This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Falure 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: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 10:04 am

PART I - COST REPORT STATUS

Provider use only

1. [X] Electronically filed cost report — Date: 5/30/2013 Time: 10:04 am
2. [ ] Manually submitted cost report
3. [0] If this is an amended report enter the number of times the provider resubmitted this cost report
4. [F] Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5. [1] 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. [N] Initial Report for this Provider CCN
9. [N] Final Report for this Provider CCN
10. NPR Date:
11. Contractor's Vendor Code: 4
12. [0] 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 LOURDES HOSPITAL INC. (180102) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

_____
Title

_____
Date

	Cost Center Description	Title V	Title XVIII Part A	Title XVIII Part B	HIT	Title XIX	
		1.00	2.00	3.00	4.00	5.00	
	PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	1,411,912	136,732	0	0	1.00
2.00	Subprovider - IPF	0	41,990	0		0	2.00
3.00	Subprovider - IRF	0	71,606	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		0	10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00	CMHC I	0		0		0	12.00
200.00	Total	0	1,525,508	136,732	0	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: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:03 am

	1.00	2.00	3.00	4.00	
	Hospital and Hospital Health Care Complex Address:				
1.00	Street: 1530 LONE OAK ROAD	PO Box: 7100			1.00
2.00	City: PADUCAH	State: KY	Zip Code: 42003	County: MCCRACKEN	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	LOURDES HOSPITAL INC.	180102	99918	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	LOURDES PSYCH UNIT	18S102	99918	4	10/01/1988	N	P	N	4.00
5.00	Subprovider - IRF	LOURDES REHAB UNIT	18T102	99918	5	01/10/1985	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF	LOURDES SNF UNIT	185412	99918		06/12/1995	N	P	N	9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	LOURDES HOMECARE	187100	99918		01/01/1988	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	LOURDES HOSPICE	181507	99918		01/27/1987				14.00
14.01	Hospital-Based Hospice II	LOURDES HOSPICE IL	141548	99918		04/15/1992				14.01
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: 1.00	To: 2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	1		21.00
	Inpatient PPS Information			
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of State Medicaid paid days	Out-of State Medicaid eligible unpaid	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.	668	35	273	239	2,938	580	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.	39	0	6	0	178	85	25.00

		Urban/Rural S 1.00	Date of Geogr 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.	2		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.	2		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: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:03 am

		Beginning:	Ending:	
		1.00	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	Y/N	
		1.00	2.00	
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N	39.00

		V	XVIII	XIX	
		1.00	2.00	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	N	N	45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N	47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00
	Teaching Hospitals				
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	IME Average	Direct GME Average	
		1.00	2.00	3.00	
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00
	ACA Provisions Affecting the Health Resources and Services Administration (HRSA)				
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01
	Teaching Hospitals that Claim Residents in Non-Provider Settings				
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.				
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:03 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
		1.00	2.00	3.00	
	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010				
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:03 am

		1.00	2.00	3.00	
	Inpatient Psychiatric Facility PPS				
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y			70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0	71.00
	Inpatient Rehabilitation Facility PPS				
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		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	Y	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	Y	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	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	Y	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	5.00	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.	N	N	N	N	109.00

		1.00	2.00	3.00	
	Miscellaneous Cost Reporting Information				
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:03 am

		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0	0	118.01

		1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
	Transplant Center Information			
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
	All Providers			
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	HB0359	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: CATHOLIC HEALTHCARE PARTNERS	Contractor's Name: CGS	Contractor's Number: 00160	141.00
142.00	Street: 615 ELSINORE PLACE, 8TH FL	PO Box:		142.00
143.00	City: CINCINNATI	State: OH	Zip Code: 45202	143.00

		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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC		N	N	N	161.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:03 am

							1.00	
	Multicampus							
165.00	Is this hospital part of a Multicampus 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.						N	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)						0	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)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 10:03 am

		Y/N	Date	
		1.00	2.00	
	General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.			
	COMPLETED BY ALL HOSPITALS			
	Provider Organization and Operation			
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00

		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00

		Y/N	Legal Oper.	
		1.00	2.00	
	Approved Educational Activities			
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00

		Y/N	
		1.00	
	Bad Debts		
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.	N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.	N	14.00
	Bed Complement		
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.	Y	15.00

			Part A		Part B	
		Description	Y/N	Date	Y/N	
		0	1.00	2.00	3.00	
	PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)		N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	04/02/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 10:03 am

		Description	Part A Y/N	Part A Date	Part B Y/N	
		0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		N		N	21.00
					1.00	

	COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)		
	Capital Related Cost		
22.00	Have assets been relifed for Medicare purposes? If yes, see instructions	N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N	27.00
	Interest Expense		
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N	31.00
	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.	N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	N	33.00
	Provider-Based Physicians		
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N	35.00

		Y/N	Date	
		1.00	2.00	
	Home Office Costs			
36.00	Were home office costs claimed on the cost report?	Y		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.	Y		37.00
38.00	If line 36 is yes , was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N		38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.	N		39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.	N		40.00

		1.00	2.00	
	Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BKD LLP	BKD LLP	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD LLP		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435	LVCOSTREPORTS@BKD.COM	43.00

		Part B Date 4.00			
	PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)				16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/02/2013			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.				18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.				19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:				20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.				21.00
			3.00		
	Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.		BKD LLP		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: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2013 10:03 am

	Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips Title V	
		1.00	2.00	3.00	4.00	5.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	212	77,592	0.00	0	1.00
2.00	HMO						2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00	Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)		212	77,592	0.00	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	14	5,124	0.00	0	8.00
9.00	CORONARY CARE UNIT	32.00	12	4,392	0.00	0	9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY	43.00				0	13.00
14.00	Total (see instructions)		238	87,108	0.00	0	14.00
15.00	CAH visits					0	15.00
16.00	SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00	SUBPROVIDER - IRF	41.00	28	10,248		0	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	44.00	20	7,320		0	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	101.00				0	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	116.00	0	0			24.00
24.01	HOSPICE II	116.01	0	0			24.01
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)		286				27.00
28.00	Observation Bed Days					0	28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

	Component	I/P Days / O/P Visits / Trips Title XVIII	Title XIX	Total All Patients	Full Time Equivalents Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	21,848	556	38,743			1.00
2.00	HMO	1,192	4,072				2.00
3.00	HMO IPF Subprovider	0	0				3.00
4.00	HMO IRF Subprovider	170	269				4.00
5.00	Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00	Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)	21,848	556	38,743			7.00
8.00	INTENSIVE CARE UNIT	2,044	62	3,443			8.00
9.00	CORONARY CARE UNIT	1,758	43	2,799			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		0	646			13.00
14.00	Total (see instructions)	25,650	661	45,631	0.00	945.54	14.00
15.00	CAH visits	0	0	0			15.00
16.00	SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00	SUBPROVIDER - IRF	4,391	39	6,143	0.00	25.67	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	4,521	0	5,074	0.00	20.66	19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	32,332	1,954	43,989	0.00	60.95	22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0	0	35,612	0.00	39.67	24.00
24.01	HOSPICE II	0	0	5,396	0.00	1.93	24.01
25.00	CMHC - CMHC						25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part I Date/Time Prepared: 5/30/2013 10:03 am

	Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	1,094.42	27.00
28.00	Observation Bed Days		238	2,481			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00

	Component	Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients	
		11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	5,461	102	11,499	1.00
2.00	HMO			263			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	5,461	102	11,499	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	376	3	484	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY	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					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
24.01	HOSPICE II	0.00					24.01
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet S-3 Part II Date/Time Prepared: 5/30/2013 10:03 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART II - WAGE DATA							
	SALARIES							
1.00	Total salaries (see instructions)	200.00	54,645,151	-47,298	54,597,853	2,276,402.22	23.98	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	965,998	0	965,998	42,971.50	22.48	9.00
10.00	Excluded area salaries (see instructions)		7,107,680	0	7,107,680	292,121.59	24.33	10.00
	OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		386,532	0	386,532	4,132.35	93.54	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		461,288	0	461,288	4,500.50	102.50	13.00
14.00	Home office salaries & wage-related costs		4,193,504	0	4,193,504	56,868.00	73.74	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		13,231,280	0	13,231,280			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		2,289,851	0	2,289,851			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
	OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	1,074,164	0	1,074,164	72,419.66	14.83	26.00
27.00	Administrative & General	5.00	7,682,536	0	7,682,536	267,776.59	28.69	27.00
28.00	Administrative & General under contract (see inst.)		66,342	0	66,342	1,834.98	36.15	28.00
29.00	Maintenance & Repairs	6.00	716,053	0	716,053	34,185.50	20.95	29.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00	30.00
31.00	Laundry & Linen Service	8.00	47,298	-47,298	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		1,306,063	0	1,306,063	71,194.00	18.35	33.00
34.00	Dietary	10.00	0	0	0	0.00	0.00	34.00
35.00	Dietary under contract (see instructions)		1,316,544	0	1,316,544	97,818.83	13.46	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	1,063,006	0	1,063,006	25,782.50	41.23	38.00
39.00	Central Services and Supply	14.00	589,375	0	589,375	40,479.65	14.56	39.00
40.00	Pharmacy	15.00	2,023,964	0	2,023,964	59,713.75	33.89	40.00
41.00	Medical Records & Medical Records Library	16.00	1,763,918	0	1,763,918	97,878.36	18.02	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180102

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 10:03 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	862,330	0	862,330	31,950.34	26.99	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 180102

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

Worksheet S-3 Part III Date/Time Prepared: 5/30/2013 10:03 am

		Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)		57,334,100	-47,298	57,286,802	2,447,250.03	23.41	1.00
2.00	Excluded area salaries (see instructions)		8,073,678	0	8,073,678	335,093.09	24.09	2.00
3.00	Subtotal salaries (line 1 minus line 2)		49,260,422	-47,298	49,213,124	2,112,156.94	23.30	3.00
4.00	Subtotal other wages & related costs (see inst.)		5,041,324	0	5,041,324	65,500.85	76.97	4.00
5.00	Subtotal wage-related costs (see inst.)		13,231,280	0	13,231,280	0.00	26.89	5.00
6.00	Total (sum of lines 3 thru 5)		67,533,026	-47,298	67,485,728	2,177,657.79	30.99	6.00
7.00	Total overhead cost (see instructions)		18,511,593	-47,298	18,464,295	801,034.16	23.05	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 10:03 am

