 07952	OTHER FACILITIES	0	0			194.02
194.03 07953	THE HEART HOSPITAL	38,541	0			194.03
194.04 07954	PUBLIC RELATIONS	0	0			194.04
200.00	Cross Foot Adjustments			62,635	57,671	13,095
201.00	Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
202.00 TOTAL (sum lines 118-201)	462,647	17.00	21.00	22.00	23.00	202.00
	462,647	251,550	62,635	57,671	13,095	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description			PARAMED PRGM- CHAPLAIN RESIDENCY	PARAMED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.01	23.03	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00	02300	PARAMED PRGM - PHARMACY						23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	27,310					23.01
23.03	02302	PARAMED PRGM- NURSING		20,064				23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			10,039,612	0	10,039,612	30.00
31.00	03100	INTENSIVE CARE UNIT			2,050,535	0	2,050,535	31.00
32.00	03200	CORONARY CARE UNIT			677,254	0	677,254	32.00
40.00	04000	SUBPROVIDER - IPF			354,231	0	354,231	40.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			6,689,499	0	6,689,499	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			3,584,420	0	3,584,420	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC			553,089	0	553,089	55.00
59.00	05900	CARDIAC CATHETERIZATION			638,492	0	638,492	59.00
60.00	06000	LABORATORY			3,352,699	0	3,352,699	60.00
64.00	06400	INTRAVENOUS THERAPY			102,761	0	102,761	64.00
65.00	06500	RESPIRATORY THERAPY			806,739	0	806,739	65.00
66.00	06600	PHYSICAL THERAPY			548,782	0	548,782	66.00
69.00	06900	ELECTROCARDIOLOGY			155,347	0	155,347	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS			1,140,195	0	1,140,195	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT			1,345,501	0	1,345,501	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			2,260,781	0	2,260,781	73.00
74.00	07400	RENAL DIALYSIS			193,408	0	193,408	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES			58,746	0	58,746	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC			307,433	0	307,433	90.00
90.01	09001	FAMILY PRACTICE CLINIC			509,331	0	509,331	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES			166,630	0	166,630	90.02
90.03	09003	INFUSION CENTER			129,219	0	129,219	90.03
90.04	09004	PRIMARY CARE SENIORS			77,229	0	77,229	90.04
90.05	09005	PAIN MANAGEMENT			262,876	0	262,876	90.05
90.06	09006	WOUND CARE CENTER			37,369	0	37,369	90.06
91.00	09100	EMERGENCY			2,314,441	0	2,314,441	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED			577,986	0	577,986	96.00
101.00	10100	HOME HEALTH AGENCY			342,539	0	342,539	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE			392,650	0	392,650	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	39,669,794	0	39,669,794	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			264,097	0	264,097	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES			1,520,128	0	1,520,128	192.00
192.01	19201	DEACONESS URGENT CARE			151,570	0	151,570	192.01
192.02	19202	HEARTCARE OFFICES			61,564	0	61,564	192.02
192.03	19203	FAMILY PHARMACY			106,793	0	106,793	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			492,752	0	492,752	194.00
194.01	07951	OCCUPATIONAL HEALTH			415,651	0	415,651	194.01
194.02	07952	OTHER FACILITIES			233,399	0	233,399	194.02
194.03	07953	THE HEART HOSPITAL			114,797	0	114,797	194.03
194.04	07954	PUBLIC RELATIONS			90,356	0	90,356	194.04
200.00		Cross Foot Adjustments	27,310	20,064	180,775	0	180,775	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/27/2013 7:06 pm		
Cost Center Description		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
202.00	TOTAL (sum lines 118-201)	27,310	20,064	43,301,676	0	43,301,676	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation 5A	
	NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)				
	1.00	1.01	2.00	4.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,219,003					1.00
1.01 00101	NEW CAP REL COSTS- BLDG & FIXT	0	53,207				1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			15,412,752			2.00
4.00 00400	EMPLOYEE BENEFITS	27,882	7,664	14,416	188,425,676		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	123,761	31,184	9,238,112	26,046,338	-88,808,742	5.00
7.00 00700	OPERATION OF PLANT	195,632	0	83,086	2,953,802	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	26,389	0	198,394	607,796	0	8.00
9.00 00900	HOUSEKEEPING	11,029	0	77,516	3,478,182	0	9.00
10.00 01000	DIETARY	28,969	0	81,416	1,496,837	0	10.00
11.00 01100	CAFETERIA	8,110	0	0	864,658	0	11.00
13.00 01300	NURSING ADMINISTRATION	3,749	0	306,000	2,074,448	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	18,728	0	189,483	1,772,828	0	14.00
15.00 01500	PHARMACY	12,894	0	338,814	7,018,654	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	12,256	0	2,451	3,607,912	0	16.00
17.00 01700	SOCIAL SERVICE	4,691	0	604	2,415,913	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,042,488	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	6,817	0	697,552	0	22.00
23.00 02300	PARAMED ED PRGM - PHARMACY	0	0	0	207,994	0	23.00
23.01 02301	PARAMED ED PRGM- CHAPLAIN RESIDENCY	599	525	0	205,983	0	23.01
23.03 02302	PARAMED ED PRGM- NURSING	0	0	0	297,495	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	261,677	0	362,306	32,138,378	0	30.00
31.00 03100	INTENSIVE CARE UNIT	43,913	0	212,013	7,820,353	0	31.00
32.00 03200	CORONARY CARE UNIT	13,266	0	39,110	3,265,266	0	32.00
40.00 04000	SUBPROVIDER - IPF	10,017	0	1,126	1,253,169	0	40.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	100,049	0	1,838,359	18,187,201	0	50.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	48,505	0	975,934	8,364,952	0	54.00
55.00 05500	RADIOLOGY - THERAPEUTIC	17,400	0	50,015	303,394	0	55.00
59.00 05900	CARDIAC CATHETERIZATION	11,612	0	130,092	1,229,654	0	59.00
60.00 06000	LABORATORY	44,465	0	503,138	10,941,724	0	60.00
64.00 06400	INTRAVENOUS THERAPY	635	0	7,038	729,340	0	64.00
65.00 06500	RESPIRATORY THERAPY	13,088	0	177,633	3,494,544	0	65.00
66.00 06600	PHYSICAL THERAPY	7,738	0	52,809	94	0	66.00
69.00 06900	ELECTROCARDIOLOGY	3,989	0	5,144	374,557	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	588	0	50,447	145,041	0	74.00
76.00 03020	BEHAVIORAL HEALTH SERVICES	0	0	0	799,510	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	5,661	0	18,135	1,866,806	0	90.00
90.01 09001	FAMILY PRACTICE CLINIC	18,445	0	4,614	863,742	0	90.01
90.02 09002	OUTPATIENT PSYCHIATRIC SERVICES	5,911	0	547	366,061	0	90.02
90.03 09003	INFUSION CENTER	3,866	0	5,722	90,745	0	90.03
90.04 09004	PRIMARY CARE SENIORS	0	0	4,600	1,641,446	0	90.04
90.05 09005	PAIN MANAGEMENT	0	0	67,289	1,885,293	0	90.05
90.06 09006	WOUND CARE CENTER	475	0	3,166	226,647	0	90.06
91.00 09100	EMERGENCY	45,053	0	177,707	15,907,407	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	6,910	0	104,123	1,485,755	0	96.00
101.00 10100	HOME HEALTH AGENCY	4,002	0	31,817	2,050,230	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00 11600	HOSPICE	9,894	0	2,349	1,567,490	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,151,848	46,190	15,355,525	171,787,679	-88,808,742	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,606	0	0	740,689	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	27,950	0	8,646	11,081,899	0	192.00
192.01 19201	DEACONESS URGENT CARE	0	0	14,929	1,569,122	0	192.01
192.02 19202	HEARTCARE OFFICES	0	0	0	338,454	0	192.02
192.03 19203	FAMILY PHARMACY	1,818	0	3,037	127,455	0	192.03
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	12,153	7,017	4,214	1,183,844	0	194.00
194.01 07951	OCCUPATIONAL HEALTH	10,878	0	25,619	1,227,205	0	194.01
194.02 07952	OTHER FACILITIES	4,490	0	782	94,589	0	194.02
194.03 07953	THE HEART HOSPITAL	0	0	0	0	0	194.03
194.04 07954	PUBLIC RELATIONS	1,260	0	0	274,740	0	194.04
200.00	Cross Foot Adjustments						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET - A)	NEW BLDG & FIXT (SQUARE FEET - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
		1.00	1.01	2.00			
201.00	Negative Cost Centers					5A	201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	19,890,442	82,093	23,329,141	48,789,701		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	16.316975	1.542898	1.513626	0.258933		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				488,595		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.002593		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT					1.01	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	361,489,315				5.00	
7.00	00700	OPERATION OF PLANT	14,920,298	871,728			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	1,930,198	26,389	5,771,058		8.00	
9.00	00900	HOUSEKEEPING	5,352,425	11,029	0	834,310	9.00	
10.00	01000	DIETARY	3,912,551	28,969	53,557	28,969	659,871	10.00
11.00	01100	CAFETERIA	1,021,185	8,110	0	8,110	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,726,676	3,749	0	3,749	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,114,123	18,728	282,753	18,728	0	14.00
15.00	01500	PHARMACY	9,779,969	12,894	0	12,894	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,975,678	12,256	0	12,256	0	16.00
17.00	01700	SOCIAL SERVICE	3,118,386	4,691	0	4,691	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,312,423	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	1,010,849	0	0	0	0	22.00
23.00	02300	PARAMED PRGM - PHARMACY	276,160	0	0	0	0	23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	281,195	599	0	599	0	23.01
23.03	02302	PARAMED PRGM- NURSING	374,526	0	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	46,493,865	261,677	2,238,688	261,677	481,892	30.00
31.00	03100	INTENSIVE CARE UNIT	11,450,101	43,913	405,530	43,913	53,424	31.00
32.00	03200	CORONARY CARE UNIT	4,592,343	13,266	218,569	13,266	23,492	32.00
40.00	04000	SUBPROVIDER - IPF	1,856,508	10,017	69,532	10,017	16,019	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,286,065	100,049	824,033	100,049	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,559,398	48,505	343,388	48,505	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	2,176,875	17,400	1,136	17,400	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,958,857	11,612	201,172	11,612	0	59.00
60.00	06000	LABORATORY	30,560,398	44,465	34,306	44,465	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,494,319	635	0	635	0	64.00
65.00	06500	RESPIRATORY THERAPY	5,122,227	13,088	22,903	13,088	0	65.00
66.00	06600	PHYSICAL THERAPY	6,116,868	7,738	103,182	7,738	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,093,249	3,989	23,336	3,989	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,640,742	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	22,333,110	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	23,292,771	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,183,724	588	0	588	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,014,549	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	2,854,255	5,661	6,389	5,661	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	1,897,017	18,445	10,715	18,445	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	710,918	5,911	0	5,911	0	90.02
90.03	09003	INFUSION CENTER	688,992	3,866	7,549	3,866	0	90.03
90.04	09004	PRIMARY CARE SENIORS	1,214,306	0	985	0	0	90.04
90.05	09005	PAIN MANAGEMENT	2,758,481	0	44,008	0	0	90.05
90.06	09006	WOUND CARE CENTER	370,752	475	8,498	475	0	90.06
91.00	09100	EMERGENCY	17,772,276	45,053	509,927	45,053	1,101	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,639,977	6,910	749	6,910	0	96.00
101.00	10100	HOME HEALTH AGENCY	3,976,780	4,002	0	4,002	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	2,925,064	9,894	48,463	9,894	5,469	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	326,141,429	804,573	5,459,368	767,155	581,397	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,656,491	8,606	0	8,606	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	19,072,362	27,950	60,222	27,950	0	192.00
192.01	19201	DEACONESS URGENT CARE	2,636,440	0	2,352	0	0	192.01
192.02	19202	HEARTCARE OFFICES	1,327,037	0	0	0	0	192.02
192.03	19203	FAMILY PHARMACY	780,242	1,818	0	1,818	0	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	2,460,855	12,153	88,031	12,153	57,445	194.00
194.01	07951	OCCUPATIONAL HEALTH	2,775,590	10,878	17,637	10,878	0	194.01
194.02	07952	OTHER FACILITIES	3,021,780	4,490	0	4,490	0	194.02
194.03	07953	THE HEART HOSPITAL	225,341	0	143,448	0	21,029	194.03
194.04	07954	PUBLIC RELATIONS	1,391,748	1,260	0	1,260	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	88,808,742	18,585,842	2,967,031	6,902,528	5,758,611	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.245675	21.320689	0.514123	8.273337	8.726874	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	16,118,101	3,990,808	939,333	595,454	936,266	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.044588	4.578043	0.162766	0.713708	1.418862	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	29,499					11.00
13.00	01300	446	16,228				13.00
14.00	01400	546	0	57,500,305			14.00
15.00	01500	1,041	0	631,092	25,048,330		15.00
16.00	01600	988	0	548	0	1,624,447,861	16.00
17.00	01700	524	0	0	0	0	17.00
21.00	02100	187	0	0	0	0	21.00
22.00	02200	36	0	0	0	0	22.00
23.00	02300	32	0	51	0	0	23.00
23.01	02301	64	0	0	0	0	23.01
23.03	02302	50	50	0	0	0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,223	7,223	848,448	32,847	124,932,508	30.00
31.00	03100	1,501	1,501	289,982	7,000	33,296,343	31.00
32.00	03200	623	623	141,930	7,366	14,525,052	32.00
40.00	04000	268	268	7,625	174	6,919,915	40.00
44.00	04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,151	2,151	309,338	12,200	181,606,057	50.00
54.00	05400	1,692	0	1,594,854	7,117	252,680,118	54.00
55.00	05500	72	0	3,105	0	9,705,273	55.00
59.00	05900	211	211	70,775	2,382	37,348,204	59.00
60.00	06000	2,883	0	10,051,946	1,930	200,342,496	60.00
64.00	06400	117	117	152,937	234	5,021,137	64.00
65.00	06500	714	0	137,200	0	22,333,165	65.00
66.00	06600	0	0	135,161	3,983	34,471,438	66.00
69.00	06900	80	0	35,869	1,578	23,200,902	69.00
71.00	07100	0	0	18,413,974	0	89,808,868	71.00
72.00	07200	0	0	21,818,655	0	48,652,486	72.00
73.00	07300	0	0	0	23,292,771	166,427,556	73.00
74.00	07400	23	23	236,653	4,661	5,363,800	74.00
76.00	03020	210	210	0	0	1,901,776	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	388	388	155,594	7,140	5,714,654	90.00
90.01	09001	237	237	68,842	28,212	1,505,209	90.01
90.02	09002	89	89	0	0	2,835,811	90.02
90.03	09003	16	16	105,188	12,711	6,120,843	90.03
90.04	09004	196	196	5,842	24,452	760,236	90.04
90.05	09005	388	388	0	0	20,535,588	90.05
90.06	09006	55	55	0	6,963	2,127,068	90.06
91.00	09100	1,750	1,750	418,345	4,981	133,338,352	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	397	0	1,314,671	653,988	13,974,406	96.00
101.00	10100	420	420	123,670	2,607	5,080,831	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	312	312	31,616	143,045	4,480,668	116.00
118.00		25,930	16,228	57,103,911	24,258,342	1,455,010,760	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	311	0	0	0	0	190.00
192.00	19200	852	0	10,722	18,436	23,181,542	192.00
192.01	19201	254	0	90,977	48,438	4,225,961	192.01
192.02	19202	95	0	165	0	2,790,949	192.02
192.03	19203	17	0	16	543,646	855,079	192.03
194.00	07950	397	0	72,888	3,628	0	194.00
194.01	07951	225	0	53,615	170,071	3,152,343	194.01
194.02	07952	28	0	0	0	0	194.02
194.03	07953	1,342	0	168,011	5,769	135,231,227	194.03
194.04	07954	48	0	0	0	0	194.04
200.00							200.00
201.00							201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	1,512,073	4,776,036	4,606,779	12,668,169	5,365,794	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	51.258449	294.308356	0.080117	0.505749	0.003303	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	223,022	719,097	885,095	1,263,313	462,647	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	7.560324	44.312115	0.015393	0.050435	0.000285	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
		SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
GENERAL SERVICE COST CENTERS						
1.00 00100						1.00
1.01 00101						1.01
2.00 00200						2.00
4.00 00400						4.00
5.00 00500						5.00
7.00 00700						7.00
8.00 00800						8.00
9.00 00900						9.00
10.00 01000						10.00
11.00 01100						11.00
13.00 01300						13.00
14.00 01400						14.00
15.00 01500						15.00
16.00 01600						16.00
17.00 01700						17.00
21.00 02100	221					21.00
22.00 02200	0	38,172		38,172		22.00
23.00 02300	0				100	23.00
23.01 02301	0				0	23.01
23.03 02302	0				0	23.03
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	182	11,179	11,179	0	100	30.00
31.00 03100	14	699	699	0	0	31.00
32.00 03200	9	0	0	0	0	32.00
40.00 04000	0	0	0	0	0	40.00
44.00 04400	0	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	0	3,941	3,941	0	0	50.00
54.00 05400	0	189	189	0	0	54.00
55.00 05500	0	0	0	0	0	55.00
59.00 05900	0	711	711	0	0	59.00
60.00 06000	0	0	0	0	0	60.00
64.00 06400	0	0	0	0	0	64.00
65.00 06500	0	0	0	0	0	65.00
66.00 06600	0	0	0	0	0	66.00
69.00 06900	0	0	0	0	0	69.00
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	100	0	73.00
74.00 07400	0	47	47	0	0	74.00
76.00 03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	0	238	238	0	0	90.00
90.01 09001	0	18,671	18,671	0	0	90.01
90.02 09002	0	0	0	0	0	90.02
90.03 09003	0	0	0	0	0	90.03
90.04 09004	0	505	505	0	0	90.04
90.05 09005	0	244	244	0	0	90.05
90.06 09006	0	0	0	0	0	90.06
91.00 09100	16	1,748	1,748	0	0	91.00
92.00 09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	0	0	0	0	0	96.00
101.00 10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	0	0	0	0	0	116.00
118.00	221	38,172	38,172	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
192.00 19200	0	0	0	0	0	192.00
192.01 19201	0	0	0	0	0	192.01
192.02 19202	0	0	0	0	0	192.02
192.03 19203	0	0	0	0	0	192.03
194.00 07950	0	0	0	0	0	194.00
194.01 07951	0	0	0	0	0	194.01
194.02 07952	0	0	0	0	0	194.02
194.03 07953	0	0	0	0	0	194.03
194.04 07954	0	0	0	0	0	194.04
200.00						200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED ED PRGM - PHARMACY (HOURS - C)	PARAMED ED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
		SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	4,050,179	1,644,438	1,261,034	345,650	371,286	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	18,326.601810	43.079692	33.035576	3,456.500000	3,712.860000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	251,550	62,635	57,671	13,095	27,310	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	1,138.235294	1.640862	1.510819	130.950000	273.100000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		PARAMED PRGM- NURSING (HOURS - F)	
		23.03	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS- BLDG & FIXT	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM - PHARMACY	23.00
23.01	02301	PARAMED PRGM- CHAPLAIN RESIDENCY	23.01
23.03	02302	PARAMED PRGM- NURSING	23.03
		10,464	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
40.00	04000	SUBPROVIDER - I/PF	40.00
44.00	04400	SKILLED NURSING FACILITY	44.00
		6,672	
		1,584	
		1,248	
		0	
		0	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	55.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	76.00
		192	
		0	
		0	
		48	
		0	
		48	
		0	
		0	
		0	
		0	
		0	
		48	
		0	
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09001	FAMILY PRACTICE CLINIC	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	90.02
90.03	09003	INFUSION CENTER	90.03
90.04	09004	PRIMARY CARE SENIORS	90.04
90.05	09005	PAIN MANAGEMENT	90.05
90.06	09006	WOUND CARE CENTER	90.06
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
		0	
		624	
		0	
OTHER REIMBURSABLE COST CENTERS			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	96.00
101.00	10100	HOME HEALTH AGENCY	101.00
		0	
SPECIAL PURPOSE COST CENTERS			
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
		0	
		10,464	
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	192.00
192.01	19201	DEACONESS URGENT CARE	192.01
192.02	19202	HEARTCARE OFFICES	192.02
192.03	19203	FAMILY PHARMACY	192.03
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	194.00
194.01	07951	OCCUPATIONAL HEALTH	194.01
194.02	07952	OTHER FACILITIES	194.02
194.03	07953	THE HEART HOSPITAL	194.03
194.04	07954	PUBLIC RELATIONS	194.04
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)	202.00
		483,816	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		PARAMED ED PRGM- NURSING (HOURS - F)	
		23.03	
203.00	Unit cost multiplier (Wkst. B, Part I)	46.236239	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	20,064	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.917431	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	78,025,032	78,025,032	60,996	78,086,028	30.00
31.00	03100 INTENSIVE CARE UNIT	17,222,640	17,222,640	0	17,222,640	31.00
32.00	03200 CORONARY CARE UNIT	6,931,546	6,931,546	0	6,931,546	32.00
40.00	04000 SUBPROVIDER - I/PF	2,900,760	2,900,760	0	2,900,760	40.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	43,739,765	43,739,765	0	43,739,765	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,029,601	27,029,601	0	27,029,601	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	3,263,196	3,263,196	0	3,263,196	55.00
59.00	05900 CARDIAC CATHETERIZATION	4,338,217	4,338,217	268,230	4,606,447	59.00
60.00	06000 LABORATORY	41,017,677	41,017,677	258,757	41,276,434	60.00
64.00	06400 INTRAVENOUS THERAPY	1,951,835	1,951,835	0	1,951,835	64.00
65.00	06500 RESPIRATORY THERAPY	6,901,088	6,901,088	5,091	6,906,179	65.00
66.00	06600 PHYSICAL THERAPY	8,028,378	8,028,378	0	8,028,378	66.00
69.00	06900 ELECTROCARDIOLOGY	1,576,287	1,576,287	0	1,576,287	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,992,217	24,992,217	0	24,992,217	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,728,569	29,728,569	0	29,728,569	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,690,882	41,690,882	0	41,690,882	73.00
74.00	07400 RENAL DIALYSIS	2,786,813	2,786,813	1,378	2,788,191	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	1,342,649	1,342,649	0	1,342,649	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,895,323	3,895,323	635	3,895,958	90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,021,092	3,021,092	0	3,021,092	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,100,626	1,100,626	0	1,100,626	90.02
90.03	09003 INFUSION CENTER	1,017,154	1,017,154	194	1,017,348	90.03
90.04	09004 PRIMARY CARE SENIORS	1,596,214	1,596,214	0	1,596,214	90.04
90.05	09005 PAIN MANAGEMENT	3,660,706	3,660,706	2,958	3,663,664	90.05
90.06	09006 WOUND CARE CENTER	538,667	538,667	0	538,667	90.06
91.00	09100 EMERGENCY	25,117,974	25,117,974	0	25,117,974	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,781,400	8,781,400	0	8,781,400	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	6,487,371	6,487,371	0	6,487,371	96.00
101.00	10100 HOME HEALTH AGENCY	5,245,357	5,245,357	0	5,245,357	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	4,206,620	4,206,620	0	4,206,620	116.00
200.00	Subtotal (see instructions)	408,135,656	408,135,656	598,239	408,733,895	200.00
201.00	Less Observation Beds	8,781,400	8,781,400	0	8,781,400	201.00
202.00	Total (see instructions)	399,354,256	399,354,256	598,239	399,952,495	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	111,931,236		111,931,236	30.00
31.00	03100	INTENSIVE CARE UNIT	33,296,342		33,296,342	31.00
32.00	03200	CORONARY CARE UNIT	14,525,052		14,525,052	32.00
40.00	04000	SUBPROVIDER - I/PF	6,919,915		6,919,915	40.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,492,907	109,113,150	181,606,057	0.240850 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,559,537	184,120,581	252,680,118	0.106972 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	655,541	9,049,732	9,705,273	0.336229 55.00
59.00	05900	CARDIAC CATHETERIZATION	21,744,404	15,603,800	37,348,204	0.116156 59.00
60.00	06000	LABORATORY	106,369,586	93,972,910	200,342,496	0.204738 60.00
64.00	06400	INTRAVENOUS THERAPY	4,612,059	409,078	5,021,137	0.388724 64.00
65.00	06500	RESPIRATORY THERAPY	16,226,802	6,106,363	22,333,165	0.309006 65.00
66.00	06600	PHYSICAL THERAPY	24,104,816	10,366,623	34,471,439	0.232899 66.00
69.00	06900	ELECTROCARDIOLOGY	14,486,317	8,714,585	23,200,902	0.067941 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,362,967	37,445,901	89,808,868	0.278282 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	35,374,195	13,278,291	48,652,486	0.611039 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,395,045	62,032,511	166,427,556	0.250505 73.00
74.00	07400	RENAL DIALYSIS	4,912,459	451,341	5,363,800	0.519559 74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,083,255	818,521	1,901,776	0.705997 76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	35,533	5,679,121	5,714,654	0.681638 90.00
90.01	09001	FAMILY PRACTICE CLINIC	4,409	1,500,799	1,505,208	2.007093 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,835,811	2,835,811	0.388117 90.02
90.03	09003	INFUSION CENTER	68,307	6,052,536	6,120,843	0.166179 90.03
90.04	09004	PRIMARY CARE SENIORS	3,890	756,346	760,236	2.099630 90.04
90.05	09005	PAIN MANAGEMENT	28,862	20,506,726	20,535,588	0.178262 90.05
90.06	09006	WOUND CARE CENTER	8,309	2,118,759	2,127,068	0.253244 90.06
91.00	09100	EMERGENCY	53,238,088	80,100,264	133,338,352	0.188378 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,937,275	11,063,997	13,001,272	0.675426 92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	13,974,406	13,974,406	0.464232 96.00
101.00	10100	HOME HEALTH AGENCY	0	5,080,831	5,080,831	
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	12,511	4,468,157	4,480,668	116.00
200.00		Subtotal (see instructions)	749,389,619	705,621,140	1,455,010,759	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	749,389,619	705,621,140	1,455,010,759	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.240850		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106972		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.336229		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.123338		59.00
60.00	06000 LABORATORY	0.206029		60.00
64.00	06400 INTRAVENOUS THERAPY	0.388724		64.00
65.00	06500 RESPIRATORY THERAPY	0.309234		65.00
66.00	06600 PHYSICAL THERAPY	0.232899		66.00
69.00	06900 ELECTROCARDIOLOGY	0.067941		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278282		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.611039		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250505		73.00
74.00	07400 RENAL DIALYSIS	0.519816		74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0.705997		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.681749		90.00
90.01	09001 FAMILY PRACTICE CLINIC	2.007093		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.388117		90.02
90.03	09003 INFUSION CENTER	0.166210		90.03
90.04	09004 PRIMARY CARE SENIORS	2.099630		90.04
90.05	09005 PAIN MANAGEMENT	0.178406		90.05
90.06	09006 WOUND CARE CENTER	0.253244		90.06
91.00	09100 EMERGENCY	0.188378		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.675426		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.464232		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs	
				Total Costs	RCE Disallowance		
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	78,025,032		78,025,032	60,996	78,086,028	30.00
31.00	03100 INTENSIVE CARE UNIT	17,222,640		17,222,640	0	17,222,640	31.00
32.00	03200 CORONARY CARE UNIT	6,931,546		6,931,546	0	6,931,546	32.00
40.00	04000 SUBPROVIDER - I/PF	2,900,760		2,900,760	0	2,900,760	40.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	43,739,765		43,739,765	0	43,739,765	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,029,601		27,029,601	0	27,029,601	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	3,263,196		3,263,196	0	3,263,196	55.00
59.00	05900 CARDIAC CATHETERIZATION	4,338,217		4,338,217	268,230	4,606,447	59.00
60.00	06000 LABORATORY	41,017,677		41,017,677	258,757	41,276,434	60.00
64.00	06400 INTRAVENOUS THERAPY	1,951,835		1,951,835	0	1,951,835	64.00
65.00	06500 RESPIRATORY THERAPY	6,901,088	0	6,901,088	5,091	6,906,179	65.00
66.00	06600 PHYSICAL THERAPY	8,028,378	0	8,028,378	0	8,028,378	66.00
69.00	06900 ELECTROCARDIOLOGY	1,576,287		1,576,287	0	1,576,287	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,992,217		24,992,217	0	24,992,217	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,728,569		29,728,569	0	29,728,569	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,690,882		41,690,882	0	41,690,882	73.00
74.00	07400 RENAL DIALYSIS	2,786,813		2,786,813	1,378	2,788,191	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	1,342,649		1,342,649	0	1,342,649	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,895,323		3,895,323	635	3,895,958	90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,021,092		3,021,092	0	3,021,092	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,100,626		1,100,626	0	1,100,626	90.02
90.03	09003 INFUSION CENTER	1,017,154		1,017,154	194	1,017,348	90.03
90.04	09004 PRIMARY CARE SENIORS	1,596,214		1,596,214	0	1,596,214	90.04
90.05	09005 PAIN MANAGEMENT	3,660,706		3,660,706	2,958	3,663,664	90.05
90.06	09006 WOUND CARE CENTER	538,667		538,667	0	538,667	90.06
91.00	09100 EMERGENCY	25,117,974		25,117,974	0	25,117,974	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,781,400		8,781,400	0	8,781,400	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	6,487,371		6,487,371	0	6,487,371	96.00
101.00	10100 HOME HEALTH AGENCY	5,245,357		5,245,357	0	5,245,357	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	4,206,620		4,206,620	0	4,206,620	116.00
200.00	Subtotal (see instructions)	408,135,656	0	408,135,656	598,239	408,733,895	200.00
201.00	Less Observation Beds	8,781,400		8,781,400	0	8,781,400	201.00
202.00	Total (see instructions)	399,354,256	0	399,354,256	598,239	399,952,495	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Title XIX	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	111,931,236		111,931,236	30.00
31.00	03100	INTENSIVE CARE UNIT	33,296,342		33,296,342	31.00
32.00	03200	CORONARY CARE UNIT	14,525,052		14,525,052	32.00
40.00	04000	SUBPROVIDER - I/PF	6,919,915		6,919,915	40.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	72,492,907	109,113,150	181,606,057	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,559,537	184,120,581	252,680,118	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	655,541	9,049,732	9,705,273	55.00
59.00	05900	CARDIAC CATHETERIZATION	21,744,404	15,603,800	37,348,204	59.00
60.00	06000	LABORATORY	106,369,586	93,972,910	200,342,496	60.00
64.00	06400	INTRAVENOUS THERAPY	4,612,059	409,078	5,021,137	64.00
65.00	06500	RESPIRATORY THERAPY	16,226,802	6,106,363	22,333,165	65.00
66.00	06600	PHYSICAL THERAPY	24,104,816	10,366,623	34,471,439	66.00
69.00	06900	ELECTROCARDIOLOGY	14,486,317	8,714,585	23,200,902	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,362,967	37,445,901	89,808,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	35,374,195	13,278,291	48,652,486	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,395,045	62,032,511	166,427,556	73.00
74.00	07400	RENAL DIALYSIS	4,912,459	451,341	5,363,800	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,083,255	818,521	1,901,776	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	35,533	5,679,121	5,714,654	90.00
90.01	09001	FAMILY PRACTICE CLINIC	4,409	1,500,799	1,505,208	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,835,811	2,835,811	90.02
90.03	09003	INFUSION CENTER	68,307	6,052,536	6,120,843	90.03
90.04	09004	PRIMARY CARE SENIORS	3,890	756,346	760,236	90.04
90.05	09005	PAIN MANAGEMENT	28,862	20,506,726	20,535,588	90.05
90.06	09006	WOUND CARE CENTER	8,309	2,118,759	2,127,068	90.06
91.00	09100	EMERGENCY	53,238,088	80,100,264	133,338,352	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,937,275	11,063,997	13,001,272	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	13,974,406	13,974,406	96.00
101.00	10100	HOME HEALTH AGENCY	0	5,080,831	5,080,831	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	HOSPICE	12,511	4,468,157	4,480,668	116.00
200.00		Subtotal (see instructions)	749,389,619	705,621,140	1,455,010,759	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	749,389,619	705,621,140	1,455,010,759	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.240850		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106972		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.336229		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.123338		59.00
60.00	06000 LABORATORY	0.206029		60.00
64.00	06400 INTRAVENOUS THERAPY	0.388724		64.00
65.00	06500 RESPIRATORY THERAPY	0.309234		65.00
66.00	06600 PHYSICAL THERAPY	0.232899		66.00
69.00	06900 ELECTROCARDIOLOGY	0.067941		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278282		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.611039		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250505		73.00
74.00	07400 RENAL DIALYSIS	0.519816		74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0.705997		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.681749		90.00
90.01	09001 FAMILY PRACTICE CLINIC	2.007093		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.388117		90.02
90.03	09003 INFUSION CENTER	0.166210		90.03
90.04	09004 PRIMARY CARE SENIORS	2.099630		90.04
90.05	09005 PAIN MANAGEMENT	0.178406		90.05
90.06	09006 WOUND CARE CENTER	0.253244		90.06
91.00	09100 EMERGENCY	0.188378		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.675426		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.464232		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150082