		Amount Reported	
		1.00	
	PART IV - WAGE RELATED COSTS		
	Part A - Core List		
	RETIREMENT COST		
1.00	401K Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	2,169,852	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)	7,631,768	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	454,047	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	91,838	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	349,754	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	603,901	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	3,958,076	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	118,917	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
	OTHER		
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	142,978	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	15,521,131	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: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center Description	Contract Labor	Benefit Cost	
		1.00	2.00	
	PART V - Contract Labor and Benefit Cost			
	Hospital and Hospital-Based Component Identification:			
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF			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
13.01	Hospital-Based Hospice 1	0	0	13.01
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: 180102 Component CCN: 187100	Period: From 01/01/2012 To 12/31/2012	Worksheet S-4 Date/Time Prepared: 5/30/2013 10:03 am
		Home Health Agency I	PPS

					1.00		
0.00	County				MCCRACKEN		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	3,395	323	1,773	5,491	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	1,208.00	115.00	631.00	1,954.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
	HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)		40.00	0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			14.46	0.00	14.46	5.00
6.00	Direct Nursing Service			31.10	0.00	31.10	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			13.40	0.00	13.40	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			2.67	0.00	2.67	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			1.18	0.00	1.18	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			1.09	0.00	1.09	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.64	0.00	2.64	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			1.66	0.00	1.66	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).			99918			20.00
20.01				99914			20.01
		Full Episodes					
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
	PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	14,593	245	451	107	15,396	21.00
22.00	Skilled Nursing Visit Charges	3,940,110	66,150	121,710	28,890	4,156,860	22.00
23.00	Physical Therapy Visits	10,595	83	77	160	10,915	23.00
24.00	Physical Therapy Visit Charges	2,224,845	17,430	16,170	33,600	2,292,045	24.00
25.00	Occupational Therapy Visits	1,865	56	18	35	1,974	25.00
26.00	Occupational Therapy Visit Charges	363,675	10,920	3,510	6,825	384,930	26.00
27.00	Speech Pathology Visits	683	77	4	6	770	27.00
28.00	Speech Pathology Visit Charges	133,185	15,015	780	1,170	150,150	28.00
29.00	Medical Social Service Visits	326	9	6	7	348	29.00
30.00	Medical Social Service Visit Charges	57,050	1,575	1,050	1,225	60,900	30.00
31.00	Home Health Aide Visits	2,846	79	4	0	2,929	31.00
32.00	Home Health Aide Visit Charges	190,682	5,293	268	0	196,243	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	30,908	549	560	315	32,332	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)	6,909,547	116,383	143,488	71,710	7,241,128	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,750		210	25	1,985	36.00
37.00	Total Number of Outlier Episodes		9		0	9	37.00
38.00	Total Non-Routine Medical Supply Charges	332,907	10,124	18,801	2,483	364,315	38.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-7 Date/Time Prepared: 5/30/2013 10:03 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	N		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	N		2.00

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
3.00		RUX	0	0	0	3.00
4.00		RUL	0	0	0	4.00
5.00		RVX	0	0	0	5.00
6.00		RVL	0	0	0	6.00
7.00		RHX	0	0	0	7.00
8.00		RHL	8	0	8	8.00
9.00		RMX	75	0	75	9.00
10.00		RML	64	0	64	10.00
11.00		RLX	0	0	0	11.00
12.00		RUC	0	0	0	12.00
13.00		RUB	0	0	0	13.00
14.00		RUA	0	0	0	14.00
15.00		RVC	0	0	0	15.00
16.00		RVB	0	0	0	16.00
17.00		RVA	0	0	0	17.00
18.00		RHC	93	0	93	18.00
19.00		RHB	41	0	41	19.00
20.00		RHA	138	0	138	20.00
21.00		RMC	413	0	413	21.00
22.00		RMB	398	0	398	22.00
23.00		RMA	928	0	928	23.00
24.00		RLB	0	0	0	24.00
25.00		RLA	0	0	0	25.00
26.00		ES3	0	0	0	26.00
27.00		ES2	0	0	0	27.00
28.00		ES1	43	0	43	28.00
29.00		HE2	54	0	54	29.00
30.00		HE1	33	0	33	30.00
31.00		HD2	63	0	63	31.00
32.00		HD1	120	0	120	32.00
33.00		HC2	32	0	32	33.00
34.00		HC1	86	0	86	34.00
35.00		HB2	74	0	74	35.00
36.00		HB1	499	0	499	36.00
37.00		LE2	0	0	0	37.00
38.00		LE1	0	0	0	38.00
39.00		LD2	43	0	43	39.00
40.00		LD1	39	0	39	40.00
41.00		LC2	0	0	0	41.00
42.00		LC1	14	0	14	42.00
43.00		LB2	41	0	41	43.00
44.00		LB1	38	0	38	44.00
45.00		CE2	6	0	6	45.00
46.00		CE1	7	0	7	46.00
47.00		CD2	24	0	24	47.00
48.00		CD1	45	0	45	48.00
49.00		CC2	24	0	24	49.00
50.00		CC1	105	0	105	50.00
51.00		CB2	14	0	14	51.00
52.00		CB1	270	0	270	52.00
53.00		CA2	12	0	12	53.00
54.00		CA1	548	0	548	54.00
55.00		SE3	0	0	0	55.00
56.00		SE2	0	0	0	56.00
57.00		SE1	0	0	0	57.00
58.00		SSC	0	0	0	58.00
59.00		SSB	0	0	0	59.00
60.00		SSA	0	0	0	60.00
61.00		IB2	0	0	0	61.00
62.00		IB1	0	0	0	62.00
63.00		IA2	0	0	0	63.00
64.00		IA1	0	0	0	64.00
65.00		BB2	0	0	0	65.00
66.00		BB1	24	0	24	66.00
67.00		BA2	0	0	0	67.00
68.00		BA1	9	0	9	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-7 Date/Time Prepared: 5/30/2013 10:03 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	6	0	6	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	36	0	36	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	54	0	54	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		4,521	0	4,521	200.00

		CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
		1.00	2.00	
	SNF SERVICES			
201.00	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).	99918	99918	201.00

		Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
		1.00	2.00	3.00	
	A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)				
202.00	Staffing	0	0.00		202.00
203.00	Recruitment	0	0.00		203.00
204.00	Retention of employees	0	0.00		204.00
205.00	Training	0	0.00		205.00
206.00	OTHER (SPECIFY)	0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)	3,425,110			207.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 180102 Component CCN: 181507	Period: From 01/01/2012 To 12/31/2012	Worksheet S-9 Parts I & II Date/Time Prepared: 5/30/2013 10:03 am
		Hospice I	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	55	12	0	0	14	81	1.00
2.00	Routine Home Care	29,579	1,773	3,210	44	3,538	34,890	2.00
3.00	Inpatient Respite Care	98	14	0	0	4	116	3.00
4.00	General Inpatient Care	446	36	0	0	69	551	4.00
5.00	Total Hospice Days	30,178	1,835	3,210	44	3,625	35,638	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	675	39	96	9	114	828	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	595.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	44.71	47.05	33.44	4.89	31.80	43.04	8.00
9.00	Unduplicated Census Count	675	39	96	9	114	828	9.00

HOSPITAL IDENTIFICATION DATA	Provider CCN: 180102 Component CCN: 141548	Period: From 01/01/2012 To 12/31/2012	Worksheet S-9 Parts I & II Date/Time Prepared: 5/30/2013 10:03 am
		Hospice II	

		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	PART I - ENROLLMENT DAYS							
1.00	Continuous Home Care	4	0	0	0	1	5	1.00
2.00	Routine Home Care	4,795	102	1,650	88	432	5,329	2.00
3.00	Inpatient Respite Care	12	0	0	0	0	12	3.00
4.00	General Inpatient Care	34	15	0	0	2	51	4.00
5.00	Total Hospice Days	4,845	117	1,650	88	435	5,397	5.00
	Part II - CENSUS DATA							
6.00	Number of Patients Receiving Hospice Care	113	3	64	4	19	135	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	52.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	42.88	39.00	25.78	22.00	22.89	39.98	8.00
9.00	Unduplicated Census Count	113	3	64	4	19	135	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 10:03 am

		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)	0.263509	1.00
	Medicaid (see instructions for each line)		
2.00	Net revenue from Medicaid	9,100,666	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00
6.00	Medicaid charges	42,654,476	6.00
7.00	Medicaid cost (line 1 times line 6)	11,239,838	7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)	2,139,172	8.00
	State Children's Health Insurance Program (SCHIP) (see instructions for each line)		
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
	Other state or local government indigent care program (see instructions for each line)		
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
	Uncompensated care (see instructions for each line)		
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	0	18.00
19.00	Total unreimbursed cost for Medicaid , SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	2,139,172	19.00

		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	18,531,811	898,106	19,429,917	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	4,883,299	236,659	5,119,958	21.00
22.00	Partial payment by patients approved for charity care	650	0	650	22.00
23.00	Cost of charity care (line 21 minus line 22)	4,882,649	236,659	5,119,308	23.00

		1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit	0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)	23,360,186	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	1,032,869	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	22,327,317	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	5,883,449	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	11,002,757	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	13,141,929	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT		4,471,820	4,471,820	2,256,361	6,728,181	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,716,854	3,716,854	2,468,967	6,185,821	2.00
4.00	00400	EMPLOYEE BENEFITS	1,074,164	10,097,386	11,171,550	4,003,186	15,174,736	4.00
5.01	00510	NONPATIENT TELEPHONES	210,994	30,893	241,887	-16,601	225,286	5.01
5.03	00530	PURCHASING RECEIVING AND STORES	0	1,409	1,409	-1,409	0	5.03
5.04	00561	BUSINESS OFFICE	530,224	1,814,955	2,345,179	-32,517	2,312,662	5.04
5.05	00562	REGIONAL TEAM	3,497,276	13,599,892	17,097,168	-321,564	16,775,604	5.05
5.06	00563	ADMITTING	1,125,226	468,495	1,593,721	-102,288	1,491,433	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	2,318,816	2,214,571	4,533,387	1,730,319	6,263,706	5.07
6.00	00600	MAINTENANCE & REPAIRS	716,053	5,774,250	6,490,303	921,125	7,411,428	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	47,298	-74,933	-27,635	-9,761	-37,396	8.00
9.00	00900	HOUSEKEEPING	0	1,852,823	1,852,823	-444,607	1,408,216	9.00
10.00	01000	DIETARY	0	794,910	794,910	-8,438	786,472	10.00
11.00	01100	CAFETERIA	0	1,999,279	1,999,279	-560,657	1,438,622	11.00
13.00	01300	NURSING ADMINISTRATION	1,063,006	139,016	1,202,022	-93,586	1,108,436	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	589,375	1,051,069	1,640,444	-580,140	1,060,304	14.00
15.00	01500	PHARMACY	2,023,964	9,704,239	11,728,203	-9,562,215	2,165,988	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,763,918	594,094	2,358,012	-478,458	1,879,554	16.00
17.00	01700	SOCIAL SERVICE	862,330	651,251	1,513,581	-86,606	1,426,975	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	412,562	412,562	-102,128	310,434	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	7,996,389	1,545,542	9,541,931	-627,515	8,914,416	30.00
31.00	03100	INTENSIVE CARE UNIT	1,731,539	416,372	2,147,911	-356,715	1,791,196	31.00
32.00	03200	CORONARY CARE UNIT	1,282,408	203,073	1,485,481	-169,109	1,316,372	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,120,826	771,309	1,892,135	-123,680	1,768,455	41.00
43.00	04300	NURSERY	1,114,711	230,348	1,345,059	-1,227,377	117,682	43.00
44.00	04400	SKILLED NURSING FACILITY	965,998	168,438	1,134,436	-121,312	1,013,124	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	4,764,975	20,201,416	24,966,391	-16,932,704	8,033,687	50.00
50.01	05001	REHAB MEDICINE	814,602	298,894	1,113,496	-66,251	1,047,245	50.01
51.00	05100	RECOVERY ROOM	395,844	60,073	455,917	-44,191	411,726	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	557,869	557,869	52.00
53.00	05300	ANESTHESIOLOGY	96,049	366,188	462,237	-354,275	107,962	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,062,000	3,170,756	5,232,756	-2,889,858	2,342,898	54.00
54.01	03630	ULTRA SOUND	241,016	178,641	419,657	-150,769	268,888	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	187,819	581,147	768,966	-90,490	678,476	56.01
57.00	05700	CT SCAN	372,997	512,889	885,886	-411,412	474,474	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,233,899	4,401,080	5,634,979	-4,284,589	1,350,390	59.00
60.00	06000	LABORATORY	1,896,252	3,482,731	5,378,983	-226,195	5,152,788	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	387,362	387,362	64.00
65.00	06500	RESPIRATORY THERAPY	746,411	300,816	1,047,227	-241,038	806,189	65.00
66.00	06600	PHYSICAL THERAPY	776,723	155,146	931,869	-142,755	789,114	66.00
67.00	06700	OCCUPATIONAL THERAPY	337,805	33,535	371,340	-28,919	342,421	67.00
68.00	06800	SPEECH PATHOLOGY	157,935	27,638	185,573	-27,024	158,549	68.00
69.00	06900	ELECTROCARDIOLOGY	925,152	334,790	1,259,942	-278,870	981,072	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	238,923	39,475	278,398	-27,825	250,573	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	12,641,202	12,641,202	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	10,860,646	10,860,646	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	9,823,215	9,823,215	73.00
74.00	07400	RENAL DIALYSIS	0	686,842	686,842	-5,391	681,451	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	593,342	593,342	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	415,733	653,075	1,068,808	-163,180	905,628	90.00
90.01	09001	PARTIAL HOSPITAL PRG	158,538	31,689	190,227	-12,969	177,258	90.01
90.02	09002	PAIN MANAGEMENT	624,253	632,423	1,256,676	-576,258	680,418	90.02
91.00	09100	EMERGENCY	2,176,856	770,789	2,947,645	-504,711	2,442,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	67,481	67,481	-6,063	61,418	95.00
101.00	10100	HOME HEALTH AGENCY	3,352,731	1,958,221	5,310,952	-1,101,393	4,209,559	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE		1,108,813	1,108,813	-1,108,813	0	113.00
116.00	11600	HOSPICE	2,105,374	3,019,499	5,124,873	-1,594,156	3,530,717	116.00
116.01	11601	HOSPICE II	104,974	295,199	400,173	-115,501	284,672	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	54,221,376	106,019,163	160,240,539	-168,689	160,071,850	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	29,769	35,798	65,567	-3,371	62,196	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	219,575	755,112	974,687	173,349	1,148,036	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	174,431	924,465	1,098,896	-1,289	1,097,607	194.02
200.00		TOTAL (SUM OF LINES 118-199)	54,645,151	107,734,538	162,379,689	0	162,379,689	200.00

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT	435,956	7,164,137		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-1,295	6,184,526		2.00
4.00	00400	EMPLOYEE BENEFITS	-880,488	14,294,248		4.00
5.01	00510	NONPATIENT TELEPHONES	-10,041	215,245		5.01
5.03	00530	PURCHASING RECEIVING AND STORES	0	0		5.03
5.04	00561	BUSINESS OFFICE	-99,714	2,212,948		5.04
5.05	00562	REGIONAL TEAM	86,354	16,861,958		5.05
5.06	00563	ADMITTING	0	1,491,433		5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	-71,728	6,191,978		5.07
6.00	00600	MAINTENANCE & REPAIRS	-202,880	7,208,548		6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-155	-37,551		8.00
9.00	00900	HOUSEKEEPING	-15,886	1,392,330		9.00
10.00	01000	DIETARY	-46,147	740,325		10.00
11.00	01100	CAFETERIA	-687,967	750,655		11.00
13.00	01300	NURSING ADMINISTRATION	-1,485	1,106,951		13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	-191	1,060,113		14.00
15.00	01500	PHARMACY	-110	2,165,878		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-41,878	1,837,676		16.00
17.00	01700	SOCIAL SERVICE	-15,717	1,411,258		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	310,434		18.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,039	8,913,377		30.00
31.00	03100	INTENSIVE CARE UNIT	-8	1,791,188		31.00
32.00	03200	CORONARY CARE UNIT	0	1,316,372		32.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	1,768,455		41.00
43.00	04300	NURSERY	-84	117,598		43.00
44.00	04400	SKILLED NURSING FACILITY	0	1,013,124		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	650	8,034,337		50.00
50.01	05001	REHAB MEDICINE	0	1,047,245		50.01
51.00	05100	RECOVERY ROOM	0	411,726		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	557,869		52.00
53.00	05300	ANESTHESIOLOGY	0	107,962		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,221,132	1,121,766		54.00
54.01	03630	ULTRA SOUND	-572	268,316		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	678,476		56.01
57.00	05700	CT SCAN	0	474,474		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,350,390		59.00
60.00	06000	LABORATORY	-9,436	5,143,352		60.00
64.00	06400	INTRAVENOUS THERAPY	0	387,362		64.00
65.00	06500	RESPIRATORY THERAPY	-12	806,177		65.00
66.00	06600	PHYSICAL THERAPY	0	789,114		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	342,421		67.00
68.00	06800	SPEECH PATHOLOGY	0	158,549		68.00
69.00	06900	ELECTROCARDIOLOGY	-135,631	845,441		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	250,573		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,641,202		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	10,860,646		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,823,215		73.00
74.00	07400	RENAL DIALYSIS	0	681,451		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	593,342		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	-3,229	902,399		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	177,258		90.01
90.02	09002	PAIN MANAGEMENT	-1,441	678,977		90.02
91.00	09100	EMERGENCY	-23	2,442,911		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Adjustments (See A-8)	Net Expenses For Allocation		
			6.00	7.00		
	OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	61,418		95.00
101.00	10100	HOME HEALTH AGENCY	-2,163	4,207,396		101.00
	SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0		113.00
116.00	11600	HOSPICE	-149,319	3,381,398		116.00
116.01	11601	HOSPICE II	-104	284,568		116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	-3,076,915	156,994,935		118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		190.00
191.00	19100	RESEARCH	0	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	62,196		192.00
193.00	19300	NONPAID WORKERS	0	0		193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	1,148,036		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	17,925,185	17,925,185		194.01
194.02	07952	FOUNDATION	-909	1,096,698		194.02
200.00		TOTAL (SUM OF LINES 118-199)	14,847,361	177,227,050		200.00

RECLASSIFICATIONS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/30/2013 10:03 am

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	A - INTEREST				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,108,813	1.00
	TOTALS		0	1,108,813	
	B - BENEFITS				
1.00	EMPLOYEE BENEFITS	4.00	0	4,013,975	1.00
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	1,496,169	2.00
3.00	ANESTHESIOLOGY	53.00	0	142,681	3.00
4.00	MEDICAL BUILDING AND OTHER	194.00	0	173,980	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	5,826,805	
	C - HOMECARE & HOSPICE				
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	392,788	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
12.00					12.00
13.00					13.00
14.00					14.00
	TOTALS		0	392,788	
	D - RENT EXPENSE				
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,147,548	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,468,967	2.00
3.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,863	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

RECLASSIFICATIONS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/30/2013 10:03 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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
	TOTALS		0	3,618,378	
	E - MEDICAL SUPPLIES				
1.00	CENTRAL SERVICE & SUPPLY	14.00	0	29,226	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,641,202	2.00
3.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	10,860,646	3.00
4.00					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
43.00		0.00	0	0	43.00
	TOTALS		0	23,531,074	

RECLASSIFICATIONS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center	Increases Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
	F - MAINTENENCE & REPAIRS					
1.00	MAINTENANCE & REPAIRS	6.00	0	981,598		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
	TOTALS		0	981,598		
	G - DRUGS					
1.00	NURSING ADMINISTRATION	13.00	0	298		1.00
2.00	DRUGS CHARGED TO PATIENTS	73.00	0	9,823,215		2.00
3.00	EMPLOYEE BENEFITS	4.00	0	9,318		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		0	9,832,831		
	H - IV THERAPY					
1.00	INTRAVENOUS THERAPY	64.00	0	387,362		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

RECLASSIFICATIONS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/30/2013 10:03 am

	Increases				
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
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		0	387,362	
	I - LITHOTRIPTER				
1.00	LITHOTRIPTOR	76.01	0	593,342	1.00
	TOTALS		0	593,342	
	J - LABOR & DELIVERY				
1.00	ADULTS & PEDIATRICS	30.00	456,335	25,568	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	528,271	29,598	2.00
	TOTALS		984,606	55,166	
	K - LAUNDRY EXPENSE				
1.00	LAUNDRY & LINEN SERVICE	8.00	0	47,298	1.00
	TOTALS		0	47,298	
500.00	Grand Total: Increases		984,606	46,375,455	500.00