Period: From 10/01/2011 To 09/30/2012

Worksheet C Part II Date/Time Prepared: 2/27/2013 7:06 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	43,739,765	6,689,499	37,050,266	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	27,029,601	3,584,420	23,445,181	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	3,263,196	553,089	2,710,107	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	4,338,217	638,492	3,699,725	0	0	59.00
60.00	06000	LABORATORY	41,017,677	3,352,699	37,664,978	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,951,835	102,761	1,849,074	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	6,901,088	806,739	6,094,349	0	0	65.00
66.00	06600	PHYSICAL THERAPY	8,028,378	548,782	7,479,596	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	1,576,287	155,347	1,420,940	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	24,992,217	1,140,195	23,852,022	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,728,569	1,345,501	28,383,068	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	41,690,882	2,260,781	39,430,101	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,786,813	193,408	2,593,405	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,342,649	58,746	1,283,903	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,895,323	307,433	3,587,890	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	3,021,092	509,331	2,511,761	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	1,100,626	166,630	933,996	0	0	90.02
90.03	09003	INFUSION CENTER	1,017,154	129,219	887,935	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	1,596,214	77,229	1,518,985	0	0	90.04
90.05	09005	PAIN MANAGEMENT	3,660,706	262,876	3,397,830	0	0	90.05
90.06	09006	WOUND CARE CENTER	538,667	37,369	501,298	0	0	90.06
91.00	09100	EMERGENCY	25,117,974	2,314,441	22,803,533	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	8,781,400	1,129,033	7,652,367	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	6,487,371	577,986	5,909,385	0	0	96.00
101.00	10100	HOME HEALTH AGENCY	5,245,357	342,539	4,902,818	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	4,206,620	392,650	3,813,970	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	303,055,678	27,677,195	275,378,483	0	0	200.00
201.00		Less Observation Beds	8,781,400	1,129,033	7,652,367	0	0	201.00
202.00		Total (line 200 minus line 201)	294,274,278	26,548,162	267,726,116	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 150082