RECLASSIFICATIONS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - INTEREST						
1.00	INTEREST EXPENSE	113.00	0	1,108,813	11		1.00
	TOTALS		0	1,108,813			
	B - BENEFITS						
1.00	NONPATIENT TELEPHONES	5.01	0	14,794	0		1.00
2.00	BUSINESS OFFICE	5.04	0	22,413	0		2.00
3.00	REGIONAL TEAM	5.05	0	218,103	0		3.00
4.00	ADMITTING	5.06	0	77,946	0		4.00
5.00	MAINTENANCE & REPAIRS	6.00	0	50,743	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00	0	3,263	0		6.00
7.00	HOUSEKEEPING	9.00	0	414,074	0		7.00
8.00	CAFETERIA	11.00	0	560,657	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	74,499	0		9.00
10.00	CENTRAL SERVICE & SUPPLY	14.00	0	42,379	0		10.00
11.00	PHARMACY	15.00	0	145,388	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00	0	126,319	0		12.00
13.00	SOCIAL SERVICE	17.00	0	59,666	0		13.00
14.00	OTHER GENERAL SERVICE (SPECIFY)	18.00	0	95,833	0		14.00
15.00	ADULTS & PEDIATRICS	30.00	0	635,923	0		15.00
16.00	INTENSIVE CARE UNIT	31.00	0	150,102	0		16.00
17.00	CORONARY CARE UNIT	32.00	0	86,419	0		17.00
18.00	SUBPROVIDER - IRF	41.00	0	74,802	0		18.00
19.00	NURSERY	43.00	0	79,146	0		19.00
20.00	SKILLED NURSING FACILITY	44.00	0	65,390	0		20.00
21.00	OPERATING ROOM	50.00	0	351,027	0		21.00
22.00	REHAB MEDICINE	50.01	0	57,653	0		22.00
23.00	RECOVERY ROOM	51.00	0	24,741	0		23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	145,207	0		24.00
25.00	ULTRA SOUND	54.01	0	17,442	0		25.00
26.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	13,899	0		26.00
27.00	CT SCAN	57.00	0	29,319	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	93,604	0		28.00
29.00	LABORATORY	60.00	0	134,772	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	52,814	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	62,281	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	26,182	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	11,815	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	68,475	0		34.00
35.00	ELECTROENCEPHALOGRAPHY	70.00	0	18,665	0		35.00
36.00	CLINIC	90.00	0	28,847	0		36.00
37.00	PARTIAL HOSPITAL PRG	90.01	0	12,969	0		37.00
38.00	PAIN MANAGEMENT	90.02	0	42,594	0		38.00
39.00	EMERGENCY	91.00	0	156,805	0		39.00
40.00	HOME HEALTH AGENCY	101.00	0	871,963	0		40.00
41.00	HOSPICE	116.00	0	587,151	0		41.00
42.00	HOSPICE II	116.01	0	18,262	0		42.00
43.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,459	0		43.00
	TOTALS		0	5,826,805			
	C - HOMECARE & HOSPICE						
1.00	HOSPICE	116.00	0	174,316	0		1.00
2.00	HOSPICE II	116.01	0	220	0		2.00
3.00	HOME HEALTH AGENCY	101.00	0	218,252	0		3.00
12.00	HOSPICE				0		12.00
13.00	HOSPICE II				0		13.00
14.00	HOME HEALTH AGENCY				0		14.00
	TOTALS		0	392,788			
	D - RENT EXPENSE						
1.00	EMPLOYEE BENEFITS	4.00	0	9,108	10		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	962	10		2.00
3.00	PURCHASING RECEIVING AND STORES	5.03	0	1,409	0		3.00
4.00	BUSINESS OFFICE	5.04	0	10,104	0		4.00
5.00	REGIONAL TEAM	5.05	0	44,637	0		5.00
6.00	ADMITTING	5.06	0	10,011	0		6.00
7.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	10,199	0		7.00
8.00	MAINTENANCE & REPAIRS	6.00	0	8,874	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	5,387	0		9.00
10.00	DIETARY	10.00	0	1,845	0		10.00
11.00	NURSING ADMINISTRATION	13.00	0	4,452	0		11.00
12.00	CENTRAL SERVICE & SUPPLY	14.00	0	564,355	0		12.00
13.00	PHARMACY	15.00	0	388,072	0		13.00

RECLASSIFICATIONS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center	Decreases Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
14.00	MEDICAL RECORDS & LIBRARY	16.00	0	81,866	0		14.00
15.00	SOCIAL SERVICE	17.00	0	2,087	0		15.00
16.00	ADULTS & PEDIATRICS	30.00	0	11,393	0		16.00
17.00	INTENSIVE CARE UNIT	31.00	0	6,960	0		17.00
18.00	CORONARY CARE UNIT	32.00	0	1,308	0		18.00
19.00	SUBPROVIDER - IRF	41.00	0	1,262	0		19.00
20.00	NURSERY	43.00	0	1,443	0		20.00
21.00	SKILLED NURSING FACILITY	44.00	0	2,170	0		21.00
22.00	OPERATING ROOM	50.00	0	54,354	0		22.00
23.00	REHAB MEDICINE	50.01	0	2,494	0		23.00
24.00	RECOVERY ROOM	51.00	0	2,546	0		24.00
25.00	ANESTHESIOLOGY	53.00	0	713	0		25.00
26.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,341,738	0		26.00
27.00	ULTRA SOUND	54.01	0	117,823	0		27.00
28.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	32,881	0		28.00
29.00	CT SCAN	57.00	0	272,022	0		29.00
30.00	CARDIAC CATHETERIZATION	59.00	0	6,383	0		30.00
31.00	LABORATORY	60.00	0	8,309	0		31.00
32.00	RESPIRATORY THERAPY	65.00	0	39,585	0		32.00
33.00	PHYSICAL THERAPY	66.00	0	62,806	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	134,158	0		34.00
35.00	CLINIC	90.00	0	2,664	0		35.00
36.00	PAIN MANAGEMENT	90.02	0	5,321	0		36.00
37.00	EMERGENCY	91.00	0	2,084	0		37.00
38.00	HOME HEALTH AGENCY	101.00	0	8,782	0		38.00
39.00	HOSPICE	116.00	0	309,401	0		39.00
40.00	HOSPICE II	116.01	0	45,121	0		40.00
41.00	FOUNDATION	194.02	0	1,289	0		41.00
	TOTALS		0	3,618,378			
	E - MEDICAL SUPPLIES						
1.00	EMPLOYEE BENEFITS	4.00	0	2,758	0		1.00
2.00	NONPATIENT TELEPHONES	5.01	0	160	0		2.00
3.00	REGIONAL TEAM	5.05	0	559	0		3.00
4.00	ADMITTING	5.06	0	3,022	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	142,009	0		5.00
6.00	MAINTENANCE & REPAIRS	6.00	0	856	0		6.00
7.00	HOUSEKEEPING	9.00	0	22,985	0		7.00
8.00	DIETARY	10.00	0	2,827	0		8.00
9.00	NURSING ADMINISTRATION	13.00	0	356	0		9.00
10.00	PHARMACY	15.00	0	155,935	0		10.00
11.00	MEDICAL RECORDS & LIBRARY	16.00	0	10	0		11.00
12.00	OTHER GENERAL SERVICE (SPECIFY)	18.00	0	5,285	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	367,422	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	171,660	0		14.00
15.00	CORONARY CARE UNIT	32.00	0	65,025	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	44,357	0		16.00
17.00	NURSERY	43.00	0	85,541	0		17.00
18.00	SKILLED NURSING FACILITY	44.00	0	36,316	0		18.00
19.00	OPERATING ROOM	50.00	0	15,570,775	0		19.00
20.00	REHAB MEDICINE	50.01	0	6,104	0		20.00
21.00	RECOVERY ROOM	51.00	0	15,079	0		21.00
22.00	ANESTHESIOLOGY	53.00	0	286,890	0		22.00
23.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,313,895	0		23.00
24.00	ULTRA SOUND	54.01	0	14,918	0		24.00
25.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	17,276	0		25.00
26.00	CT SCAN	57.00	0	107,654	0		26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	4,153,637	0		27.00
28.00	LABORATORY	60.00	0	59,097	0		28.00
29.00	RESPIRATORY THERAPY	65.00	0	148,639	0		29.00
30.00	PHYSICAL THERAPY	66.00	0	17,593	0		30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	2,737	0		31.00
32.00	SPEECH PATHOLOGY	68.00	0	14,746	0		32.00
33.00	ELECTROCARDIOLOGY	69.00	0	45,308	0		33.00
34.00	ELECTROENCEPHALOGRAPHY	70.00	0	11,023	0		34.00
35.00	RENAL DIALYSIS	74.00	0	4,623	0		35.00
36.00	CLINIC	90.00	0	122,331	0		36.00
37.00	PAIN MANAGEMENT	90.02	0	107,121	0		37.00
38.00	EMERGENCY	91.00	0	309,494	0		38.00
39.00	AMBULANCE SERVICES	95.00	0	60	0		39.00
40.00	HOSPICE	116.00	0	90,823	0		40.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
41.00	HOSPICE II	116.01	0	4,168	0		41.00
43.00	PAIN MANAGEMENT				0		43.00
	TOTALS		0	23,531,074			
	F - MAINTENENCE & REPAIRS						
1.00	EMPLOYEE BENEFITS	4.00		8,241	0		1.00
2.00	NONPATIENT TELEPHONES	5.01		685	0		2.00
3.00	REGIONAL TEAM	5.05		58,265	0		3.00
4.00	ADMITTING	5.06		11,309	0		4.00
5.00	OTHER ADMINISTRATIVE AND GENERAL	5.07		3,072	0		5.00
6.00	LAUNDRY & LINEN SERVICE	8.00		1,111	0		6.00
7.00	HOUSEKEEPING	9.00		7,548	0		7.00
8.00	DIETARY	10.00		3,766	0		8.00
9.00	NURSING ADMINISTRATION	13.00		14,577	0		9.00
10.00	CENTRAL SERVICE & SUPPLY	14.00		1,531	0		10.00
11.00	PHARMACY	15.00		144,748	0		11.00
12.00	MEDICAL RECORDS & LIBRARY	16.00		270,263	0		12.00
13.00	SOCIAL SERVICE	17.00		23,904	0		13.00
14.00	OTHER GENERAL SERVICE (SPECIFY)	18.00		1,010	0		14.00
15.00	ADULTS & PEDIATRICS	30.00		2,123	0		15.00
16.00	NURSERY	43.00		19,712	0		16.00
17.00	OPERATING ROOM	50.00		292,955	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00		65,256	0		18.00
19.00	CARDIAC CATHETERIZATION	59.00		2,416	0		19.00
20.00	LABORATORY	60.00		23,178	0		20.00
21.00	ELECTROCARDIOLOGY	69.00		18,382	0		21.00
22.00	AMBULANCE SERVICES	95.00		6,003	0		22.00
23.00	PHYSICIANS' PRIVATE OFFICES	192.00		912	0		23.00
24.00	MEDICAL BUILDING AND OTHER	194.00		631	0		24.00
	TOTALS		0	981,598			
	G - DRUGS						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	2,744	0		1.00
2.00	CENTRAL SERVICE & SUPPLY	14.00	0	192	0		2.00
3.00	PHARMACY	15.00	0	8,633,809	0		3.00
4.00	SOCIAL SERVICE	17.00	0	949	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	11,394	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	1,215	0		6.00
7.00	CORONARY CARE UNIT	32.00	0	1,483	0		7.00
8.00	SUBPROVIDER - IRF	41.00	0	480	0		8.00
9.00	NURSERY	43.00	0	352	0		9.00
10.00	SKILLED NURSING FACILITY	44.00	0	801	0		10.00
11.00	OPERATING ROOM	50.00	0	1,175	0		11.00
12.00	RECOVERY ROOM	51.00	0	376	0		12.00
13.00	ANESTHESIOLOGY	53.00	0	205,504	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	22,353	0		14.00
15.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	24,391	0		15.00
16.00	CT SCAN	57.00	0	155	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	6,122	0		17.00
18.00	LABORATORY	60.00	0	82	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	61	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	1,271	0		20.00
21.00	RENAL DIALYSIS	74.00	0	76	0		21.00
22.00	CLINIC	90.00	0	9,327	0		22.00
23.00	PAIN MANAGEMENT	90.02	0	419,242	0		23.00
24.00	EMERGENCY	91.00	0	8,059	0		24.00
25.00	HOME HEALTH AGENCY	101.00	0	1,726	0		25.00
26.00	HOSPICE	116.00	0	431,762	0		26.00
27.00	HOSPICE II	116.01	0	47,730	0		27.00
	TOTALS		0	9,832,831			
	H - IV THERAPY						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	614	0		1.00
2.00	CENTRAL SERVICE & SUPPLY	14.00	0	909	0		2.00
3.00	PHARMACY	15.00	0	94,263	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	81,163	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	26,778	0		5.00
6.00	CORONARY CARE UNIT	32.00	0	14,874	0		6.00
7.00	SUBPROVIDER - IRF	41.00	0	2,779	0		7.00
8.00	NURSERY	43.00	0	1,411	0		8.00
9.00	SKILLED NURSING FACILITY	44.00	0	16,635	0		9.00
10.00	OPERATING ROOM	50.00	0	69,076	0		10.00