Period: From 10/01/2011 To 09/30/2012

Worksheet C Part II Date/Time Prepared: 2/27/2013 7:06 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Title XIX	
					Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	43,739,765	181,606,057	0.240850		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,029,601	252,680,118	0.106972		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	3,263,196	9,705,273	0.336229		55.00
59.00	05900 CARDIAC CATHETERIZATION	4,338,217	37,348,204	0.116156		59.00
60.00	06000 LABORATORY	41,017,677	200,342,496	0.204738		60.00
64.00	06400 INTRAVENOUS THERAPY	1,951,835	5,021,137	0.388724		64.00
65.00	06500 RESPIRATORY THERAPY	6,901,088	22,333,165	0.309006		65.00
66.00	06600 PHYSICAL THERAPY	8,028,378	34,471,439	0.232899		66.00
69.00	06900 ELECTROCARDIOLOGY	1,576,287	23,200,902	0.067941		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,992,217	89,808,868	0.278282		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,728,569	48,652,486	0.611039		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,690,882	166,427,556	0.250505		73.00
74.00	07400 RENAL DIALYSIS	2,786,813	5,363,800	0.519559		74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	1,342,649	1,901,776	0.705997		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	3,895,323	5,714,654	0.681638		90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,021,092	1,505,208	2.007093		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,100,626	2,835,811	0.388117		90.02
90.03	09003 INFUSION CENTER	1,017,154	6,120,843	0.166179		90.03
90.04	09004 PRIMARY CARE SENIORS	1,596,214	760,236	2.099630		90.04
90.05	09005 PAIN MANAGEMENT	3,660,706	20,535,588	0.178262		90.05
90.06	09006 WOUND CARE CENTER	538,667	2,127,068	0.253244		90.06
91.00	09100 EMERGENCY	25,117,974	133,338,352	0.188378		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,781,400	13,001,272	0.675426		92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	6,487,371	13,974,406	0.464232		96.00
101.00	10100 HOME HEALTH AGENCY	5,245,357	5,080,831	1.032382		101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600 HOSPICE	4,206,620	4,480,668	0.938838		116.00
200.00	Subtotal (sum of lines 50 thru 199)	303,055,678	1,288,338,214			200.00
201.00	Less Observation Beds	8,781,400	0			201.00
202.00	Total (line 200 minus line 201)	294,274,278	1,288,338,214			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	78,025,032		78,025,032	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	17,222,640		17,222,640	0	0	31.00
32.00	03200 CORONARY CARE UNIT	6,931,546		6,931,546	0	0	32.00
40.00	04000 SUBPROVIDER - I/PF	2,900,760		2,900,760	0	0	40.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0	44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	43,739,765		43,739,765	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	27,029,601		27,029,601	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	3,263,196		3,263,196	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	4,338,217		4,338,217	0	0	59.00
60.00	06000 LABORATORY	41,017,677		41,017,677	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	1,951,835		1,951,835	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	6,901,088	0	6,901,088	0	0	65.00
66.00	06600 PHYSICAL THERAPY	8,028,378	0	8,028,378	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	1,576,287		1,576,287	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	24,992,217		24,992,217	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	29,728,569		29,728,569	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	41,690,882		41,690,882	0	0	73.00
74.00	07400 RENAL DIALYSIS	2,786,813		2,786,813	0	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	1,342,649		1,342,649	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	3,895,323		3,895,323	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	3,021,092		3,021,092	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	1,100,626		1,100,626	0	0	90.02
90.03	09003 INFUSION CENTER	1,017,154		1,017,154	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	1,596,214		1,596,214	0	0	90.04
90.05	09005 PAIN MANAGEMENT	3,660,706		3,660,706	0	0	90.05
90.06	09006 WOUND CARE CENTER	538,667		538,667	0	0	90.06
91.00	09100 EMERGENCY	25,117,974		25,117,974	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	8,781,400		8,781,400	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	6,487,371		6,487,371	0	0	96.00
101.00	10100 HOME HEALTH AGENCY	5,245,357		5,245,357	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600 HOSPICE	4,206,620		4,206,620		0	116.00
200.00	Subtotal (see instructions)	408,135,656	0	408,135,656	0	0	200.00
201.00	Less Observation Beds	8,781,400		8,781,400		0	201.00
202.00	Total (see instructions)	399,354,256	0	399,354,256	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

		Title V			Hospital		
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	111,931,236		111,931,236		30.00
31.00	03100	INTENSIVE CARE UNIT	33,296,342		33,296,342		31.00
32.00	03200	CORONARY CARE UNIT	14,525,052		14,525,052		32.00
40.00	04000	SUBPROVIDER - I/PF	6,919,915		6,919,915		40.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	72,492,907	109,113,150	181,606,057	0.240850	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	68,559,537	184,120,581	252,680,118	0.106972	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	655,541	9,049,732	9,705,273	0.336229	55.00
59.00	05900	CARDIAC CATHETERIZATION	21,744,404	15,603,800	37,348,204	0.116156	59.00
60.00	06000	LABORATORY	106,369,586	93,972,910	200,342,496	0.204738	60.00
64.00	06400	INTRAVENOUS THERAPY	4,612,059	409,078	5,021,137	0.388724	64.00
65.00	06500	RESPIRATORY THERAPY	16,226,802	6,106,363	22,333,165	0.309006	65.00
66.00	06600	PHYSICAL THERAPY	24,104,816	10,366,623	34,471,439	0.232899	66.00
69.00	06900	ELECTROCARDIOLOGY	14,486,317	8,714,585	23,200,902	0.067941	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	52,362,967	37,445,901	89,808,868	0.278282	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	35,374,195	13,278,291	48,652,486	0.611039	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	104,395,045	62,032,511	166,427,556	0.250505	73.00
74.00	07400	RENAL DIALYSIS	4,912,459	451,341	5,363,800	0.519559	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	1,083,255	818,521	1,901,776	0.705997	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	35,533	5,679,121	5,714,654	0.681638	90.00
90.01	09001	FAMILY PRACTICE CLINIC	4,409	1,500,799	1,505,208	2.007093	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,835,811	2,835,811	0.388117	90.02
90.03	09003	INFUSION CENTER	68,307	6,052,536	6,120,843	0.166179	90.03
90.04	09004	PRIMARY CARE SENIORS	3,890	756,346	760,236	2.099630	90.04
90.05	09005	PAIN MANAGEMENT	28,862	20,506,726	20,535,588	0.178262	90.05
90.06	09006	WOUND CARE CENTER	8,309	2,118,759	2,127,068	0.253244	90.06
91.00	09100	EMERGENCY	53,238,088	80,100,264	133,338,352	0.188378	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,937,275	11,063,997	13,001,272	0.675426	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	13,974,406	13,974,406	0.464232	96.00
101.00	10100	HOME HEALTH AGENCY	0	5,080,831	5,080,831		101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	12,511	4,468,157	4,480,668		116.00
200.00		Subtotal (see instructions)	749,389,619	705,621,140	1,455,010,759		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	749,389,619	705,621,140	1,455,010,759		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet C Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Title V	Hospital	

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
32.00	03200 CORONARY CARE UNIT			32.00
40.00	04000 SUBPROVIDER - IPF			40.00
44.00	04400 SKILLED NURSING FACILITY			44.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.000000		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.000000		55.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.000000		60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	0.000000		66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0.000000		74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.000000		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0.000000		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.000000		90.02
90.03	09003 INFUSION CENTER	0.000000		90.03
90.04	09004 PRIMARY CARE SENIORS	0.000000		90.04
90.05	09005 PAIN MANAGEMENT	0.000000		90.05
90.06	09006 WOUND CARE CENTER	0.000000		90.06
91.00	09100 EMERGENCY	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000		96.00
101.00	10100 HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS				
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part I Date/Time Prepared: 2/27/2013 7:06 pm
--	----------------------	---	---

Cost Center Description	Title XVIII			Hospital	PPS	
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,039,612	0	10,039,612	110,673	90.71	30.00
31.00 03100 INTENSIVE CARE UNIT	2,050,535		2,050,535	12,360	165.90	31.00
32.00 03200 CORONARY CARE UNIT	677,254		677,254	5,443	124.43	32.00
40.00 04000 SUBPROVIDER - IPF	354,231	0	354,231	3,716	95.33	40.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00 Total (lines 30-199)	13,121,632		13,121,632	132,192		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	44,894	4,072,335	30.00
31.00	03100 INTENSIVE CARE UNIT	6,689	1,109,705	31.00
32.00	03200 CORONARY CARE UNIT	3,517	437,620	32.00
40.00	04000 SUBPROVIDER - I PF	1,463	139,468	40.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	56,563	5,759,128	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part II Date/Time Prepared: 2/27/2013 7:06 pm
--	--	----------------------	---	--

Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,689,499	181,606,057	0.036835	26,482,620	975,487	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,584,420	252,680,118	0.014186	31,223,556	442,937	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	553,089	9,705,273	0.056989	306,395	17,461	55.00
59.00	05900	CARDIAC CATHETERIZATION	638,492	37,348,204	0.017096	10,833,955	185,217	59.00
60.00	06000	LABORATORY	3,352,699	200,342,496	0.016735	54,092,229	905,233	60.00
64.00	06400	INTRAVENOUS THERAPY	102,761	5,021,137	0.020466	2,274,388	46,548	64.00
65.00	06500	RESPIRATORY THERAPY	806,739	22,333,165	0.036123	7,946,496	287,051	65.00
66.00	06600	PHYSICAL THERAPY	548,782	34,471,439	0.015920	13,552,298	215,753	66.00
69.00	06900	ELECTROCARDIOLOGY	155,347	23,200,902	0.006696	8,050,295	53,905	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,140,195	89,808,868	0.012696	29,206,769	370,809	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,345,501	48,652,486	0.027655	15,229,572	421,174	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,260,781	166,427,556	0.013584	50,760,502	689,531	73.00
74.00	07400	RENAL DIALYSIS	193,408	5,363,800	0.036058	3,015,860	108,746	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	58,746	1,901,776	0.030890	159,264	4,920	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	307,433	5,714,654	0.053797	22,408	1,205	90.00
90.01	09001	FAMILY PRACTICE CLINIC	509,331	1,505,208	0.338379	1,275	431	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	166,630	2,835,811	0.058759	0	0	90.02
90.03	09003	INFUSION CENTER	129,219	6,120,843	0.021111	35,267	745	90.03
90.04	09004	PRIMARY CARE SENIORS	77,229	760,236	0.101586	2,806	285	90.04
90.05	09005	PAIN MANAGEMENT	262,876	20,535,588	0.012801	15,048	193	90.05
90.06	09006	WOUND CARE CENTER	37,369	2,127,068	0.017568	6,376	112	90.06
91.00	09100	EMERGENCY	2,314,441	133,338,352	0.017358	22,453,841	389,754	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,129,033	13,001,272	0.086840	916,000	79,545	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	577,986	13,974,406	0.041360	0	0	96.00
200.00		Total (Lines 50-199)	26,942,006	1,278,776,715		276,587,220	5,197,042	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/27/2013 7:06 pm	
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	679,776	0	0	679,776	30.00
31.00	03100	INTENSIVE CARE UNIT	0	73,238	0	0	73,238	31.00
32.00	03200	CORONARY CARE UNIT	0	57,703	0	0	57,703	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	810,717	0	0	810,717	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/27/2013 7:06 pm	
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)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	110,673	6.14	44,894	275,649		30.00
31.00	03100 INTENSIVE CARE UNIT	12,360	5.93	6,689	39,666		31.00
32.00	03200 CORONARY CARE UNIT	5,443	10.60	3,517	37,280		32.00
40.00	04000 SUBPROVIDER - IPF	3,716	0.00	1,463	0		40.00
44.00	04400 SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00	Total (lines 30-199)	132,192		56,563	352,595		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital		
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS	
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,877	0	8,877	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,219	0	2,219	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,219	0	2,219	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	345,650	0	345,650	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,219	0	2,219	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	28,851	0	28,851	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	76,442	0	76,442	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	466,477	0	466,477	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Title XVIII				Hospital		PPS
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,877	181,606,057	0.000049	0.000049	26,482,620	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	252,680,118	0.000000	0.000000	31,223,556	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	9,705,273	0.000000	0.000000	306,395	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,219	37,348,204	0.000059	0.000059	10,833,955	59.00
60.00	06000	LABORATORY	0	200,342,496	0.000000	0.000000	54,092,229	60.00
64.00	06400	INTRAVENOUS THERAPY	2,219	5,021,137	0.000442	0.000442	2,274,388	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,333,165	0.000000	0.000000	7,946,496	65.00
66.00	06600	PHYSICAL THERAPY	0	34,471,439	0.000000	0.000000	13,552,298	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,200,902	0.000000	0.000000	8,050,295	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,808,868	0.000000	0.000000	29,206,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	48,652,486	0.000000	0.000000	15,229,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	345,650	166,427,556	0.002077	0.002077	50,760,502	73.00
74.00	07400	RENAL DIALYSIS	2,219	5,363,800	0.000414	0.000414	3,015,860	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	1,901,776	0.000000	0.000000	159,264	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,714,654	0.000000	0.000000	22,408	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	1,505,208	0.000000	0.000000	1,275	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,835,811	0.000000	0.000000	0	90.02
90.03	09003	INFUSION CENTER	0	6,120,843	0.000000	0.000000	35,267	90.03
90.04	09004	PRIMARY CARE SENIORS	0	760,236	0.000000	0.000000	2,806	90.04
90.05	09005	PAIN MANAGEMENT	0	20,535,588	0.000000	0.000000	15,048	90.05
90.06	09006	WOUND CARE CENTER	28,851	2,127,068	0.013564	0.013564	6,376	90.06
91.00	09100	EMERGENCY	0	133,338,352	0.000000	0.000000	22,453,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	76,442	13,001,272	0.005880	0.005880	916,000	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	13,974,406	0.000000	0.000000	0	96.00
200.00		Total (Lines 50-199)	466,477	1,278,776,715			276,587,220	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm
--	----------------------	---	--

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,298	17,873,850	876	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	43,816,176	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	3,355,398	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	639	6,207,517	366	59.00
60.00	06000 LABORATORY	0	2,701,637	0	60.00
64.00	06400 INTRAVENOUS THERAPY	1,005	149,533	66	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,383,120	0	65.00
66.00	06600 PHYSICAL THERAPY	0	57,420	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	2,479,477	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,739,624	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	3,063,582	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	105,430	23,224,571	48,237	73.00
74.00	07400 RENAL DIALYSIS	1,249	102,927	43	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	91,918	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	2,065,342	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	110,266	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	270,461	0	90.02
90.03	09003 INFUSION CENTER	0	2,522,009	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	505,609	0	90.04
90.05	09005 PAIN MANAGEMENT	0	8,359,728	0	90.05
90.06	09006 WOUND CARE CENTER	86	1,060,294	14,382	90.06
91.00	09100 EMERGENCY	0	14,938,664	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	5,386	3,033,034	17,834	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	115,093	147,112,157	81,804	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.240850	17,873,850	0	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106972	43,816,176	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.336229	3,355,398	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.116156	6,207,517	0	0	59.00
60.00	06000	LABORATORY	0.204738	2,701,637	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.388724	149,533	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.309006	1,383,120	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.232899	57,420	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.067941	2,479,477	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278282	9,739,624	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.611039	3,063,582	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250505	23,224,571	20	245,683	73.00
74.00	07400	RENAL DIALYSIS	0.519559	102,927	0	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0.705997	91,918	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.681638	2,065,342	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2.007093	110,266	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.388117	270,461	0	0	90.02
90.03	09003	INFUSION CENTER	0.166179	2,522,009	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	2.099630	505,609	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0.178262	8,359,728	0	0	90.05
90.06	09006	WOUND CARE CENTER	0.253244	1,060,294	0	0	90.06
91.00	09100	EMERGENCY	0.188378	14,938,664	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.675426	3,033,034	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.464232	0	0	0	96.00
200.00		Subtotal (see instructions)		147,112,157	20	245,683	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		147,112,157	20	245,683	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/27/2013 7:06 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS
	PPS Services (see inst.)	Cost	Cost		
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	4,304,917	0	0		50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,687,104	0	0		54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	1,128,182	0	0		55.00
59.00 05900 CARDIAC CATHETERIZATION	721,040	0	0		59.00
60.00 06000 LABORATORY	553,128	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	58,127	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	427,392	0	0		65.00
66.00 06600 PHYSICAL THERAPY	13,373	0	0		66.00
69.00 06900 ELECTROCARDIOLOGY	168,458	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,710,362	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1,871,968	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,817,871	5	61,545		73.00
74.00 07400 RENAL DIALYSIS	53,477	0	0		74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	64,894	0	0		76.00
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	1,407,816	0	0		90.00
90.01 09001 FAMILY PRACTICE CLINIC	221,314	0	0		90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	104,971	0	0		90.02
90.03 09003 INFUSION CENTER	419,105	0	0		90.03
90.04 09004 PRIMARY CARE SENIORS	1,061,592	0	0		90.04
90.05 09005 PAIN MANAGEMENT	1,490,222	0	0		90.05
90.06 09006 WOUND CARE CENTER	268,513	0	0		90.06
91.00 09100 EMERGENCY	2,814,116	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,048,590	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00 Subtotal (see instructions)	32,416,532	5	61,545		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	32,416,532	5	61,545		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part II Date/Time Prepared: 2/27/2013 7:06 pm	
		Component CCN: 15S082		Title XVIII		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	6,689,499	181,606,057	0.036835	128,446	4,731	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	3,584,420	252,680,118	0.014186	45,848	650	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	553,089	9,705,273	0.056989	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	638,492	37,348,204	0.017096	0	0	59.00
60.00	06000 LABORATORY	3,352,699	200,342,496	0.016735	185,207	3,099	60.00
64.00	06400 INTRAVENOUS THERAPY	102,761	5,021,137	0.020466	2,554	52	64.00
65.00	06500 RESPIRATORY THERAPY	806,739	22,333,165	0.036123	1,831	66	65.00
66.00	06600 PHYSICAL THERAPY	548,782	34,471,439	0.015920	9,296	148	66.00
69.00	06900 ELECTROCARDIOLOGY	155,347	23,200,902	0.006696	2,202	15	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,140,195	89,808,868	0.012696	16,222	206	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,345,501	48,652,486	0.027655	1,188	33	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,260,781	166,427,556	0.013584	273,087	3,710	73.00
74.00	07400 RENAL DIALYSIS	193,408	5,363,800	0.036058	0	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	58,746	1,901,776	0.030890	34,196	1,056	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	307,433	5,714,654	0.053797	88	5	90.00
90.01	09001 FAMILY PRACTICE CLINIC	509,331	1,505,208	0.338379	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	166,630	2,835,811	0.058759	0	0	90.02
90.03	09003 INFUSION CENTER	129,219	6,120,843	0.021111	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	77,229	760,236	0.101586	0	0	90.04
90.05	09005 PAIN MANAGEMENT	262,876	20,535,588	0.012801	0	0	90.05
90.06	09006 WOUND CARE CENTER	37,369	2,127,068	0.017568	0	0	90.06
91.00	09100 EMERGENCY	2,314,441	133,338,352	0.017358	136,104	2,362	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,001,272	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	577,986	13,974,406	0.041360	0	0	96.00
200.00	Total (lines 50-199)	25,812,973	1,278,776,715		836,269	16,133	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	8,877	0	8,877	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	2,219	0	2,219	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	2,219	0	2,219	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	345,650	0	345,650	73.00
74.00 07400 RENAL DIALYSIS	0	0	2,219	0	2,219	74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04 09004 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06 09006 WOUND CARE CENTER	0	0	28,851	0	28,851	90.06
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	390,035	0	390,035	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,877	181,606,057	0.000049	0.000049	128,446	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	252,680,118	0.000000	0.000000	45,848	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	9,705,273	0.000000	0.000000	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,219	37,348,204	0.000059	0.000059	0	59.00
60.00	06000	LABORATORY	0	200,342,496	0.000000	0.000000	185,207	60.00
64.00	06400	INTRAVENOUS THERAPY	2,219	5,021,137	0.000442	0.000442	2,554	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,333,165	0.000000	0.000000	1,831	65.00
66.00	06600	PHYSICAL THERAPY	0	34,471,439	0.000000	0.000000	9,296	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,200,902	0.000000	0.000000	2,202	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,808,868	0.000000	0.000000	16,222	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	48,652,486	0.000000	0.000000	1,188	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	345,650	166,427,556	0.002077	0.002077	273,087	73.00
74.00	07400	RENAL DIALYSIS	2,219	5,363,800	0.000414	0.000414	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	1,901,776	0.000000	0.000000	34,196	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,714,654	0.000000	0.000000	88	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	1,505,208	0.000000	0.000000	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,835,811	0.000000	0.000000	0	90.02
90.03	09003	INFUSION CENTER	0	6,120,843	0.000000	0.000000	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	760,236	0.000000	0.000000	0	90.04
90.05	09005	PAIN MANAGEMENT	0	20,535,588	0.000000	0.000000	0	90.05
90.06	09006	WOUND CARE CENTER	28,851	2,127,068	0.013564	0.013564	0	90.06
91.00	09100	EMERGENCY	0	133,338,352	0.000000	0.000000	136,104	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,001,272	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	13,974,406	0.000000	0.000000	0	96.00
200.00		Total (lines 50-199)	390,035	1,278,776,715			836,269	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	6	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	1	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	567	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	574	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	10,039,612	0	10,039,612	110,673	90.71	30.00
31.00	03100 INTENSIVE CARE UNIT	2,050,535		2,050,535	12,360	165.90	31.00
32.00	03200 CORONARY CARE UNIT	677,254		677,254	5,443	124.43	32.00
40.00	04000 SUBPROVIDER - I PF	354,231	0	354,231	3,716	95.33	40.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
200.00	Total (lines 30-199)	13,121,632		13,121,632	132,192		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Title XIX	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	8,313	754,072	30.00
31.00	03100 INTENSIVE CARE UNIT	1,170	194,103	31.00
32.00	03200 CORONARY CARE UNIT	630	78,391	32.00
40.00	04000 SUBPROVIDER - I PF	388	36,988	40.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
200.00	Total (lines 30-199)	10,501	1,063,554	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part II Date/Time Prepared: 2/27/2013 7:06 pm
--	--	----------------------	---	--

Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	6,689,499	181,606,057	0.036835	3,620,107	133,347	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,584,420	252,680,118	0.014186	4,687,845	66,502	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	553,089	9,705,273	0.056989	118,007	6,725	55.00
59.00	05900	CARDIAC CATHETERIZATION	638,492	37,348,204	0.017096	973,556	16,644	59.00
60.00	06000	LABORATORY	3,352,699	200,342,496	0.016735	8,465,302	141,667	60.00
64.00	06400	INTRAVENOUS THERAPY	102,761	5,021,137	0.020466	362,770	7,424	64.00
65.00	06500	RESPIRATORY THERAPY	806,739	22,333,165	0.036123	2,042,821	73,793	65.00
66.00	06600	PHYSICAL THERAPY	548,782	34,471,439	0.015920	1,649,674	26,263	66.00
69.00	06900	ELECTROCARDIOLOGY	155,347	23,200,902	0.006696	787,384	5,272	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,140,195	89,808,868	0.012696	4,027,109	51,128	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,345,501	48,652,486	0.027655	1,192,640	32,982	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,260,781	166,427,556	0.013584	9,544,669	129,655	73.00
74.00	07400	RENAL DIALYSIS	193,408	5,363,800	0.036058	335,568	12,100	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	58,746	1,901,776	0.030890	133,357	4,119	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	307,433	5,714,654	0.053797	3,395	183	90.00
90.01	09001	FAMILY PRACTICE CLINIC	509,331	1,505,208	0.338379	1,731	586	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	166,630	2,835,811	0.058759	0	0	90.02
90.03	09003	INFUSION CENTER	129,219	6,120,843	0.021111	7,320	155	90.03
90.04	09004	PRIMARY CARE SENIORS	77,229	760,236	0.101586	0	0	90.04
90.05	09005	PAIN MANAGEMENT	262,876	20,535,588	0.012801	1,307	17	90.05
90.06	09006	WOUND CARE CENTER	37,369	2,127,068	0.017568	389	7	90.06
91.00	09100	EMERGENCY	2,314,441	133,338,352	0.017358	3,674,748	63,786	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,129,033	13,001,272	0.086840	172,749	15,002	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	577,986	13,974,406	0.041360	0	0	96.00
200.00		Total (Lines 50-199)	26,942,006	1,278,776,715		41,802,448	787,357	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/27/2013 7:06 pm	
Cost Center Description			Title XIX		Hospital		PPS	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	679,776	0	0	679,776	30.00
31.00	03100	INTENSIVE CARE UNIT	0	73,238	0	0	73,238	31.00
32.00	03200	CORONARY CARE UNIT	0	57,703	0	0	57,703	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
200.00		Total (lines 30-199)	0	810,717	0	0	810,717	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/27/2013 7:06 pm	
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)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	110,673	6.14	8,313	51,042		30.00
31.00	03100 INTENSIVE CARE UNIT	12,360	5.93	1,170	6,938		31.00
32.00	03200 CORONARY CARE UNIT	5,443	10.60	630	6,678		32.00
40.00	04000 SUBPROVIDER - I PF	3,716	0.00	388	0		40.00
44.00	04400 SKILLED NURSING FACILITY	0	0.00	0	0		44.00
200.00	Total (lines 30-199)	132,192		10,501	64,658		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	8,877	0	8,877	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	2,219	0	2,219	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	2,219	0	2,219	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	345,650	0	345,650	73.00
74.00	07400	RENAL DIALYSIS	0	0	2,219	0	2,219	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03	09003	INFUSION CENTER	0	0	0	0	0	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05	09005	PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06	09006	WOUND CARE CENTER	0	0	28,851	0	28,851	90.06
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	390,035	0	390,035	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Title XIX			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	8,877	181,606,057	0.000049	0.000049	3,620,107	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	252,680,118	0.000000	0.000000	4,687,845	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	9,705,273	0.000000	0.000000	118,007	55.00
59.00	05900	CARDIAC CATHETERIZATION	2,219	37,348,204	0.000059	0.000059	973,556	59.00
60.00	06000	LABORATORY	0	200,342,496	0.000000	0.000000	8,465,302	60.00
64.00	06400	INTRAVENOUS THERAPY	2,219	5,021,137	0.000442	0.000442	362,770	64.00
65.00	06500	RESPIRATORY THERAPY	0	22,333,165	0.000000	0.000000	2,042,821	65.00
66.00	06600	PHYSICAL THERAPY	0	34,471,439	0.000000	0.000000	1,649,674	66.00
69.00	06900	ELECTROCARDIOLOGY	0	23,200,902	0.000000	0.000000	787,384	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,808,868	0.000000	0.000000	4,027,109	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	48,652,486	0.000000	0.000000	1,192,640	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	345,650	166,427,556	0.002077	0.002077	9,544,669	73.00
74.00	07400	RENAL DIALYSIS	2,219	5,363,800	0.000414	0.000414	335,568	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	1,901,776	0.000000	0.000000	133,357	76.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,714,654	0.000000	0.000000	3,395	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	1,505,208	0.000000	0.000000	1,731	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	2,835,811	0.000000	0.000000	0	90.02
90.03	09003	INFUSION CENTER	0	6,120,843	0.000000	0.000000	7,320	90.03
90.04	09004	PRIMARY CARE SENIORS	0	760,236	0.000000	0.000000	0	90.04
90.05	09005	PAIN MANAGEMENT	0	20,535,588	0.000000	0.000000	1,307	90.05
90.06	09006	WOUND CARE CENTER	28,851	2,127,068	0.013564	0.013564	389	90.06
91.00	09100	EMERGENCY	0	133,338,352	0.000000	0.000000	3,674,748	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,001,272	0.000000	0.000000	172,749	92.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	13,974,406	0.000000	0.000000	0	96.00
200.00		Total (Lines 50-199)	390,035	1,278,776,715			41,802,448	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part IV
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	177	0	0		50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0		55.00
59.00	05900 CARDIAC CATHETERIZATION	57	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	160	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	19,824	0	0		73.00
74.00	07400 RENAL DIALYSIS	139	0	0		74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0		90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0		90.02
90.03	09003 INFUSION CENTER	0	0	0		90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0		90.04
90.05	09005 PAIN MANAGEMENT	0	0	0		90.05
90.06	09006 WOUND CARE CENTER	5	0	0		90.06
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
200.00	Total (Lines 50-199)	20,362	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/27/2013 7:06 pm
		Title XIX	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.240850	0	0	2,344,326	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106972	0	0	7,301,708	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.336229	0	0	837,672	55.00
59.00	05900 CARDIAC CATHETERIZATION	0.116156	0	0	864,922	59.00
60.00	06000 LABORATORY	0.204738	0	0	4,748,067	60.00
64.00	06400 INTRAVENOUS THERAPY	0.388724	0	0	27,633	64.00
65.00	06500 RESPIRATORY THERAPY	0.309006	0	0	301,331	65.00
66.00	06600 PHYSICAL THERAPY	0.232899	0	0	86,873	66.00
69.00	06900 ELECTROCARDIOLOGY	0.067941	0	0	454,321	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278282	0	0	1,423,512	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.611039	0	0	373,877	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250505	0	0	3,918,638	73.00
74.00	07400 RENAL DIALYSIS	0.519559	0	0	21,199	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0.705997	0	0	86,534	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0.681638	0	0	191,560	90.00
90.01	09001 FAMILY PRACTICE CLINIC	2.007093	0	0	186,760	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.388117	0	0	1,866	90.02
90.03	09003 INFUSION CENTER	0.166179	0	0	519,966	90.03
90.04	09004 PRIMARY CARE SENIORS	2.099630	0	0	575	90.04
90.05	09005 PAIN MANAGEMENT	0.178262	0	0	771,409	90.05
90.06	09006 WOUND CARE CENTER	0.253244	0	0	59,048	90.06
91.00	09100 EMERGENCY	0.188378	0	0	5,713,782	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.675426	0	0	781,765	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.464232	0	0	0	96.00
200.00	Subtotal (see instructions)		0	0	31,017,344	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	31,017,344	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/27/2013 7:06 pm
	Title XIX	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS	
	PPS Services (see inst.)	Cost	Cost			
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	5.00	6.00	7.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	564,631	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	781,078	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	281,650	55.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	100,466	59.00
60.00	06000	LABORATORY	0	0	972,110	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	10,742	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	93,113	65.00
66.00	06600	PHYSICAL THERAPY	0	0	20,233	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	30,867	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	396,138	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	228,453	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	981,638	73.00
74.00	07400	RENAL DIALYSIS	0	0	11,014	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0	0	61,093	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	130,575	90.00
90.01	09001	FAMILY PRACTICE CLINIC	0	0	374,845	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0	0	724	90.02
90.03	09003	INFUSION CENTER	0	0	86,407	90.03
90.04	09004	PRIMARY CARE SENIORS	0	0	1,207	90.04
90.05	09005	PAIN MANAGEMENT	0	0	137,513	90.05
90.06	09006	WOUND CARE CENTER	0	0	14,954	90.06
91.00	09100	EMERGENCY	0	0	1,076,351	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	528,024	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00		Subtotal (see instructions)	0	0	6,883,826	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	6,883,826	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part II Date/Time Prepared: 2/27/2013 7:06 pm	
		Component CCN: 15S082		Title XIX		Subprovider - IPF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,689,499	181,606,057	0.036835	0	0 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,584,420	252,680,118	0.014186	20,030	284 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	553,089	9,705,273	0.056989	0	0 55.00
59.00	05900	CARDIAC CATHETERIZATION	638,492	37,348,204	0.017096	2,202	38 59.00
60.00	06000	LABORATORY	3,352,699	200,342,496	0.016735	90,026	1,507 60.00
64.00	06400	INTRAVENOUS THERAPY	102,761	5,021,137	0.020466	102	2 64.00
65.00	06500	RESPIRATORY THERAPY	806,739	22,333,165	0.036123	971	35 65.00
66.00	06600	PHYSICAL THERAPY	548,782	34,471,439	0.015920	567	9 66.00
69.00	06900	ELECTROCARDIOLOGY	155,347	23,200,902	0.006696	1,950	13 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,140,195	89,808,868	0.012696	3,238	41 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,345,501	48,652,486	0.027655	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,260,781	166,427,556	0.013584	68,050	924 73.00
74.00	07400	RENAL DIALYSIS	193,408	5,363,800	0.036058	0	0 74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	58,746	1,901,776	0.030890	16,843	520 76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	307,433	5,714,654	0.053797	0	0 90.00
90.01	09001	FAMILY PRACTICE CLINIC	509,331	1,505,208	0.338379	0	0 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	166,630	2,835,811	0.058759	0	0 90.02
90.03	09003	INFUSION CENTER	129,219	6,120,843	0.021111	186	4 90.03
90.04	09004	PRIMARY CARE SENIORS	77,229	760,236	0.101586	0	0 90.04
90.05	09005	PAIN MANAGEMENT	262,876	20,535,588	0.012801	0	0 90.05
90.06	09006	WOUND CARE CENTER	37,369	2,127,068	0.017568	0	0 90.06
91.00	09100	EMERGENCY	2,314,441	133,338,352	0.017358	90,771	1,576 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	13,001,272	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	577,986	13,974,406	0.041360	0	0 96.00
200.00		Total (lines 50-199)	25,812,973	1,278,776,715		294,936	4,953 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	8,877	0	8,877	50.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	2,219	0	2,219	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	2,219	0	2,219	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	345,650	0	345,650	73.00
74.00 07400 RENAL DIALYSIS	0	0	2,219	0	2,219	74.00
76.00 03020 BEHAVIORAL HEALTH SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09001 FAMILY PRACTICE CLINIC	0	0	0	0	0	90.01
90.02 09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	0	0	90.02
90.03 09003 INFUSION CENTER	0	0	0	0	0	90.03
90.04 09004 PRIMARY CARE SENIORS	0	0	0	0	0	90.04
90.05 09005 PAIN MANAGEMENT	0	0	0	0	0	90.05
90.06 09006 WOUND CARE CENTER	0	0	28,851	0	28,851	90.06
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00 Total (lines 50-199)	0	0	390,035	0	390,035	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	8,877	181,606,057	0.000049	0.000049	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	252,680,118	0.000000	0.000000	20,030	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	9,705,273	0.000000	0.000000	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	2,219	37,348,204	0.000059	0.000059	2,202	59.00
60.00	06000 LABORATORY	0	200,342,496	0.000000	0.000000	90,026	60.00
64.00	06400 INTRAVENOUS THERAPY	2,219	5,021,137	0.000442	0.000442	102	64.00
65.00	06500 RESPIRATORY THERAPY	0	22,333,165	0.000000	0.000000	971	65.00
66.00	06600 PHYSICAL THERAPY	0	34,471,439	0.000000	0.000000	567	66.00
69.00	06900 ELECTROCARDIOLOGY	0	23,200,902	0.000000	0.000000	1,950	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	89,808,868	0.000000	0.000000	3,238	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	48,652,486	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	345,650	166,427,556	0.002077	0.002077	68,050	73.00
74.00	07400 RENAL DIALYSIS	2,219	5,363,800	0.000414	0.000414	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	1,901,776	0.000000	0.000000	16,843	76.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	5,714,654	0.000000	0.000000	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	1,505,208	0.000000	0.000000	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	2,835,811	0.000000	0.000000	0	90.02
90.03	09003 INFUSION CENTER	0	6,120,843	0.000000	0.000000	186	90.03
90.04	09004 PRIMARY CARE SENIORS	0	760,236	0.000000	0.000000	0	90.04
90.05	09005 PAIN MANAGEMENT	0	20,535,588	0.000000	0.000000	0	90.05
90.06	09006 WOUND CARE CENTER	28,851	2,127,068	0.013564	0.013564	0	90.06
91.00	09100 EMERGENCY	0	133,338,352	0.000000	0.000000	90,771	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	13,001,272	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	13,974,406	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	390,035	1,278,776,715			294,936	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/27/2013 7:06 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0	0	0	55.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	141	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09001 FAMILY PRACTICE CLINIC	0	0	0	90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0	0	0	90.02
90.03	09003 INFUSION CENTER	0	0	0	90.03
90.04	09004 PRIMARY CARE SENIORS	0	0	0	90.04
90.05	09005 PAIN MANAGEMENT	0	0	0	90.05
90.06	09006 WOUND CARE CENTER	0	0	0	90.06
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
200.00	Total (lines 50-199)	141	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/27/2013 7:06 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		110,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		110,673	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)		98,227	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)		44,894	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		78,086,028	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)		78,086,028	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		111,931,236	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		111,931,236	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.697625	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)		1,139.52	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)		78,086,028	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		705.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		31,675,411	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)		31,675,411	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/27/2013 7:06 pm		
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)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	17,222,640	12,360	1,393.42	6,689	9,320,586	43.00	
44.00	6,931,546	5,443	1,273.48	3,517	4,478,829	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					66,058,770	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					111,533,596	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)					5,972,255	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,312,135	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					11,284,390	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					100,249,206	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)					12,446	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					705.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,781,400	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/27/2013 7:06 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,039,612	78,086,028	0.128571	8,781,400	1,129,033	90.00
91.00	Nursing School cost	0	78,086,028	0.000000	8,781,400	0	91.00
92.00	Allied health cost	679,776	78,086,028	0.008705	8,781,400	76,442	92.00
93.00	All other Medical Education	0	78,086,028	0.000000	8,781,400	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,716	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,716	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,716	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,463	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,900,760	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)		2,900,760	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,919,915	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,919,915	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.419190	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)		1,862.19	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)		2,900,760	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		780.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,142,032	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,142,032	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/27/2013 7:06 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	INTENSIVE CARE UNIT							43.00
44.00	CORONARY CARE UNIT							44.00
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description								
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					201,363		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,343,395		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)					139,468		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					16,707		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					156,175		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					1,187,220		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1	
		Component CCN: 15S082				Date/Time Prepared: 2/27/2013 7:06 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	354,231	2,900,760	0.122117	0	0	90.00
91.00	Nursing School cost	0	2,900,760	0.000000	0	0	91.00
92.00	Allied health cost	0	2,900,760	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,900,760	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 2/27/2013 7:06 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		110,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		110,673	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)		98,227	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)		8,313	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		78,086,028	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)		78,086,028	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		10,456,810	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		10,456,810	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		7.467481	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)		106.46	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)		78,086,028	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		705.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,865,320	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)		5,865,320	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/27/2013 7:06 pm		
Cost Center Description			Title XIX	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)					42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	17,222,640	12,360	1,393.42	1,170	1,630,301	43.00	
44.00	6,931,546	5,443	1,273.48	630	802,292	44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					9,812,904	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					18,110,817	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)					1,091,224	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					807,719	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,898,943	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					16,211,874	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)					12,446	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					705.56	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					8,781,400	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/27/2013 7:06 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	10,039,612	78,086,028	0.128571	8,781,400	1,129,033	90.00
91.00	Nursing School cost	0	78,086,028	0.000000	8,781,400	0	91.00
92.00	Allied health cost	679,776	78,086,028	0.008705	8,781,400	76,442	92.00
93.00	All other Medical Education	0	78,086,028	0.000000	8,781,400	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1
		Component CCN: 15S082		Date/Time Prepared: 2/27/2013 7:06 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,716	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,716	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,716	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)		388	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,900,760	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)		2,900,760	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		692,863	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		692,863	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		4.186629	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)		186.45	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)		2,900,760	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		780.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		302,877	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)		302,877	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1		
		Component CCN: 15S082				Date/Time Prepared: 2/27/2013 7:06 pm		
		Title XIX		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00	NURSERY (title V & XIX only)							42.00
Intensive Care Type Inpatient Hospital Units								
43.00	0	0	0.00	0	0		43.00	
44.00	0	0	0.00	0	0		44.00	
45.00	BURN INTENSIVE CARE UNIT							45.00
46.00	SURGICAL INTENSIVE CARE UNIT							46.00
47.00	OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					68,536		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					371,413		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)					36,988		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,094		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					42,082		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					329,331		53.00
TARGET AMOUNT AND LIMIT COMPUTATION								
54.00	Program discharges					0		54.00
55.00	Target amount per discharge					0.00		55.00
56.00	Target amount (line 54 x line 55)					0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00	Bonus payment (see instructions)					0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00	Relief payment (see instructions)					0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST								
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY								
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00	Program routine service cost (line 9 x line 71)							72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00	Program capital-related costs (line 9 x line 76)							77.00
78.00	Inpatient routine service cost (line 74 minus line 77)							78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00	Inpatient routine service cost per diem limitation							81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00	Reasonable inpatient routine service costs (see instructions)							83.00
84.00	Program inpatient ancillary services (see instructions)							84.00
85.00	Utilization review - physician compensation (see instructions)							85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST								
87.00	Total observation bed days (see instructions)					0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150082 Component CCN: 15S082		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/27/2013 7:06 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	354,231	2,900,760	0.122117	0	0	90.00
91.00	Nursing School cost	0	2,900,760	0.000000	0	0	91.00
92.00	Allied health cost	0	2,900,760	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,900,760	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/27/2013 7:06 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		47,710,253	30.00
31.00	03100	INTENSIVE CARE UNIT		15,455,045	31.00
32.00	03200	CORONARY CARE UNIT		7,912,128	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.240850	26,482,620	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106972	31,223,556	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.336229	306,395	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.123338	10,833,955	59.00
60.00	06000	LABORATORY	0.206029	54,092,229	60.00
64.00	06400	INTRAVENOUS THERAPY	0.388724	2,274,388	64.00
65.00	06500	RESPIRATORY THERAPY	0.309234	7,946,496	65.00
66.00	06600	PHYSICAL THERAPY	0.232899	13,552,298	66.00
69.00	06900	ELECTROCARDIOLOGY	0.067941	8,050,295	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278282	29,206,769	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.611039	15,229,572	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250505	50,760,502	73.00
74.00	07400	RENAL DIALYSIS	0.519816	3,015,860	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0.705997	159,264	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.681749	22,408	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2.007093	1,275	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.388117	0	90.02
90.03	09003	INFUSION CENTER	0.166210	35,267	90.03
90.04	09004	PRIMARY CARE SENIORS	2.099630	2,806	90.04
90.05	09005	PAIN MANAGEMENT	0.178406	15,048	90.05
90.06	09006	WOUND CARE CENTER	0.253244	6,376	90.06
91.00	09100	EMERGENCY	0.188378	22,453,841	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.675426	916,000	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.464232	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		276,587,220	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)		276,587,220	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082 Component CCN: 15S082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		2,718,031	40.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.240850	128,446	30,936 50.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.106972	45,848	4,904 54.00
55.00	05500 RADIOLOGY - THERAPEUTIC	0.336229	0	0 55.00
59.00	05900 CARDIAC CATHETERIZATION	0.123338	0	0 59.00
60.00	06000 LABORATORY	0.206029	185,207	38,158 60.00
64.00	06400 INTRAVENOUS THERAPY	0.388724	2,554	993 64.00
65.00	06500 RESPIRATORY THERAPY	0.309234	1,831	566 65.00
66.00	06600 PHYSICAL THERAPY	0.232899	9,296	2,165 66.00
69.00	06900 ELECTROCARDIOLOGY	0.067941	2,202	150 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278282	16,222	4,514 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.611039	1,188	726 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.250505	273,087	68,410 73.00
74.00	07400 RENAL DIALYSIS	0.519816	0	0 74.00
76.00	03020 BEHAVIORAL HEALTH SERVICES	0.705997	34,196	24,142 76.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.681749	88	60 90.00
90.01	09001 FAMILY PRACTICE CLINIC	2.007093	0	0 90.01
90.02	09002 OUTPATIENT PSYCHIATRIC SERVICES	0.388117	0	0 90.02
90.03	09003 INFUSION CENTER	0.166210	0	0 90.03
90.04	09004 PRIMARY CARE SENIORS	2.099630	0	0 90.04
90.05	09005 PAIN MANAGEMENT	0.178406	0	0 90.05
90.06	09006 WOUND CARE CENTER	0.253244	0	0 90.06
91.00	09100 EMERGENCY	0.188378	136,104	25,639 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.675426	0	0 92.00
OTHER REIMBURSABLE COST CENTERS				
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.464232	0	0 96.00
200.00	Total (sum of lines 50-94 and 96-98)		836,269	201,363 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		836,269	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/27/2013 7:06 pm	
Cost Center Description		Title XIX	Hospital	PPS	
		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		10,456,810	30.00
31.00	03100	INTENSIVE CARE UNIT		3,166,097	31.00
32.00	03200	CORONARY CARE UNIT		1,647,792	32.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.240850	3,620,107	871,903 50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106972	4,687,845	501,468 54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.336229	118,007	39,677 55.00
59.00	05900	CARDIAC CATHETERIZATION	0.123338	973,556	120,076 59.00
60.00	06000	LABORATORY	0.206029	8,465,302	1,744,098 60.00
64.00	06400	INTRAVENOUS THERAPY	0.388724	362,770	141,017 64.00
65.00	06500	RESPIRATORY THERAPY	0.309234	2,042,821	631,710 65.00
66.00	06600	PHYSICAL THERAPY	0.232899	1,649,674	384,207 66.00
69.00	06900	ELECTROCARDIOLOGY	0.067941	787,384	53,496 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278282	4,027,109	1,120,672 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.611039	1,192,640	728,750 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250505	9,544,669	2,390,987 73.00
74.00	07400	RENAL DIALYSIS	0.519816	335,568	174,434 74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0.705997	133,357	94,150 76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.681749	3,395	2,315 90.00
90.01	09001	FAMILY PRACTICE CLINIC	2.007093	1,731	3,474 90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.388117	0	0 90.02
90.03	09003	INFUSION CENTER	0.166210	7,320	1,217 90.03
90.04	09004	PRIMARY CARE SENIORS	2.099630	0	0 90.04
90.05	09005	PAIN MANAGEMENT	0.178406	1,307	233 90.05
90.06	09006	WOUND CARE CENTER	0.253244	389	99 90.06
91.00	09100	EMERGENCY	0.188378	3,674,748	692,242 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.675426	172,749	116,679 92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.464232	0	0 96.00
200.00		Total (sum of lines 50-94 and 96-98)		41,802,448	9,812,904 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		41,802,448	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3	
		Component CCN: 15S082		Date/Time Prepared: 2/27/2013 7:06 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
40.00	04000	SUBPROVIDER - IPF		722,477	40.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.240850	0	50.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.106972	20,030	54.00
55.00	05500	RADIOLOGY - THERAPEUTIC	0.336229	0	55.00
59.00	05900	CARDIAC CATHETERIZATION	0.123338	2,202	59.00
60.00	06000	LABORATORY	0.206029	90,026	60.00
64.00	06400	INTRAVENOUS THERAPY	0.388724	102	64.00
65.00	06500	RESPIRATORY THERAPY	0.309234	971	65.00
66.00	06600	PHYSICAL THERAPY	0.232899	567	66.00
69.00	06900	ELECTROCARDIOLOGY	0.067941	1,950	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.278282	3,238	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.611039	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.250505	68,050	73.00
74.00	07400	RENAL DIALYSIS	0.519816	0	74.00
76.00	03020	BEHAVIORAL HEALTH SERVICES	0.705997	16,843	76.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.681749	0	90.00
90.01	09001	FAMILY PRACTICE CLINIC	2.007093	0	90.01
90.02	09002	OUTPATIENT PSYCHIATRIC SERVICES	0.388117	0	90.02
90.03	09003	INFUSION CENTER	0.166210	186	90.03
90.04	09004	PRIMARY CARE SENIORS	2.099630	0	90.04
90.05	09005	PAIN MANAGEMENT	0.178406	0	90.05
90.06	09006	WOUND CARE CENTER	0.253244	0	90.06
91.00	09100	EMERGENCY	0.188378	90,771	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.675426	0	92.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.464232	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		294,936	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)		294,936	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		75,295,314	1.00
2.00	Outlier payments for discharges. (see instructions)		2,235,936	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		17,225,694	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		484.61	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		15.30	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)		2.22	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)		17.52	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.60	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)		17.52	12.00
13.00	Total allowable FTE count for the prior year.		16.75	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.		16.14	14.00
15.00	Sum of lines 12 through 14 divided by 3.		16.80	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		16.80	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.034667	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.034099	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.034099	21.00
22.00	IME payment adjustment (see instructions)		1,707,660	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.08	24.00
25.00	If the amount on line 24 is greater than 0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		1,707,660	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.24	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.16	31.00
32.00	Sum of lines 30 and 31		19.40	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.36	33.00
34.00	Disproportionate share adjustment (see instructions)		4,035,829	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		83,274,739	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	83,274,739		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	6,711,509		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).	814,560		52.00
53.00	Nursing and Allied Health Managed Care payment	0		53.00
54.00	Special add-on payments for new technologies	0		54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0		55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0		56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).	352,595		57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	115,093		58.00
59.00	Total (sum of amounts on lines 49 through 58)	91,268,496		59.00
60.00	Primary payer payments	76,763		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	91,191,733		61.00
62.00	Deductibles billed to program beneficiaries	8,460,633		62.00
63.00	Coinsurance billed to program beneficiaries	595,363		63.00
64.00	Allowable bad debts (see instructions)	490,851		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	343,596		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	275,834		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	82,479,333		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
70.95	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)	82,479,333		71.00
72.00	Interim payments	83,694,560		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)	-1,215,227		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	1,817,420		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		61,550	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		32,334,728	2.00
3.00	PPS payments		30,570,427	3.00
4.00	Outlier payment (see instructions)		66,512	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		81,804	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		61,550	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		245,703	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)		245,703	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		245,703	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		184,153	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)		61,550	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)		30,718,743	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		6,877,886	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)		23,902,407	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		234,483	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)		24,136,890	30.00
31.00	Primary payer payments		8,690	31.00
32.00	Subtotal (line 30 minus line 31)		24,128,200	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		532,450	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		372,715	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		407,216	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		24,500,915	37.00
38.00	MSP-LCC reconciliation amount from PS&R		1	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		24,500,914	40.00
41.00	Interim payments		24,714,518	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)		-213,604	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2013 7:06 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		83,082,901		24,577,122	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	05/14/2012	611,659	05/14/2012	137,396	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)		611,659		137,396	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)		83,694,560		24,714,518	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		1,215,227		213,604	6.02	
7.00	Total Medicare program liability (see instructions)		82,479,333		24,500,914	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: 150082
Component CCN: 15S082