RECLASSIFICATIONS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-6 | Date/Time Prepared: 5/30/2013 10:03 am

	Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
11.00	RECOVERY ROOM	51.00	0	1,449	0		11.00
12.00	ANESTHESIOLOGY	53.00	0	3,849	0		12.00
13.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,409	0		13.00
14.00	ULTRA SOUND	54.01	0	586	0		14.00
15.00	NUCLEAR MEDICINE - DIAGNOSTIC	56.01	0	2,043	0		15.00
16.00	CT SCAN	57.00	0	2,262	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	22,427	0		17.00
18.00	LABORATORY	60.00	0	757	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	14	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	463	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	11,276	0		21.00
22.00	RENAL DIALYSIS	74.00	0	692	0		22.00
23.00	CLINIC	90.00	0	11	0		23.00
24.00	PAIN MANAGEMENT	90.02	0	1,980	0		24.00
25.00	EMERGENCY	91.00	0	28,269	0		25.00
26.00	HOME HEALTH AGENCY	101.00	0	670	0		26.00
27.00	HOSPICE	116.00	0	703	0		27.00
	TOTALS		0	387,362			
	I - LITHOTRIPTER						
1.00	OPERATING ROOM	50.00	0	593,342	0		1.00
	TOTALS		0	593,342			
	J - LABOR & DELIVERY						
1.00	NURSERY	43.00	984,606	55,166	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		984,606	55,166			
	K - LAUNDRY EXPENSE						
1.00	LAUNDRY & LINEN SERVICE	8.00	47,298	0	0		1.00
	TOTALS		47,298	0			
500.00	Grand Total: Decreases		1,031,904	46,328,157			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part I Date/Time Prepared: 5/30/2013 10:03 am

		Beginning Balances	Acquisitions: Purchases	Acquisitions: Donation	Acquisitions: Total	Disposals and Retirements	
		1.00	2.00	3.00	4.00	5.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	453,242	0	0	0	0	1.00
2.00	Land Improvements	2,815,642	0	0	0	0	2.00
3.00	Buildings and Fixtures	89,403,955	4,041,281	0	4,041,281	0	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	33,854,909	5,443,029	0	5,443,029	0	5.00
6.00	Movable Equipment	66,096,458	183,956	0	183,956	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	192,624,206	9,668,266	0	9,668,266	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	192,624,206	9,668,266	0	9,668,266	0	10.00

		Ending Balance	Fully Depreciated Assets	
		6.00	7.00	
	PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES			
1.00	Land	453,242	0	1.00
2.00	Land Improvements	2,815,642	0	2.00
3.00	Buildings and Fixtures	93,445,236	0	3.00
4.00	Building Improvements	0	0	4.00
5.00	Fixed Equipment	39,297,938	0	5.00
6.00	Movable Equipment	66,280,414	0	6.00
7.00	HIT designated Assets	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	202,292,472	0	8.00
9.00	Reconciling Items	0	0	9.00
10.00	Total (line 8 minus line 9)	202,292,472	0	10.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part II Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center Description	SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	4,280,842	0	0	190,978	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	3,686,870	0	0	29,984	0	2.00
3.00	Total (sum of lines 1-2)	7,967,712	0	0	220,962	0	3.00

	Cost Center Description	SUMMARY OF CAPITAL		
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)	
		14.00	15.00	
	PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2			
1.00	CAP REL COSTS-BLDG & FIXT	0	4,471,820	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	3,716,854	2.00
3.00	Total (sum of lines 1-2)	0	8,188,674	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-7 Part III Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	136,012,058	0	136,012,058	0.672354	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	66,280,414	0	66,280,414	0.327646	0	2.00
3.00	Total (sum of lines 1-2)	202,292,472	0	202,292,472	1.000000	0	3.00

	Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,280,842	1,147,548	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,686,870	2,468,967	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,967,712	3,616,515	3.00

	Cost Center Description	SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	1,544,769	190,978	0	0	7,164,137	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	-1,295	29,984	0	0	6,184,526	2.00
3.00	Total (sum of lines 1-2)	1,543,474	220,962	0	0	13,348,663	3.00

ADJUSTMENTS TO EXPENSES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-324	CAP REL COSTS-BLDG & FIXT	1.00	11	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,856,830			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	1,941,753			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-687,967	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts	B	-41,878	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-46,147	DIETARY	10.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	TELEVISION OFFSET	A	-54	EMPLOYEE BENEFITS	4.00	0	33.00
33.01	TELEVISION OFFSET	A	-25,170	MAINTENANCE & REPAIRS	6.00	0	33.01
33.02	TELEVISION OFFSET	A	-155	LAUNDRY & LINEN SERVICE	8.00	0	33.02
33.03	TELEVISION OFFSET	A	-191	CENTRAL SERVICE & SUPPLY	14.00	0	33.03

ADJUSTMENTS TO EXPENSES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8 | Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted: Cost Center	Line #	Wkst. A-7 Ref.	
		1.00	2.00	3.00	4.00	5.00	
33.04	TELEVISION OFFSET	A	-947	RADIOLOGY-DIAGNOSTIC	54.00	0	33.04
33.05	TELEVISION OFFSET	A	-572	ULTRA SOUND	54.01	0	33.05
33.06	TELEVISION OFFSET	A	-619	ELECTROCARDIOLOGY	69.00	0	33.06
33.07	TELEVISION OFFSET	A	-1,991	CLINIC	90.00	0	33.07
33.08	TELEVISION OFFSET	A	-830	PAIN MANAGEMENT	90.02	0	33.08
33.09	ADMIN - DUES & SUBSCRIPTIONS OFFSET	A	-13,762	REGIONAL TEAM	5.05	0	33.09
33.10	ADVERTISING OFFSET	A	-67,655	EMPLOYEE BENEFITS	4.00	0	33.10
33.11	ADVERTISING OFFSET	A	-3,286	REGIONAL TEAM	5.05	0	33.11
33.12	ADVERTISING OFFSET	A	-938,630	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.12
33.13	ADVERTISING OFFSET	A	-1,292	NURSING ADMINISTRATION	13.00	0	33.13
33.14	ADVERTISING OFFSET	A	-894	ADULTS & PEDIATRICS	30.00	0	33.14
33.15	ADVERTISING OFFSET	A	-357	RADIOLOGY-DIAGNOSTIC	54.00	0	33.15
33.16	ADVERTISING OFFSET	A	-1,238	CLINIC	90.00	0	33.16
33.17	ADVERTISING OFFSET	A	-396	PAIN MANAGEMENT	90.02	0	33.17
33.18	ADVERTISING OFFSET	A	-257	HOME HEALTH AGENCY	101.00	0	33.18
33.19	ADVERTISING OFFSET	A	-621	HOSPICE	116.00	0	33.19
33.20	ADVERTISING OFFSET	A	-104	HOSPICE II	116.01	0	33.20
33.21	ADVERTISING OFFSET	A	-575	FOUNDATION	194.02	0	33.21
33.22	MISC. EXPENSE OFFSET	A	-11,081	EMPLOYEE BENEFITS	4.00	0	33.22
33.23	MISC. EXPENSE OFFSET	A	-1,438,512	REGIONAL TEAM	5.05	0	33.23
33.24	MISC. EXPENSE OFFSET	A	-250,043	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.24
33.25	MISC. EXPENSE OFFSET	A	-193	NURSING ADMINISTRATION	13.00	0	33.25
33.26	MISC. EXPENSE OFFSET	A	-110	PHARMACY	15.00	0	33.26
33.27	MISC. EXPENSE OFFSET	A	-59	ADULTS & PEDIATRICS	30.00	0	33.27
33.28	MISC. EXPENSE OFFSET	A	-8	INTENSIVE CARE UNIT	31.00	0	33.28
33.29	MISC. EXPENSE OFFSET	A	-86	ADULTS & PEDIATRICS	30.00	0	33.29
33.30	MISC. EXPENSE OFFSET	A	-84	NURSERY	43.00	0	33.30
33.31	MISC. EXPENSE OFFSET	A	-41	RADIOLOGY-DIAGNOSTIC	54.00	0	33.31
33.32	MISC. EXPENSE OFFSET	A	-4	LABORATORY	60.00	0	33.32
33.33	MISC. EXPENSE OFFSET	A	-12	RESPIRATORY THERAPY	65.00	0	33.33
33.34	MISC. EXPENSE OFFSET	A	-12	ELECTROCARDIOLOGY	69.00	0	33.34
33.35	MISC. EXPENSE OFFSET	A	-23	EMERGENCY	91.00	0	33.35
33.36	MISC. EXPENSE OFFSET	A	-60	HOSPICE	116.00	0	33.36
33.37	MISC. EXPENSE OFFSET	A	-334	FOUNDATION	194.02	0	33.37
33.38	MISC. INCOME OFFSET	B	-751,876	EMPLOYEE BENEFITS	4.00	0	33.38
33.39	MISC. INCOME OFFSET	B	-1,179	NONPATIENT TELEPHONES	5.01	0	33.39
33.40	MISC. INCOME OFFSET	B	-416,526	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.40
33.41	MISC. INCOME OFFSET	B	-15,886	HOUSEKEEPING	9.00	0	33.41
33.42	MISC. INCOME OFFSET	B	-215	PAIN MANAGEMENT	90.02	0	33.42
33.43	MISC. INCOME OFFSET	B	-1,906	HOME HEALTH AGENCY	101.00	0	33.43
33.44	MISC. INCOME OFFSET	B	-37,380	HOSPICE	116.00	0	33.44
33.45	CRNA PURCHASED SERVICES EXP OFFSET	A	-125,602	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.45
33.46	LOSS ON BOND DEFEASANCE OFFSET	A	-71,102	CAP REL COSTS-BLDG & FIXT	1.00	11	33.46
33.47	LOSS ON BOND DEFEASANCE OFFSET	A	-1,295	CAP REL COSTS-MVBLE EQUIP	2.00	11	33.47
33.48	LOSS ON BOND DEFEASANCE OFFSET	A	-525	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.48
33.49	PATIENT TELEPHONE EXPENSE OFFSET	A	-2,224	EMPLOYEE BENEFITS	4.00	0	33.49
33.50	PATIENT TELEPHONE EXPENSE OFFSET	A	-8,862	NONPATIENT TELEPHONES	5.01	0	33.50
33.51	PROVIDER TAX ADJUSTMENT	A	1,950,691	OTHER ADMINISTRATIVE AND GENERAL	5.07	0	33.51
33.52	M&W ADJUSTMENT	A	17,925,185	MARCUM & WALLACE HOSPITAL	194.01	0	33.52
33.53	HOSPICE - KY LIAISON SALARY OFFSET	A	-111,258	HOSPICE	116.00	0	33.53
33.54	HOSPICE - KY LIAISON BENEFIT OFFSET	A	-31,028	EMPLOYEE BENEFITS	4.00	0	33.54
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		14,847,361				50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8-1 Date/Time Prepared: 5/30/2013 10:03 am

	Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
	1.00	2.00	3.00	4.00	5.00	
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	CAP REL COSTS-BLDG & FIXT	OTHER EXPENSE BOND ISSUE DISC/PREM	1,616,195	1,108,813	1.00
2.00	5.05	REGIONAL TEAM	ADMIN PURCH SERV - MHS CORP	0	347,557	2.00
3.00	5.05	REGIONAL TEAM	ADMIN PURCH SERV - MHS SMDC	0	851,988	3.00
4.00	5.05	REGIONAL TEAM	COMPUTER SERV - MHS SMDC	0	3,893,448	4.00
4.01	5.05	REGIONAL TEAM	ADMIN PURCH SERV - MHS ASSESS	0	2,114,140	4.01
4.02	5.05	REGIONAL TEAM	PATIENT ACCT PURCH SERV - MHS FINSSO	0	33,414	4.02
4.03	5.04	BUSINESS OFFICE	REIMB PURCH SERV - MHS FINSSO	0	99,714	4.03
4.04	5.05	REGIONAL TEAM	ADMIN PURCH SERV - NETWORK MGMT	0	11,086	4.04
4.05	5.05	REGIONAL TEAM	OTHER EXPENSE LSIT INSURANCE	0	1,141,456	4.05
4.06	5.05	REGIONAL TEAM	COMPUTER SERV - OTHER	0	1,062,168	4.06
4.07	5.05	REGIONAL TEAM	ACCOUNTING PURCH SERV - MHS FINSSO	0	19,181	4.07
4.08	17.00	SOCIAL SERVICE	CARE MGMT PURCH SERV - MHS CORP	0	15,717	4.08
4.09	5.05	REGIONAL TEAM	CHP HOCS - KY REGION	10,864,240	0	4.09
4.10	5.05	REGIONAL TEAM	MHP SWO - KY REGION	160,000	0	4.10
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			12,640,435	10,698,682	5.00

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

	Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office: Name	Related Organization(s) and/or Home Office: Percentage of Ownership	
	1.00	2.00	3.00	4.00	5.00	
	B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:					

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

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

6.00	B		0.00	CHP	100.00	6.00
7.00	B		0.00	MHP SWO	0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8-1 Date/Time Prepared: 5/30/2013 10:03 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
	A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:			
1.00	507,382	11		1.00
2.00	-347,557	0		2.00
3.00	-851,988	0		3.00
4.00	-3,893,448	0		4.00
4.01	-2,114,140	0		4.01
4.02	-33,414	0		4.02
4.03	-99,714	0		4.03
4.04	-11,086	0		4.04
4.05	-1,141,456	0		4.05
4.06	-1,062,168	0		4.06
4.07	-19,181	0		4.07
4.08	-15,717	0		4.08
4.09	10,864,240	0		4.09
4.10	160,000	0		4.10
5.00	1,941,753			5.00

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

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

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

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

6.00	HOME OFFICE		6.00
7.00	REGIONAL SERV		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet A-8-2 | Date/Time Prepared: 5/30/2013 10:03 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS	16,570	16,570	0	0	0	1.00
2.00	5.05	REGIONAL TEAM	7,888	7,888	0	0	0	2.00
3.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	291,093	291,093	0	0	0	3.00
4.00	6.00	MAINTENANCE & REPAIRS	177,710	177,710	0	0	0	4.00
5.00	50.00	OPERATING ROOM	-650	-650	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,219,787	1,219,787	0	0	0	6.00
7.00	60.00	LABORATORY	9,432	9,432	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	135,000	135,000	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,856,830	1,856,830	0		0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	0	0	1.00
2.00	5.05	REGIONAL TEAM	0	0	0	0	0	2.00
3.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	3.00
4.00	6.00	MAINTENANCE & REPAIRS	0	0	0	0	0	4.00
5.00	50.00	OPERATING ROOM	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	4.00	EMPLOYEE BENEFITS	0	0	0	16,570		1.00
2.00	5.05	REGIONAL TEAM	0	0	0	7,888		2.00
3.00	5.07	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	291,093		3.00
4.00	6.00	MAINTENANCE & REPAIRS	0	0	0	177,710		4.00
5.00	50.00	OPERATING ROOM	0	0	0	-650		5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,219,787		6.00
7.00	60.00	LABORATORY	0	0	0	9,432		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	135,000		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,856,830		200.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	7,164,137	7,164,137				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	6,184,526		6,184,526			2.00
4.00	00400	EMPLOYEE BENEFITS	14,294,248	120,227	23,526	14,438,001		4.00
5.01	00510	NONPATIENT TELEPHONES	215,245	4,509	0	56,916	276,670	5.01
5.03	00530	PURCHASING RECEIVING AND STORES	0	134,794	2,662	0	0	5.03
5.04	00561	BUSINESS OFFICE	2,212,948	0	4,168	143,028	5,379	5.04
5.05	00562	REGIONAL TEAM	16,861,958	217,986	652,368	943,390	22,686	5.05
5.06	00563	ADMITTING	1,491,433	73,251	9,693	303,530	6,315	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	6,191,978	351,013	128,116	625,501	16,137	5.07
6.00	00600	MAINTENANCE & REPAIRS	7,208,548	1,444,093	59,165	193,155	7,250	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-37,551	29,225	0	0	468	8.00
9.00	00900	HOUSEKEEPING	1,392,330	35,904	5,155	0	1,403	9.00
10.00	01000	DIETARY	740,325	132,325	47,160	0	4,210	10.00
11.00	01100	CAFETERIA	750,655	59,438	7,518	0	468	11.00
13.00	01300	NURSING ADMINISTRATION	1,106,951	55,487	551,445	286,746	5,379	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	1,060,113	144,033	14,118	158,984	234	14.00
15.00	01500	PHARMACY	2,165,878	75,538	27,119	545,964	2,806	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,837,676	108,506	7,093	475,817	7,016	16.00
17.00	01700	SOCIAL SERVICE	1,411,258	7,446	5,638	232,614	8,419	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	310,434	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	8,913,377	821,135	47,277	2,280,106	27,363	30.00
31.00	03100	INTENSIVE CARE UNIT	1,791,188	119,006	14,089	467,083	2,806	31.00
32.00	03200	CORONARY CARE UNIT	1,316,372	99,656	126,741	345,930	1,871	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	1,768,455	158,639	2,563	302,343	6,782	41.00
43.00	04300	NURSERY	117,598	110,455	91,274	35,096	3,040	43.00
44.00	04400	SKILLED NURSING FACILITY	1,013,124	84,388	1,307	260,578	4,677	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	8,034,337	804,216	414,571	1,285,352	9,589	50.00
50.01	05001	REHAB MEDICINE	1,047,245	107,986	1,365	219,739	468	50.01
51.00	05100	RECOVERY ROOM	411,726	98,435	21,903	106,779	1,403	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	557,869	36,463	0	142,501	0	52.00
53.00	05300	ANESTHESIOLOGY	107,962	0	22,123	25,909	234	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,121,766	137,835	787,764	556,225	10,992	54.00
54.01	03630	ULTRA SOUND	268,316	16,165	91,352	65,014	468	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	678,476	21,363	7,872	50,664	702	56.01
57.00	05700	CT SCAN	474,474	11,461	464,275	100,616	702	57.00
59.00	05900	CARDIAC CATHETERIZATION	1,350,390	36,619	115,172	332,844	9,823	59.00
60.00	06000	LABORATORY	5,143,352	134,846	112,546	511,514	14,500	60.00
64.00	06400	INTRAVENOUS THERAPY	387,362	7,797	0	0	234	64.00
65.00	06500	RESPIRATORY THERAPY	806,177	21,714	77,162	201,344	935	65.00
66.00	06600	PHYSICAL THERAPY	789,114	34,397	10,683	209,521	234	66.00
67.00	06700	OCCUPATIONAL THERAPY	342,421	5,003	199	91,123	2,339	67.00
68.00	06800	SPEECH PATHOLOGY	158,549	5,341	2,635	42,603	234	68.00
69.00	06900	ELECTROCARDIOLOGY	845,441	67,507	189,578	249,560	3,274	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	250,573	67,533	35,663	64,449	2,573	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,641,202	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	10,860,646	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,823,215	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	681,451	118,447	0	0	702	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	593,342	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	902,399	0	4,873	112,144	1,637	90.00
90.01	09001	PARTIAL HOSPITAL PRG	177,258	17,179	8,209	42,766	0	90.01
90.02	09002	PAIN MANAGEMENT	678,977	0	0	168,392	4,444	90.02
91.00	09100	EMERGENCY	2,442,911	115,952	64,144	587,207	8,887	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	61,418	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	4,207,396	0	1,874,344	904,399	13,798	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,381,398	0	46,566	567,925	9,823	116.00
116.01	11601	HOSPICE II	284,568	0	0	28,317	0	116.01