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2013 7:06 pm
PPS

Title XVIII

Subprovider -
IPF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		942,455		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		942,455		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		12,151		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		954,606		0	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: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part II
Date/Time Prepared:
2/27/2013 7:06 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			24,566 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			55,100 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			12,584 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			116,030 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			1,455,010,759 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			64,006,755 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,915,193 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,934,838 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-19,645 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet E-3 Part II Date/Time Prepared: 2/27/2013 7:06 pm
		Component CCN: 15S082		
		Title XVII I	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			975,248 1.00
2.00	Net IPF PPS Outlier Payments			44,305 2.00
3.00	Net IPF PPS ECT Payments			23,617 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			10.153005 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			1,043,170 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			1,043,170 16.00
17.00	Primary payer payments			6,355 17.00
18.00	Subtotal (line 16 less line 17).			1,036,815 18.00
19.00	Deductibles			78,296 19.00
20.00	Subtotal (line 18 minus line 19)			958,519 20.00
21.00	Coinsurance			16,064 21.00
22.00	Subtotal (line 20 minus line 21)			942,455 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			16,539 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			11,577 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			8,814 25.00
26.00	Subtotal (sum of lines 22 and 24)			954,032 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			574 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			954,606 31.00
32.00	Interim payments			942,455 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			12,151 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			44,305 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/27/2013 7:06 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			18.00	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.40	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			16.60	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.75	6.00
7.00	Enter the lesser of line 5 or line 6			16.60	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	17.75	0.00	17.75	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	16.60	0.00	16.60	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	16.60	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	16.83	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	16.16	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	16.53	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	16.53	0.00		17.00
18.00	Per resident amount	112,803.46	0.00		18.00
19.00	Approved amount for resident costs	1,864,641	0	1,864,641	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			1.15	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,864,641	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	56,563	12,584		26.00
27.00	Total Inpatient Days (see instructions)	119,746	119,746		27.00
28.00	Ratio of inpatient days to total inpatient days	0.472358	0.105089		28.00
29.00	Program direct GME amount	880,778	195,953		29.00
30.00	Reduction for direct GME payments for Medicare managed care		27,688		30.00
31.00	Net Program direct GME amount			1,049,043	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		2,219	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		5,363,800	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000414	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		112,876,991	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		83,118	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		112,793,873	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		32,478,082	42.00
43.00	Primary payer payments (see instructions)		8,690	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		32,469,392	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		145,263,265	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.776479	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.223521	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,049,043	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		814,560	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		234,483	50.00

BALANCE SHEET (If you are nonproprietary and do not maintain fund-type accounting records, complete the General Fund column only)		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet G Date/Time Prepared: 2/27/2013 7:06 pm		
		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	54,671,462	0	0	0	1.00
2.00	Temporary investments	5,712,886	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	86,846,708	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	5,592,070	0	0	0	7.00
8.00	Prepaid expenses	4,566,672	0	0	0	8.00
9.00	Other current assets	5,220,231	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	162,610,029	0	0	0	11.00
FIXED ASSETS						
12.00	Land	10,315,869	0	0	0	12.00
13.00	Land improvements	4,539,797	0	0	0	13.00
14.00	Accumulated depreciation	-3,680,305	0	0	0	14.00
15.00	Buildings	454,249,414	0	0	0	15.00
16.00	Accumulated depreciation	-215,187,741	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	238,119,701	0	0	0	19.00
20.00	Accumulated depreciation	-169,050,931	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	319,305,804	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	317,792,076	10,710,231	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	9,402,946	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	327,195,022	10,710,231	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	809,110,855	10,710,231	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	27,774,280	0	0	0	37.00
38.00	Salaries, wages, and fees payable	28,040,685	0	0	0	38.00
39.00	Payroll taxes payable	3,618,800	0	0	0	39.00
40.00	Notes and loans payable (short term)	7,085,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	7,519,852	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	74,038,617	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	308,525,030	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	308,525,030	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	382,563,647	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	426,547,208				52.00
53.00	Specific purpose fund		10,710,231			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)	426,547,208	10,710,231	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	809,110,855	10,710,231	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-1

Date/Time Prepared:
2/27/2013 7:06 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		388,425,141	
2.00	Net income (loss) (From Wkst. G-3, line 29)		57,132,216			2.00
3.00	Total (sum of line 1 and line 2)		445,557,357		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	NET UNREALIZED GAIN ON INVESTMENTS	19,333,622		0		5.00
6.00	PENSION RELATED CHANGES	-20,535,930		0		6.00
7.00	ADD RESTRICTED ASSETS	0		10,710,231		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		-1,202,308		10,710,231	10.00
11.00	Subtotal (line 3 plus line 10)		444,355,049		10,710,231	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	TRANSFER FROM DHS	17,807,841		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)		17,807,841		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		426,547,208		10,710,231	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-1

Date/Time Prepared:
2/27/2013 7:06 pm

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00		0			0	3.00
4.00	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		0			0	10.00
11.00		0			0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00		0			0	18.00
19.00		0			0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	117,670,544		117,670,544	1.00
2.00	SUBPROVIDER - IPF	6,938,505		6,938,505	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	124,609,049		124,609,049	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	33,598,541		33,598,541	11.00
12.00	CORONARY CARE UNIT	14,645,006		14,645,006	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)	48,243,547		48,243,547	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	172,852,596		172,852,596	17.00
18.00	Ancillary services	548,516,191	564,960,229	1,113,476,420	18.00
19.00	Outpatient services	68,577,749	203,148,715	271,726,464	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		5,080,831	5,080,831	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	12,511	4,468,157	4,480,668	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)	789,959,047	777,657,932	1,567,616,979	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		520,291,789		29.00
30.00	BAD DEBT	39,321,491			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)		39,321,491		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)		559,613,280		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-3

Date/Time Prepared:
2/27/2013 7:06 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	1,567,616,979	1.00
2.00	Less contractual allowances and discounts on patients' accounts	1,001,125,133	2.00
3.00	Net patient revenues (line 1 minus line 2)	566,491,846	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	559,613,280	4.00
5.00	Net income from service to patients (line 3 minus line 4)	6,878,566	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	7,738,404	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	42,515,246	24.00
25.00	Total other income (sum of lines 6-24)	50,253,650	25.00
26.00	Total (line 5 plus line 25)	57,132,216	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	57,132,216	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150082

Period:

Worksheet H

HHA CCN: 157132

From 10/01/2011
To 09/30/2012

Date/Time Prepared:
2/27/2013 7:06 pm

Home Health
Agency I

PPS

		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	1.00
2.00	Capital Related - Movable Equipment			0		0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	805,526	0	0	0	37,914	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,120,716	0	116,674	0	0	6.00
7.00	Physical Therapy	0	0	43,138	565,088	0	7.00
8.00	Occupational Therapy	0	0	21,817	282,141	0	8.00
9.00	Speech Pathology	0	0	3,519	65,685	0	9.00
10.00	Medical Social Services	43,521	0	1,850	0	0	10.00
11.00	Home Health Aide	80,466	0	18,115	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	123,670	12.00
13.00	Drugs	0	0	0	0	2,607	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	ROUNDING	1	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,050,230	0	205,113	912,914	164,191	24.00

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

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150082

Period:

Worksheet H

HHA CCN: 157132

From 10/01/2011
To 09/30/2012

Date/Time Prepared:
2/27/2013 7:06 pm

Home Health
Agency I

PPS

	Total (sum of col.s. 1 thru 5)	Recl assi fi cati on	Recl assi fi ed Tri al Bal ance (col. 6 + col. 7)	Adj ustments	Net Expenses for Al locati on (col. 8 + col. 9)	
	6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	0	0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	843,440	0	843,440	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,237,390	0	1,237,390	0	6.00
7.00	Physical Therapy	608,226	0	608,226	0	7.00
8.00	Occupational Therapy	303,958	0	303,958	0	8.00
9.00	Speech Pathology	69,204	0	69,204	0	9.00
10.00	Medical Social Services	45,371	0	45,371	0	10.00
11.00	Home Health Aide	98,581	0	98,581	0	11.00
12.00	Supplies (see instructions)	123,670	0	123,670	0	12.00
13.00	Drugs	2,607	0	2,607	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	ROUNDING	1	0	1	0	23.00
24.00	Total (sum of lines 1-23)	3,332,448	0	3,332,448	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: 150082	Period:	Worksheet H-1
	HHA CCN: 157132	From 10/01/2011 To 09/30/2012	Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	
		Bldgs & Fixtures	Movable Equipment			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00	Capital Related - Bldg. & Fixtures	0	0			1.00
2.00	Capital Related - Movable Equipment	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	4.00
5.00	Administrative and General	843,440	0	0	0	5.00
HHA REIMBURSABLE SERVICES						
6.00	Skilled Nursing Care	1,237,390	0	0	0	6.00
7.00	Physical Therapy	608,226	0	0	0	7.00
8.00	Occupational Therapy	303,958	0	0	0	8.00
9.00	Speech Pathology	69,204	0	0	0	9.00
10.00	Medical Social Services	45,371	0	0	0	10.00
11.00	Home Health Aide	98,581	0	0	0	11.00
12.00	Supplies (see instructions)	123,670	0	0	0	12.00
13.00	Drugs	2,607	0	0	0	13.00
14.00	DME	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES						
15.00	Home Dialysis Aide Services	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	22.00
23.00	ROUNDING	1	0	0	0	23.00
24.00	Total (sum of lines 1-23)	3,332,448	0	0	0	24.00

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150082	Period: From 10/01/2011	Worksheet H-1
		HHA CCN: 157132	To 09/30/2012	Part I
			Home Health Agency I	Date/Time Prepared: 2/27/2013 7:06 pm
				PPS

	Subtotal (col s. 0-4) 4A.00	Administrative & General 5.00	Total (col s. 4A + 5) 6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures	0		1.00
2.00	Capital Related - Movable Equipment	0		2.00
3.00	Plant Operation & Maintenance	0		3.00
4.00	Transportation			4.00
5.00	Administrative and General	843,440	843,440	5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,237,390	419,309	1,656,699
7.00	Physical Therapy	608,226	206,107	814,333
8.00	Occupational Therapy	303,958	103,001	406,959
9.00	Speech Pathology	69,204	23,451	92,655
10.00	Medical Social Services	45,371	15,375	60,746
11.00	Home Health Aide	98,581	33,406	131,987
12.00	Supplies (see instructions)	123,670	41,908	165,578
13.00	Drugs	2,607	883	3,490
14.00	DME	0	0	0
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0	0	0
16.00	Respiratory Therapy	0	0	0
17.00	Private Duty Nursing	0	0	0
18.00	Clinic	0	0	0
19.00	Health Promotion Activities	0	0	0
20.00	Day Care Program	0	0	0
21.00	Home Delivered Meals Program	0	0	0
22.00	Homemaker Service	0	0	0
23.00	ROUNDING	1	0	1
24.00	Total (sum of lines 1-23)	3,332,448		3,332,448

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150082 HHA CCN: 157132		Period: From 10/01/2011 To 09/30/2012		Worksheet H-1 Part II Date/Time Prepared: 2/27/2013 7:06 pm	
				Home Health Agency I		PPS	
		Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)				
		1.00	2.00	3.00	4.00	5A.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	4,002				0	1.00
2.00	Capital Related - Movable Equipment		31,817			0	2.00
3.00	Plant Operation & Maintenance	0	0	4,002		0	3.00
4.00	Transportation (see instructions)	0	0	0	100	0	4.00
5.00	Administrative and General	4,002	31,817	4,002	100	-843,440	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Home Health Aide	0	0	0	0	0	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	ROUNDING	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,002	31,817	4,002	100	-843,440	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0	0	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		26.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150082 HHA CCN: 157132	Period: From 10/01/2011 To 09/30/2012	Worksheet H-1 Part II Date/Time Prepared: 2/27/2013 7:06 pm PPS
		Administrative & General (ACCUM. COST)	Home Health Agency I	
		5.00		
GENERAL SERVICE COST CENTERS				
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation (see instructions)			4.00
5.00	Administrative and General	2,489,008		5.00
HHA REIMBURSABLE SERVICES				
6.00	Skilled Nursing Care	1,237,390		6.00
7.00	Physical Therapy	608,226		7.00
8.00	Occupational Therapy	303,958		8.00
9.00	Speech Pathology	69,204		9.00
10.00	Medical Social Services	45,371		10.00
11.00	Home Health Aide	98,581		11.00
12.00	Supplies (see instructions)	123,670		12.00
13.00	Drugs	2,607		13.00
14.00	DME	0		14.00
HHA NONREIMBURSABLE SERVICES				
15.00	Home Dialysis Aide Services	0		15.00
16.00	Respiratory Therapy	0		16.00
17.00	Private Duty Nursing	0		17.00
18.00	Clinic	0		18.00
19.00	Health Promotion Activities	0		19.00
20.00	Day Care Program	0		20.00
21.00	Home Delivered Meals Program	0		21.00
22.00	Homemaker Service	0		22.00
23.00	ROUNDING	1		23.00
24.00	Total (sum of lines 1-23)	2,489,008		24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	843,440		25.00
26.00	Unit Cost Multiplier	0.338866		26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health
Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS 4.00	
		NEW BLDG & FIXT 1.00	NEW BLDG & FIXT 1.01	NEW MVBLE EQUIP 2.00		
1.00 Administrative and General	0	65,301	0	48,159	208,577	1.00
2.00 Skilled Nursing Care	1,656,699	0	0	0	290,191	2.00
3.00 Physical Therapy	814,333	0	0	0	0	3.00
4.00 Occupational Therapy	406,959	0	0	0	0	4.00
5.00 Speech Pathology	92,655	0	0	0	0	5.00
6.00 Medical Social Services	60,746	0	0	0	11,269	6.00
7.00 Home Health Aide	131,987	0	0	0	20,835	7.00
8.00 Supplies (see instructions)	165,578	0	0	0	0	8.00
9.00 Drugs	3,490	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 ROUNDING	1	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	3,332,448	65,301	0	48,159	530,872	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: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health
Agency I