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
			0	1.00	2.00	4.00	5.01	
118.00		SUBTOTALS (SUM OF LINES 1-117)	156,994,935	6,253,313	6,181,194	14,323,688	232,704	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,988	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	62,196	0	0	8,030	468	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	1,148,036	875,011	0	59,230	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	17,925,185	0	0	0	40,925	194.01
194.02	07952	FOUNDATION	1,096,698	11,825	3,332	47,053	2,573	194.02
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)	177,227,050	7,164,137	6,184,526	14,438,001	276,670	202.00

		Cost Center Description	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	Subtotal	REGIONAL TEAM	ADMITTING	
			5.03	5.04	5A.04	5.05	5.06	
	GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES	137,456					5.03
5.04	00561	BUSINESS OFFICE	17	2,365,540				5.04
5.05	00562	REGIONAL TEAM	1,422	0	18,699,810	18,699,810		5.05
5.06	00563	ADMITTING	71	0	1,884,293	222,260	2,106,553	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	450	0	7,313,195	862,621	0	5.07
6.00	00600	MAINTENANCE & REPAIRS	8,944	0	8,921,155	1,052,286	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	25	0	-7,833	0	0	8.00
9.00	00900	HOUSEKEEPING	222	0	1,435,014	169,266	0	9.00
10.00	01000	DIETARY	237	0	924,257	109,020	0	10.00
11.00	01100	CAFETERIA	0	0	818,079	96,496	0	11.00
13.00	01300	NURSING ADMINISTRATION	544	0	2,006,552	236,681	0	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	1,086	0	1,378,568	162,608	0	14.00
15.00	01500	PHARMACY	1,302	0	2,818,607	332,466	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	103	0	2,436,211	287,361	0	16.00
17.00	01700	SOCIAL SERVICE	24	0	1,665,399	196,440	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	14	0	310,448	36,619	0	18.00
	INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	860	140,877	12,230,995	1,442,695	138,578	30.00
31.00	03100	INTENSIVE CARE UNIT	278	22,710	2,417,160	285,114	21,274	31.00
32.00	03200	CORONARY CARE UNIT	186	17,689	1,908,445	225,109	16,571	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	66	18,256	2,257,104	266,234	17,102	41.00
43.00	04300	NURSERY	407	1,096	358,966	42,341	1,027	43.00
44.00	04400	SKILLED NURSING FACILITY	112	13,527	1,377,713	162,507	12,671	44.00
	ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	82,068	231,829	10,861,962	1,281,212	197,234	50.00
50.01	05001	REHAB MEDICINE	123	18,539	1,395,465	164,601	17,367	50.01
51.00	05100	RECOVERY ROOM	1,923	11,329	653,498	77,083	10,613	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	158	3,478	740,469	87,341	3,258	52.00
53.00	05300	ANESTHESIOLOGY	1,985	25,391	183,604	21,657	23,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,675	181,228	2,799,485	330,210	169,770	54.00
54.01	03630	ULTRA SOUND	743	17,942	460,000	54,259	16,808	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	339	41,380	800,796	94,457	38,764	56.01
57.00	05700	CT SCAN	1,161	160,877	1,213,566	143,145	150,705	57.00
59.00	05900	CARDIAC CATHETERIZATION	8,854	120,615	1,974,317	232,879	112,989	59.00
60.00	06000	LABORATORY	8,900	242,220	6,167,878	727,526	226,905	60.00
64.00	06400	INTRAVENOUS THERAPY	0	24,395	419,788	49,516	22,853	64.00
65.00	06500	RESPIRATORY THERAPY	6,568	44,832	1,158,732	136,677	41,998	65.00
66.00	06600	PHYSICAL THERAPY	140	19,743	1,063,832	125,483	18,495	66.00
67.00	06700	OCCUPATIONAL THERAPY	58	8,091	449,234	52,989	7,580	67.00
68.00	06800	SPEECH PATHOLOGY	193	3,836	213,391	25,170	3,594	68.00
69.00	06900	ELECTROCARDIOLOGY	1,325	82,469	1,439,154	169,754	77,255	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	192	11,630	432,613	51,028	10,894	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	84,227	12,725,429	1,501,015	78,901	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	262,574	11,123,220	1,312,028	245,912	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	157,206	9,980,421	1,177,231	147,267	73.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	Subtotal	REGIONAL TEAM	ADMITTING	
			5.03	5.04	5A.04	5.05	5.06	
74.00	07400	RENAL DIALYSIS	10	8,474	809,084	95,435	7,938	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	593,342	69,987	19,937	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	745	25,908	1,047,706	123,581	24,270	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	3,293	248,705	29,336	3,085	90.01
90.02	09002	PAIN MANAGEMENT	865	59,204	911,882	107,560	55,460	90.02
91.00	09100	EMERGENCY	389	112,182	3,331,672	392,984	105,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0			92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	92	496	62,006	7,314	465	95.00
101.00	10100	HOME HEALTH AGENCY	278	0	7,000,215	825,703	27,166	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	186	0	4,005,898	472,512	27,965	116.00
116.01	11601	HOSPICE II	0	0	312,885	36,906	5,008	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	137,340	2,177,543	155,734,387	16,164,703	2,106,553	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	23,988	2,829	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	318	71,012	8,376	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	116	0	2,082,393	245,627	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	187,679	18,153,789	2,141,274	0	194.01
194.02	07952	FOUNDATION	0	0	1,161,481	137,001	0	194.02
200.00		Cross Foot Adjustments			0			200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	137,456	2,365,540	177,227,050	18,699,810	2,106,553	202.00

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.06	5.07	6.00	8.00	9.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	8,175,816	8,175,816				5.07
6.00	00600	MAINTENANCE & REPAIRS	9,973,441	482,326	10,455,767			6.00
8.00	00800	LAUNDRY & LINEN SERVICE	-7,833	0	63,419	55,586		8.00
9.00	00900	HOUSEKEEPING	1,604,280	77,585	77,913	0	1,759,778	9.00
10.00	01000	DIETARY	1,033,277	49,970	287,149	0	0	10.00
11.00	01100	CAFETERIA	914,575	44,230	128,982	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,243,233	108,485	120,409	0	4,313	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	1,541,176	74,533	312,556	0	0	14.00
15.00	01500	PHARMACY	3,151,073	152,389	163,920	0	21,604	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,723,572	131,715	235,460	0	12,959	16.00
17.00	01700	SOCIAL SERVICE	1,861,839	90,040	16,158	0	2,889	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	347,067	16,785	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,812,268	667,975	1,781,885	19,920	835,266	30.00
31.00	03100	INTENSIVE CARE UNIT	2,723,548	131,714	258,245	3,820	61,945	31.00
32.00	03200	CORONARY CARE UNIT	2,150,125	103,982	216,257	0	45,087	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,540,440	122,858	344,252	3,035	106,722	41.00
43.00	04300	NURSERY	402,334	19,457	239,690	1,883	15,889	43.00
44.00	04400	SKILLED NURSING FACILITY	1,552,891	75,099	183,123	2,936	96,425	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,340,408	596,794	1,745,170	14,039	155,007	50.00
50.01	05001	REHAB MEDICINE	1,577,433	76,286	234,332	0	0	50.01
51.00	05100	RECOVERY ROOM	741,194	35,845	213,606	493	17,271	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	831,068	40,191	79,126	0	0	52.00
53.00	05300	ANESTHESIOLOGY	229,046	11,077	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,299,465	159,565	299,105	4,792	63,348	54.00
54.01	03630	ULTRA SOUND	531,067	25,683	35,079	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	934,017	45,170	46,359	0	0	56.01
57.00	05700	CT SCAN	1,507,416	72,900	24,871	0	0	57.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5A.06	5.07	6.00	8.00	9.00	
59.00	05900	CARDIAC CATHETERIZATION	2,320,185	112,206	79,464	2,504	20,160	59.00
60.00	06000	LABORATORY	7,122,309	344,442	292,619	0	40,320	60.00
64.00	06400	INTRAVENOUS THERAPY	492,157	23,801	16,919	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,337,407	64,678	47,120	2	4,313	65.00
66.00	06600	PHYSICAL THERAPY	1,207,810	58,411	74,642	262	40,320	66.00
67.00	06700	OCCUPATIONAL THERAPY	509,803	24,655	10,857	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	242,155	11,711	11,590	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,686,163	81,545	146,493	1,123	28,785	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	494,535	23,916	146,549	387	28,785	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,305,345	691,821	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,681,160	613,274	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,304,919	546,717	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	912,457	44,127	257,033	390	8,646	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	683,266	33,043	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,195,557	57,818	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	281,126	13,596	37,279	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,074,902	51,983	0	0	0	90.02
91.00	09100	EMERGENCY	3,829,745	185,210	251,618	0	149,724	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	69,785	3,375	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,853,084	379,783	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,506,375	217,933	0	0	0	116.00
116.01	11601	HOSPICE II	354,799	17,158	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	153,199,280	7,013,857	8,479,249	55,586	1,759,778	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,817	1,297	52,055	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,388	3,839	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	2,328,020	112,585	1,898,802	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	20,295,063	981,442	0	0	0	194.01
194.02	07952	FOUNDATION	1,298,482	62,796	25,661	0	0	194.02
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	177,227,050	8,175,816	10,455,767	55,586	1,759,778	202.00

		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,370,396					10.00
11.00	01100	CAFETERIA	0	1,087,787				11.00
13.00	01300	NURSING ADMINISTRATION	0	14,751	2,491,191			13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	0	23,149	0	1,951,414		14.00
15.00	01500	PHARMACY	0	34,153	0	2,254	3,525,393	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	55,982	0	1,144	0	16.00
17.00	01700	SOCIAL SERVICE	0	18,272	1,641	113	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	950,864	225,721	902,292	3,770	0	30.00
31.00	03100	INTENSIVE CARE UNIT	57,228	37,353	225,039	337	0	31.00
32.00	03200	CORONARY CARE UNIT	63,254	26,171	148,795	173	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	155,123	30,537	113,751	260	0	41.00
43.00	04300	NURSERY	0	2,629	11,572	231	0	43.00
44.00	04400	SKILLED NURSING FACILITY	139,980	24,577	96,516	322	0	44.00