PPS

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	322,037	79,116	85,325	0	33,110	1.00
2.00	Skilled Nursing Care	1,946,890	478,303	0	0	0	2.00
3.00	Physical Therapy	814,333	200,061	0	0	0	3.00
4.00	Occupational Therapy	406,959	99,980	0	0	0	4.00
5.00	Speech Pathology	92,655	22,763	0	0	0	5.00
6.00	Medical Social Services	72,015	17,692	0	0	0	6.00
7.00	Home Health Aide	152,822	37,545	0	0	0	7.00
8.00	Supplies (see instructions)	165,578	40,678	0	0	0	8.00
9.00	Drugs	3,490	857	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	ROUNDING	1	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	3,976,780	976,995	85,325	0	33,110	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000					21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health
Agency I

PPS

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	9,432	54,153	0	0	1.00
2.00	Skilled Nursing Care	0	10,405	59,745	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	513	2,943	0	0	6.00
7.00	Home Health Aide	0	1,179	6,769	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	9,908	0	8.00
9.00	Drugs	0	0	0	0	1,318	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	ROUNDING	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	21,529	123,610	9,908	1,318	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: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health
Agency I

PPS

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
	16.00	17.00	21.00	22.00	23.00	
1.00 Administrative and General	16,782	0	0	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 ROUNDING	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	16,782	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: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health
Agency I

PPS

Cost Center Description	PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
	23.01	23.03	24.00	25.00	26.00	
1.00 Administrative and General	0	0	599,955	0	599,955	1.00
2.00 Skilled Nursing Care	0	0	2,495,343	0	2,495,343	2.00
3.00 Physical Therapy	0	0	1,014,394	0	1,014,394	3.00
4.00 Occupational Therapy	0	0	506,939	0	506,939	4.00
5.00 Speech Pathology	0	0	115,418	0	115,418	5.00
6.00 Medical Social Services	0	0	93,163	0	93,163	6.00
7.00 Home Health Aide	0	0	198,315	0	198,315	7.00
8.00 Supplies (see instructions)	0	0	216,164	0	216,164	8.00
9.00 Drugs	0	0	5,665	0	5,665	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 ROUNDING	0	0	1	0	1	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	5,245,357	0	5,245,357	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: 150082

Period:

Worksheet H-2

HHA CCN: 157132

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health
Agency I

PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs	
		27.00	28.00	
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	322,275	2,817,618	2.00
3.00	Physical Therapy	131,009	1,145,403	3.00
4.00	Occupational Therapy	65,471	572,410	4.00
5.00	Speech Pathology	14,906	130,324	5.00
6.00	Medical Social Services	12,032	105,195	6.00
7.00	Home Health Aide	25,612	223,927	7.00
8.00	Supplies (see instructions)	27,918	244,082	8.00
9.00	Drugs	732	6,397	9.00
10.00	DME	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	11.00
12.00	Respiratory Therapy	0	0	12.00
13.00	Private Duty Nursing	0	0	13.00
14.00	Clinic	0	0	14.00
15.00	Health Promotion Activities	0	0	15.00
16.00	Day Care Program	0	0	16.00
17.00	Home Delivered Meals Program	0	0	17.00
18.00	Homemaker Service	0	0	18.00
19.00	ROUNDING	0	1	19.00
20.00	Total (sum of lines 1-19) (2)	599,955	5,245,357	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.	0.129150		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: 150082

HHA CCN: 157132

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEE T - A)	NEW BLDG & FIXT (SQUARE FEE T - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)				
	1.00	1.01	2.00	4.00			
1.00 Administrative and General	4,002	0	31,817	805,526	5A	0	1.00
2.00 Skilled Nursing Care	0	0	0	1,120,716		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	43,521		0	6.00
7.00 Home Health Aide	0	0	0	80,466		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 ROUNDING	0	0	0	1		0	19.00
20.00 Total (sum of lines 1-19)	4,002	0	31,817	2,050,230			20.00
21.00 Total cost to be allocated	65,301	0	48,159	530,872			21.00
22.00 Unit cost multiplier	16.317091	0.000000	1.513625	0.258933			22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150082

Period: From 10/01/2011

Worksheet H-2

HHA CCN: 157132

To 09/30/2012

Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health Agency I

PPS

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET - A)	DIETARY (MEALS)	
		5.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	322,037	4,002	0	4,002	0	1.00
2.00	Skilled Nursing Care	1,946,890	0	0	0	0	2.00
3.00	Physical Therapy	814,333	0	0	0	0	3.00
4.00	Occupational Therapy	406,959	0	0	0	0	4.00
5.00	Speech Pathology	92,655	0	0	0	0	5.00
6.00	Medical Social Services	72,015	0	0	0	0	6.00
7.00	Home Health Aide	152,822	0	0	0	0	7.00
8.00	Supplies (see instructions)	165,578	0	0	0	0	8.00
9.00	Drugs	3,490	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	ROUNDING	1	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	3,976,780	4,002	0	4,002	0	20.00
21.00	Total cost to be allocated	976,995	85,325	0	33,110	0	21.00
22.00	Unit cost multiplier	0.245675	21.320590	0.000000	8.273363	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet H-2 Part II Date/Time Prepared: 2/27/2013 7:06 pm
	HHA CCN: 157132	Home Health Agency I	PPS

Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSNG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
	11.00	13.00	14.00	15.00	16.00	
1.00 Administrative and General	184	184	0	0	5,080,831	1.00
2.00 Skilled Nursing Care	203	203	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	10	10	0	0	0	6.00
7.00 Home Health Aide	23	23	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	123,670	0	0	8.00
9.00 Drugs	0	0	0	2,607	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 ROUNDING	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	420	420	123,670	2,607	5,080,831	20.00
21.00 Total cost to be allocated	21,529	123,610	9,908	1,318	16,782	21.00
22.00 Unit cost multiplier	51.259524	294.309524	0.080116	0.505562	0.003303	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150082

HHA CCN: 157132

Period:

From 10/01/2011 To 09/30/2012

Worksheet H-2

Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Home Health Agency I

PPS

Cost Center Description	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
		SERVICES-SALARY & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
		17.00	21.00			
1.00 Administrative and General	0	0	0	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 ROUNDING	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	21.00
22.00 Unit cost multiplier	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: 150082

HHA CCN: 157132

Period:
From 10/01/2011
To 09/30/2012

Worksheet H-2
Part II
Date/Time Prepared:
2/27/2013 7:06 pm
PPS

Cost Center Description		PARAMED ED PRGM- NURSING (HOURS - F)		
		23.03		
1.00	Administrative and General	0		1.00
2.00	Skilled Nursing Care	0		2.00
3.00	Physical Therapy	0		3.00
4.00	Occupational Therapy	0		4.00
5.00	Speech Pathology	0		5.00
6.00	Medical Social Services	0		6.00
7.00	Home Health Aide	0		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	ROUNDING	0		19.00
20.00	Total (sum of lines 1-19)	0		20.00
21.00	Total cost to be allocated	0		21.00
22.00	Unit cost multiplier	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150082 HHA CCN: 157132		Period: From 10/01/2011 To 09/30/2012		Worksheet H-3 Parts I-II Date/Time Prepared: 2/27/2013 7:06 pm	
		Title XVIII		Home Health Agency I		PPS	
Cost Center Description		From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	
		0	1.00	2.00	3.00	4.00	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	2,817,618		2,817,618	15,136	1.00
2.00	Physical Therapy	3.00	1,145,403	911	1,146,314	5,823	2.00
3.00	Occupational Therapy	4.00	572,410	0	572,410	2,945	3.00
4.00	Speech Pathology	5.00	130,324	0	130,324	475	4.00
5.00	Medical Social Services	6.00	105,195		105,195	240	5.00
6.00	Home Health Aide	7.00	223,927		223,927	2,350	6.00
7.00	Total (sum of lines 1-6)		4,994,877	911	4,995,788	26,969	7.00
				Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance			
				Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	
Limitation Cost Computation							
8.00	Skilled Nursing Care		21780	4,129	2,992		8.00
8.01	Skilled Nursing Care		99915	65	42		8.01
9.00	Physical Therapy		21780	2,005	960		9.00
9.01	Physical Therapy		99915	24	97		9.01
10.00	Occupational Therapy		21780	1,040	582		10.00
10.01	Occupational Therapy		99915	7	56		10.01
11.00	Speech Pathology		21780	140	120		11.00
11.01	Speech Pathology		99915	1	40		11.01
12.00	Medical Social Services		21780	82	34		12.00
12.01	Medical Social Services		99915	0	2		12.01
13.00	Home Health Aide		21780	556	981		13.00
13.01	Home Health Aide		99915	0	20		13.01
14.00	Total (sum of lines 8-13)			8,049	5,926		14.00
				Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance			
				Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	244,082	2,589	246,671	247,120	15.00
16.00	Cost of Drugs	9.00	6,397	17	6,414	0	16.00
				Program Visits			
				Part B			
				Not Subject to Deductibles & Coinsurance			
				Subject to Deductibles			
		0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy		66.00	0.232899	3,911	911	1.00
2.00	Occupational Therapy						2.00
3.00	Speech Pathology						3.00
4.00	Cost of Medical Supplies		71.00	0.278282	9,303	2,589	4.00
5.00	Cost of Drugs		73.00	0.250505	66	17	5.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150082 HHA CCN: 157132	Period: From 10/01/2011 To 09/30/2012	Worksheet H-3 Parts I-III Date/Time Prepared: 2/27/2013 7:06 pm		
		Title XVIII	Home Health Agency I	PPS		
Cost Center Description	Average Cost Per Visit (col. 3 ÷ col. 4)	Part A	Program Visits			
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	5.00	6.00	7.00	8.00		
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	186.15	4,194	3,034	1.00	
2.00	Physical Therapy	196.86	2,029	1,057	2.00	
3.00	Occupational Therapy	194.37	1,047	638	3.00	
4.00	Speech Pathology	274.37	141	160	4.00	
5.00	Medical Social Services	438.31	82	36	5.00	
6.00	Home Health Aide	95.29	556	1,001	6.00	
7.00	Total (sum of lines 1-6)		8,049	5,926	7.00	
Cost Center Description		5.00	6.00	7.00	8.00	9.00
Limitation Cost Computation						
8.00	Skilled Nursing Care					8.00
8.01	Skilled Nursing Care					8.01
9.00	Physical Therapy					9.00
9.01	Physical Therapy					9.01
10.00	Occupational Therapy					10.00
10.01	Occupational Therapy					10.01
11.00	Speech Pathology					11.00
11.01	Speech Pathology					11.01
12.00	Medical Social Services					12.00
12.01	Medical Social Services					12.01
13.00	Home Health Aide					13.00
13.01	Home Health Aide					13.01
14.00	Total (sum of lines 8-13)					14.00
Cost Center Description		Ratio (col. 3 ÷ col. 4)	Part A	Part B Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		5.00	6.00	7.00	8.00	
Supplies and Drugs Cost Computations						
15.00	Cost of Medical Supplies	0.998183		0	0	15.00
16.00	Cost of Drugs	0.000000		0	0	16.00
Cost Center Description		Transfer to Part I as Indicated				
		4.00				
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	col. 2, line 2.00				1.00
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies	col. 2, line 15.00				4.00
5.00	Cost of Drugs	col. 2, line 16.00				5.00

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 150082	Period:	Worksheet H-3
	HHA CCN: 157132	From 10/01/2011 To 09/30/2012	Parts I-III Date/Time Prepared: 2/27/2013 7:06 pm
	Title XVIII	Home Health Agency I	PPS

Cost Center Description	Cost of Services			Total Program Cost (sum of col.s. 9-10)	
	Part A	Part B			
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
9.00	10.00	11.00	12.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION					
Cost Per Visit Computation					
1.00	Skilled Nursing Care	780,713	564,779	1,345,492	1.00
2.00	Physical Therapy	399,429	208,081	607,510	2.00
3.00	Occupational Therapy	203,505	124,008	327,513	3.00
4.00	Speech Pathology	38,686	43,899	82,585	4.00
5.00	Medical Social Services	35,941	15,779	51,720	5.00
6.00	Home Health Aide	52,981	95,385	148,366	6.00
7.00	Total (sum of lines 1-6)	1,511,255	1,051,931	2,563,186	7.00
Cost Center Description					
		10.00	11.00	12.00	
Limitation Cost Computation					
8.00	Skilled Nursing Care				8.00
8.01	Skilled Nursing Care				8.01
9.00	Physical Therapy				9.00
9.01	Physical Therapy				9.01
10.00	Occupational Therapy				10.00
10.01	Occupational Therapy				10.01
11.00	Speech Pathology				11.00
11.01	Speech Pathology				11.01
12.00	Medical Social Services				12.00
12.01	Medical Social Services				12.01
13.00	Home Health Aide				13.00
13.01	Home Health Aide				13.01
14.00	Total (sum of lines 8-13)				14.00
Cost of Services					
Cost Center Description	Part A	Part B			
		Not Subject to Deductibles & Coi nsurance	Subject to Deductibles & Coi nsurance		
	9.00	10.00	11.00		
Supplies and Drugs Cost Computations					
15.00	Cost of Medical Supplies				15.00
16.00	Cost of Drugs		0	0	16.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150082 HHA CCN: 157132	Period: From 10/01/2011 To 09/30/2012	Worksheet H-4 Part I-II Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVII I	Home Health Agency I	PPS
		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0
2.00	Total charges	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	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	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	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	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	8.00
9.00	Primary payer amounts	0	0	9.00
			Part A Services	Part B Services
			1.00	2.00
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT				
10.00	Total reasonable cost (see instructions)		0	0
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,211,156	840,906
12.00	Total PPS Reimbursement - Full Episodes with Outliers		12,329	11,243
13.00	Total PPS Reimbursement - LUPA Episodes		21,874	27,781
14.00	Total PPS Reimbursement - PEP Episodes		5,877	8,031
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		5,518	3,534
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0
17.00	Total Other Payments		0	0
18.00	DME Payments		0	0
19.00	Oxygen Payments		0	0
20.00	Prosthetic and Orthotic Payments		0	0
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	0
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,256,754	891,495
23.00	Excess reasonable cost (from line 8)		0	0
24.00	Subtotal (line 22 minus line 23)		1,256,754	891,495
25.00	Coinsurance billed to program patients (from your records)		0	0
26.00	Net cost (line 24 minus line 25)		1,256,754	891,495
27.00	Reimbursable bad debts (from your records)		0	0
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,256,754	891,495
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0
31.00	Subtotal (line 29 plus/minus line 30)		1,256,754	891,495
32.00	Interim payments (see instructions)		1,256,754	891,495
33.00	Tentative settlement (for contractor use only)		0	0
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	0

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet H-5
	HHA CCN: 157132	Home Health Agency I	Date/Time Prepared: 2/27/2013 7:06 pm PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,256,754		891,495	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,256,754		891,495	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,256,754		891,495	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet 1-5 Date/Time Prepared: 2/27/2013 7:06 pm
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)			0 1.00
2.00	Total payment (from Worksheet 1-4, column 6, line 11)			0 2.00
3.00	Deductibles billed to Medicare (Part B) patients			0 3.00
4.00	Coinsurance billed to Medicare (Part B) patients			0 4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries			0 5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0 7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)			0 8.00
9.00	Program payment (line 2 less line 3, times 80 percent)			0 9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)			0 10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)			0 11.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet K
		Hospice CCN: 151512		Date/Time Prepared: 2/27/2013 7:06 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	45,460	0	0	4.00
5.00	Volunteer Service Coordination	50,212	0	0	0	0	5.00
6.00	Administrative and General	429,882	0	0	0	527,270	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	421,623	0	0	0	0	7.00
8.00	Inpatient - Respite Care	73,633	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	360,691	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	3,039	0	12.00
13.00	Occupational Therapy	0	0	0	1,047	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	46,814	0	0	0	0	15.00
16.00	Spiritual Counseling	43,996	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	140,640	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	143,685	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	229	26.00
27.00	Patient Transportation	0	0	17,646	0	0	27.00
28.00	Imaging Services	0	0	0	0	2,177	28.00
29.00	Labs and Diagnostics	0	0	0	0	63	29.00
30.00	Medical Supplies	0	0	0	0	30,746	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	6,345	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,567,491	0	63,106	4,086	710,515	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150082

Period: From 10/01/2011

Worksheet K

Hospice CCN: 151512

To 09/30/2012

Date/Time Prepared: 2/27/2013 7:06 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	45,460	0	45,460	0	45,460	4.00
5.00	Volunteer Service Coordination	50,212	0	50,212	0	50,212	5.00
6.00	Administrative and General	957,152	8,995	966,147	0	966,147	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	421,623	0	421,623	0	421,623	7.00
8.00	Inpatient - Respite Care	73,633	0	73,633	0	73,633	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	360,691	0	360,691	0	360,691	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,039	0	3,039	0	3,039	12.00
13.00	Occupational Therapy	1,047	0	1,047	0	1,047	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	46,814	0	46,814	0	46,814	15.00
16.00	Spiritual Counseling	43,996	0	43,996	0	43,996	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	140,640	0	140,640	0	140,640	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	143,685	0	143,685	0	143,685	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	229	0	229	0	229	26.00
27.00	Patient Transportation	17,646	0	17,646	0	17,646	27.00
28.00	Imaging Services	2,177	0	2,177	0	2,177	28.00
29.00	Labs and Diagnostics	63	0	63	0	63	29.00
30.00	Medical Supplies	30,746	0	30,746	0	30,746	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	6,345	0	6,345	0	6,345	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,345,198	8,995	2,354,193	0	2,354,193	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150082

Period: From 10/01/2011

Worksheet K-1

Hospice CCN: 151512

To 09/30/2012

Date/Time Prepared: 2/27/2013 7:06 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	40,229	0	79,734	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	278,381	7.00
8.00	Inpatient - Respite Care	0	0	0	0	48,617	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	360,691	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	40,229	0	79,734	687,689	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150082

Period: From 10/01/2011

Worksheet K-1

Hospice CCN: 151512

To 09/30/2012

Date/Time Prepared: 2/27/2013 7:06 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	50,212	5.00
6.00	Administrative and General		0	309,919	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		143,242	0	7.00
8.00	Inpatient - Respite Care		25,016	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	46,814	15.00
16.00	Spiritual Counseling		0	43,996	16.00
17.00	Dietary Counseling		0	0	17.00
18.00	Counseling - Other		0	0	18.00
19.00	Home Health Aide and Homemaker		140,640	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	308,898	450,941	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet K-3
		Hospice CCN: 151512		Date/Time Prepared: 2/27/2013 7:06 pm

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES	Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet K-3
	Hospice CCN: 151512		Date/Time Prepared: 2/27/2013 7:06 pm

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	3,039	0	0	3,039	12.00
13.00	Occupational Therapy	1,047	0	0	1,047	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	4,086	0	0	4,086	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150082

Period: From 10/01/2011

Worksheet K-4

Hospice CCN: 151512

To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	45,460	0	0	0	45,460	4.00
5.00	Volunteer Service Coordination	50,212	0	0	0	0	5.00
6.00	Administrative and General	966,147	0	0	0	45,460	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	421,623	0	0	0	0	7.00
8.00	Inpatient - Respite Care	73,633	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	360,691	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	3,039	0	0	0	0	12.00
13.00	Occupational Therapy	1,047	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	46,814	0	0	0	0	15.00
16.00	Spiritual Counseling	43,996	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	140,640	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	143,685	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	229	0	0	0	0	26.00
27.00	Patient Transportation	17,646	0	0	0	0	27.00
28.00	Imaging Services	2,177	0	0	0	0	28.00
29.00	Labs and Diagnostics	63	0	0	0	0	29.00
30.00	Medical Supplies	30,746	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	6,345	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,354,193	0	0	0	45,460	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet K-4 Part I Date/Time Prepared: 2/27/2013 7:06 pm
		Hospice CCN: 151512	Hospice I	

	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	50,212			5.00
6.00	Administrative and General	50,212	1,061,819	1,061,819	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	421,623	346,407	7.00
8.00	Inpatient - Respite Care	0	73,633	60,497	8.00
VISITING SERVICES					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	360,691	296,345	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	3,039	2,497	12.00
13.00	Occupational Therapy	0	1,047	860	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	46,814	38,463	15.00
16.00	Spiritual Counseling	0	43,996	36,147	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	140,640	115,550	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	143,685	118,052	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	229	188	26.00
27.00	Patient Transportation	0	17,646	14,498	27.00
28.00	Imaging Services	0	2,177	1,789	28.00
29.00	Labs and Diagnostics	0	63	52	29.00
30.00	Medical Supplies	0	30,746	25,261	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	6,345	5,213	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	50,212	2,354,193	2,354,193	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period: From 10/01/2011

Worksheet K-4

Hospice CCN: 151512

To 09/30/2012

Part II
Date/Time Prepared:
2/27/2013 7:06 pm

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	9,894					1.00
2.00	Capital Related Costs-Movable Equip.	0	2,394				2.00
3.00	Plant Operation and Maintenance	0	0	9,894			3.00
4.00	Transportation - Staff	0	0	0	100		4.00
5.00	Volunteer Service Coordination	0	0	0	0	100	5.00
6.00	Administrative and General	9,894	2,394	9,894	100	100	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	45,460	50,212	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	454.600000	502.120000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-4

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-1,061,819	1,292,374	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	421,623	7.00
8.00	Inpatient - Respite Care	0	73,633	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	360,691	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	3,039	12.00
13.00	Occupational Therapy	0	1,047	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	46,814	15.00
16.00	Spiritual Counseling	0	43,996	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	140,640	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	143,685	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	229	26.00
27.00	Patient Transportation	0	17,646	27.00
28.00	Imaging Services	0	2,177	28.00
29.00	Labs and Diagnostics	0	63	29.00
30.00	Medical Supplies	0	30,746	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	6,345	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		1,061,819	39.00
40.00	Unit Cost Multiplier		0.821603	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period: From 10/01/2011

Worksheet K-5

Hospice CCN: 151512

To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
1.00 Administrative and General	0	161,440	0	3,556	126,461	1.00
2.00 Inpatient - General Care	768,030	0	0	0	113,428	2.00
3.00 Inpatient - Respite Care	134,130	0	0	0	19,809	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	657,036	0	0	0	86,615	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	5,536	0	0	0	0	7.00
8.00 Occupational Therapy	1,907	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	85,277	0	0	0	12,029	10.00
11.00 Spiritual Counseling	80,143	0	0	0	11,305	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	256,190	0	0	0	36,228	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	261,737	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	417	0	0	0	0	21.00
22.00 Patient Transportation	32,144	0	0	0	0	22.00
23.00 Imaging Services	3,966	0	0	0	0	23.00
24.00 Labs and Diagnostics	115	0	0	0	0	24.00
25.00 Medical Supplies	56,007	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	11,558	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,354,193	161,440	0	3,556	405,875	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Hospice I					
		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	291,457	71,604	210,947	0	81,856	1.00
2.00	Inpatient - General Care	881,458	216,552	0	20,367	0	2.00
3.00	Inpatient - Respite Care	153,939	37,819	0	3,557	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	743,651	182,696	0	992	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	5,536	1,360	0	0	0	7.00
8.00	Occupational Therapy	1,907	469	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	97,306	23,906	0	0	0	10.00
11.00	Spiritual Counseling	91,448	22,466	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	292,418	71,840	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	261,737	64,302	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	417	102	0	0	0	21.00
22.00	Patient Transportation	32,144	7,897	0	0	0	22.00
23.00	Imaging Services	3,966	974	0	0	0	23.00
24.00	Labs and Diagnostics	115	28	0	0	0	24.00
25.00	Medical Supplies	56,007	13,760	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	11,558	2,840	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,925,064	718,615	210,947	24,916	81,856	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Hospice I					
		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	4,613	26,488	0	0	1.00
2.00	Inpatient - General Care	39,011	4,562	26,193	0	0	2.00
3.00	Inpatient - Respite Care	6,814	820	4,709	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,902	2,768	15,893	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	564	3,237	0	0	10.00
11.00	Spiritual Counseling	0	564	3,237	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	2,102	12,067	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	72,345	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	2,533	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	47,727	15,993	91,824	2,533	72,345	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Hospice I

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
1.00 Administrative and General	14,800	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	14,800	0	0	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Hospice I					
		PARAMED ED PRGM- CHAPLAIN RESIDENCY	PARAMED ED PRGM- NURSING	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	
		23.01	23.03	24.00	25.00	26.00	
1.00	Administrative and General	0	0	701,765			1.00
2.00	Inpatient - General Care	0	0	1,188,143	0	1,188,143	2.00
3.00	Inpatient - Respite Care	0	0	207,658	0	207,658	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	947,902	0	947,902	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	6,896	0	6,896	7.00
8.00	Occupational Therapy	0	0	2,376	0	2,376	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	125,013	0	125,013	10.00
11.00	Spiritual Counseling	0	0	117,715	0	117,715	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	378,427	0	378,427	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	398,384	0	398,384	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	519	0	519	21.00
22.00	Patient Transportation	0	0	40,041	0	40,041	22.00
23.00	Imaging Services	0	0	4,940	0	4,940	23.00
24.00	Labs and Diagnostics	0	0	143	0	143	24.00
25.00	Medical Supplies	0	0	72,300	0	72,300	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	14,398	0	14,398	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	4,206,620	0	4,206,620	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part I
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Allocated Hospice A&G (See Part 11)	Total Hospice Costs (cols. 26 ± 27)	Hospice I	
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Inpatient - General Care	237,896	1,426,039		2.00
3.00	Inpatient - Respite Care	41,579	249,237		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	189,796	1,137,698		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	1,381	8,277		7.00
8.00	Occupational Therapy	476	2,852		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	25,031	150,044		10.00
11.00	Spiritual Counseling	23,570	141,285		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	75,771	454,198		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	79,767	478,151		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	104	623		21.00
22.00	Patient Transportation	8,017	48,058		22.00
23.00	Imaging Services	989	5,929		23.00
24.00	Labs and Diagnostics	29	172		24.00
25.00	Medical Supplies	14,476	86,776		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	2,883	17,281		29.00
30.00	Bereavement Program Costs	0	0		30.00
31.00	Volunteer Program Costs	0	0		31.00
32.00	Fundraising	0	0		32.00
33.00	Other Program Costs	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)		4,206,620		34.00
35.00	Unit Cost Multiplier (see instructions)	0.200227			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Hospice CCN: 151512

Period:
From 10/01/2011
To 09/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEE T - A)	NEW BLDG & FIXT (SQUARE FEE T - B)	NEW MVBLE EQUIP (DEPRECIATION EXPENSE)			
		1.00	1.01	2.00			
						5A	
1.00	Administrative and General	9,894	0	9,894	492,147	0	1.00
2.00	Inpatient - General Care	0	0	0	441,427	0	2.00
3.00	Inpatient - Respite Care	0	0	0	77,092	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	337,080	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	46,814	0	10.00
11.00	Spiritual Counseling	0	0	0	43,996	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	140,988	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	9,894	0	9,894	1,579,544		34.00
35.00	Total cost to be allocated	161,440	0	3,556	405,875		35.00
36.00	Unit Cost Multiplier (see instructions)	16.316960	0.000000	0.359410	0.256957		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:
From 10/01/2011
To 09/30/2012

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	Hospice I					
	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEE T - A)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEE T - A)	DIETARY (MEALS)	
	5.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	291,457	9,894	0	9,894	0	1.00
2.00 Inpatient - General Care	881,458	0	39,615	0	4,471	2.00
3.00 Inpatient - Respite Care	153,939	0	6,919	0	781	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	743,651	0	1,929	0	218	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	5,536	0	0	0	0	7.00
8.00 Occupational Therapy	1,907	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	97,306	0	0	0	0	10.00
11.00 Spiritual Counseling	91,448	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	292,418	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	261,737	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	417	0	0	0	0	21.00
22.00 Patient Transportation	32,144	0	0	0	0	22.00
23.00 Imaging Services	3,966	0	0	0	0	23.00
24.00 Labs and Diagnostics	115	0	0	0	0	24.00
25.00 Medical Supplies	56,007	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	11,558	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	2,925,064	9,894	48,463	9,894	5,470	34.00
35.00 Total cost to be allocated	718,615	210,947	24,916	81,856	47,727	35.00
36.00 Unit Cost Multiplier (see instructions)	0.245675	21.320699	0.514124	8.273297	8.725229	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		Hospice I					
		CAFETERIA (FTES)	NURSING ADMINISTRATION (FTE'S -NRSRG)	CENTRAL SERVICES & SUPPLY (COSTED REQ U.S.)	PHARMACY (COSTED REQ U.S.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	90	90	0	0	4,480,668	1.00
2.00	Inpatient - General Care	89	89	0	0	0	2.00
3.00	Inpatient - Respite Care	16	16	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	54	54	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	11	11	0	0	0	10.00
11.00	Spiritual Counseling	11	11	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	41	41	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	143,045	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	31,616	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	312	312	31,616	143,045	4,480,668	34.00
35.00	Total cost to be allocated	15,993	91,824	2,533	72,345	14,800	35.00
36.00	Unit Cost Multiplier (see instructions)	51.259615	294.307692	0.080118	0.505750	0.003303	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description	Hospice I					
	SOCIAL SERVICE (HOURS - A)	INTERNS & RESIDENTS		PARAMED PRGM - PHARMACY (HOURS - C)	PARAMED PRGM- CHAPLAIN RESIDENCY (HOURS - D)	
		SERVICES-SALAR Y & FRINGES (HOURS - B)	SERVICES-OTHER PRGM COSTS (HOURS - B)			
17.00	21.00	22.00	23.00	23.01		
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	0	34.00
35.00 Total cost to be allocated	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150082

Period:

Worksheet K-5

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Part II
Date/Time Prepared:
2/27/2013 7:06 pm

Cost Center Description		PARAMED ED PRGM- NURSING (HOURS - F)	Hospice I
		23.03	
1.00	Administrative and General	0	1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	0	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	0	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	34.00
35.00	Total cost to be allocated	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet K-5 Part III Date/Time Prepared: 2/27/2013 7:06 pm		
Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.232899	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00				2.00
3.00	SPEECH PATHOLOGY	68.00				3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.250505	61,229	15,338	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.464232	0	0	5.00
6.00	LABORATORY	60.00	0.206029	977	201	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.278282	7,460	2,076	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.336229	0	0	9.00
10.00	BEHAVIORAL HEALTH SERVICES	76.00	0.705997	0	0	10.00
11.00	Totals (sum of lines 1-10)				17,615	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150082

Period:

Worksheet K-6

Hospice CCN: 151512

From 10/01/2011
To 09/30/2012

Date/Time Prepared:
2/27/2013 7:06 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				4,224,235	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				12,526	2.00
3.00	Average cost per diem (line 1 divided by line 2)				337.24	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	10,822				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	3,649,611				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		427			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		144,001			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		28			10.00
11.00	Aggregate NF cost (line 3 times line 10)		9,443			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			1,277		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			430,655		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150082	Period: From 10/01/2011 To 09/30/2012	Worksheet L Parts I-III Date/Time Prepared: 2/27/2013 7:06 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		6,012,128	1.00
2.00	Capital DRG outlier payments		368,714	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		320.31	3.00
4.00	Number of interns & residents (see instructions)		16.80	4.00
5.00	Indirect medical education percentage (see instructions)		1.49	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		89,581	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.24	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		14.16	8.00
9.00	Sum of lines 7 and 8		19.40	9.00
10.00	Allowable disproportionate share percentage (see instructions)		4.01	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		241,086	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		6,711,509	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00