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		Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	126,262	333,784	2,587	0	50.00
50.01	05001	REHAB MEDICINE	0	14,679	0	164	0	50.01
51.00	05100	RECOVERY ROOM	0	7,923	47,027	163	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,694	46,863	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	29	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	46,667	22,323	1,231	0	54.00
54.01	03630	ULTRA SOUND	0	4,937	0	123	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	3,545	0	19	0	56.01
57.00	05700	CT SCAN	0	8,398	82	68	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	24,232	95,449	325	0	59.00
60.00	06000	LABORATORY	0	54,816	0	871	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	20,984	0	227	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,797	0	83	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,377	0	19	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	2,474	0	18	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	19,890	27,822	686	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,448	0	189	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,039,887	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	893,418	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	3,525,393	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	8	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	11,991	7,715	945	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	3,022	8,453	121	0	90.01
90.02	09002	PAIN MANAGEMENT	0	18,700	9,192	655	0	90.02
91.00	09100	EMERGENCY	3,947	51,128	226,845	788	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	72,505	69,596	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	47,191	9,192	0	0	116.00
116.01	11601	HOSPICE II	0	2,296	1,149	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,370,396	1,073,251	2,405,098	1,951,228	3,525,393	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	4,425	739	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	6,578	85,354	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	3,533	0	186	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,370,396	1,087,787	2,491,191	1,951,414	3,525,393	202.00

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
			16.00	17.00	18.00	24.00	25.00	
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01401	CENTRAL SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,160,832					16.00
17.00	01700	SOCIAL SERVICE	0	1,990,952				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	363,852			18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	1,149,844	1,652,470	23,944	22,026,219	0	30.00
31.00	03100	INTENSIVE CARE UNIT	85,468	119,453	3,676	3,707,826	0	31.00
32.00	03200	CORONARY CARE UNIT	62,114	99,576	2,863	2,918,397	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	147,085	0	2,955	3,567,018	0	41.00
43.00	04300	NURSERY	21,864	0	177	715,726	0	43.00
44.00	04400	SKILLED NURSING FACILITY	132,674	0	2,189	2,306,732	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	283,734	0	34,079	15,631,864	0	50.00
50.01	05001	REHAB MEDICINE	0	0	3,001	1,905,895	0	50.01
51.00	05100	RECOVERY ROOM	0	0	1,834	1,065,356	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	563	1,008,505	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	4,110	244,262	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	476,038	0	29,334	4,401,868	0	54.00
54.01	03630	ULTRA SOUND	0	0	2,904	599,793	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	6,698	1,035,808	0	56.01
57.00	05700	CT SCAN	0	0	26,040	1,639,775	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	105,345	0	19,523	2,779,393	0	59.00
60.00	06000	LABORATORY	249,945	0	39,206	8,144,528	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	3,949	536,826	0	64.00
65.00	06500	RESPIRATORY THERAPY	45,716	0	7,257	1,527,704	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,196	1,401,521	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	7,951	0	1,310	559,972	0	67.00
68.00	06800	SPEECH PATHOLOGY	6,460	0	621	275,029	0	68.00
69.00	06900	ELECTROCARDIOLOGY	107,829	0	13,349	2,113,685	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47,206	0	1,882	748,897	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	13,633	16,050,686	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	42,358	14,230,210	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	25,446	15,402,475	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,372	1,224,033	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	3,445	719,754	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	4,193	1,278,219	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	533	344,130	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	9,583	1,165,015	0	90.02
91.00	09100	EMERGENCY	154,041	119,453	18,158	4,990,657	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	80	73,240	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	4,694	8,379,662	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	4,832	4,785,523	0	116.00
116.01	11601	HOSPICE II	0	0	865	376,267	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,083,314	1,990,952	363,852	149,882,470	0	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	80,169	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	88,391	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	0	4,431,339	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	21,276,505	0	194.01
194.02	07952	FOUNDATION	77,518	0	0	1,468,176	0	194.02
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,160,832	1,990,952	363,852	177,227,050	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part I Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Total		
			26.00		
		GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.01	00510	NONPATIENT TELEPHONES			5.01
5.03	00530	PURCHASING RECEIVING AND STORES			5.03
5.04	00561	BUSINESS OFFICE			5.04
5.05	00562	REGIONAL TEAM			5.05
5.06	00563	ADMITTING			5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL			5.07
6.00	00600	MAINTENANCE & REPAIRS			6.00
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	01401	CENTRAL SERVICE & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
17.00	01700	SOCIAL SERVICE			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)			18.00
		INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	22,026,219		30.00
31.00	03100	INTENSIVE CARE UNIT	3,707,826		31.00
32.00	03200	CORONARY CARE UNIT	2,918,397		32.00
40.00	04000	SUBPROVIDER - IPF	0		40.00
41.00	04100	SUBPROVIDER - IRF	3,567,018		41.00
43.00	04300	NURSERY	715,726		43.00
44.00	04400	SKILLED NURSING FACILITY	2,306,732		44.00
		ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	15,631,864		50.00
50.01	05001	REHAB MEDICINE	1,905,895		50.01
51.00	05100	RECOVERY ROOM	1,065,356		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,008,505		52.00
53.00	05300	ANESTHESIOLOGY	244,262		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,401,868		54.00
54.01	03630	ULTRA SOUND	599,793		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0		55.00
56.00	05600	RADIOISOTOPE	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,035,808		56.01
57.00	05700	CT SCAN	1,639,775		57.00
59.00	05900	CARDIAC CATHETERIZATION	2,779,393		59.00
60.00	06000	LABORATORY	8,144,528		60.00
64.00	06400	INTRAVENOUS THERAPY	536,826		64.00
65.00	06500	RESPIRATORY THERAPY	1,527,704		65.00
66.00	06600	PHYSICAL THERAPY	1,401,521		66.00
67.00	06700	OCCUPATIONAL THERAPY	559,972		67.00
68.00	06800	SPEECH PATHOLOGY	275,029		68.00
69.00	06900	ELECTROCARDIOLOGY	2,113,685		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	748,897		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,050,686		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,230,210		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,402,475		73.00
74.00	07400	RENAL DIALYSIS	1,224,033		74.00
76.00	03951	DIABETES	0		76.00
76.01	03950	LITHOTRIPTOR	719,754		76.01
		OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	1,278,219		90.00
90.01	09001	PARTIAL HOSPITAL PRG	344,130		90.01
90.02	09002	PAIN MANAGEMENT	1,165,015		90.02
91.00	09100	EMERGENCY	4,990,657		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
		OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	73,240		95.00
101.00	10100	HOME HEALTH AGENCY	8,379,662		101.00
		SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	4,785,523		116.00
116.01	11601	HOSPICE II	376,267		116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	149,882,470		118.00
		NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,169		190.00
191.00	19100	RESEARCH	0		191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,391		192.00
193.00	19300	NONPAID WORKERS	0		193.00

COST ALLOCATION - GENERAL SERVICE COSTS	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Total		
			26.00		
194.00	07950	MEDICAL BUILDING AND OTHER	4,431,339		194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	21,276,505		194.01
194.02	07952	FOUNDATION	1,468,176		194.02
200.00		Cross Foot Adjustments	0		200.00
201.00		Negative Cost Centers	0		201.00
202.00		TOTAL (sum lines 118-201)	177,227,050		202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			0	1.00	2.00	2A	4.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	120,227	23,526	143,753	143,753	4.00
5.01	00510	NONPATIENT TELEPHONES	0	4,509	0	4,509	567	5.01
5.03	00530	PURCHASING RECEIVING AND STORES	0	134,794	2,662	137,456	0	5.03
5.04	00561	BUSINESS OFFICE	0	0	4,168	4,168	1,424	5.04
5.05	00562	REGIONAL TEAM	792,580	217,986	652,368	1,662,934	9,394	5.05
5.06	00563	ADMITTING	0	73,251	9,693	82,944	3,022	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	0	351,013	128,116	479,129	6,228	5.07
6.00	00600	MAINTENANCE & REPAIRS	0	1,444,093	59,165	1,503,258	1,923	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	29,225	0	29,225	0	8.00
9.00	00900	HOUSEKEEPING	0	35,904	5,155	41,059	0	9.00
10.00	01000	DIETARY	0	132,325	47,160	179,485	0	10.00
11.00	01100	CAFETERIA	0	59,438	7,518	66,956	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	55,487	551,445	606,932	2,855	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	0	144,033	14,118	158,151	1,583	14.00
15.00	01500	PHARMACY	0	75,538	27,119	102,657	5,436	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	108,506	7,093	115,599	4,738	16.00
17.00	01700	SOCIAL SERVICE	0	7,446	5,638	13,084	2,316	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	821,135	47,277	868,412	22,693	30.00
31.00	03100	INTENSIVE CARE UNIT	0	119,006	14,089	133,095	4,651	31.00
32.00	03200	CORONARY CARE UNIT	0	99,656	126,741	226,397	3,445	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	158,639	2,563	161,202	3,011	41.00
43.00	04300	NURSERY	0	110,455	91,274	201,729	349	43.00
44.00	04400	SKILLED NURSING FACILITY	0	84,388	1,307	85,695	2,595	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	804,216	414,571	1,218,787	12,799	50.00
50.01	05001	REHAB MEDICINE	0	107,986	1,365	109,351	2,188	50.01
51.00	05100	RECOVERY ROOM	0	98,435	21,903	120,338	1,063	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	36,463	0	36,463	1,419	52.00
53.00	05300	ANESTHESIOLOGY	0	0	22,123	22,123	258	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	137,835	787,764	925,599	5,539	54.00
54.01	03630	ULTRA SOUND	0	16,165	91,352	107,517	647	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	21,363	7,872	29,235	504	56.01
57.00	05700	CT SCAN	0	11,461	464,275	475,736	1,002	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	36,619	115,172	151,791	3,314	59.00
60.00	06000	LABORATORY	0	134,846	112,546	247,392	5,093	60.00
64.00	06400	INTRAVENOUS THERAPY	0	7,797	0	7,797	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	21,714	77,162	98,876	2,005	65.00
66.00	06600	PHYSICAL THERAPY	0	34,397	10,683	45,080	2,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	5,003	199	5,202	907	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,341	2,635	7,976	424	68.00
69.00	06900	ELECTROCARDIOLOGY	0	67,507	189,578	257,085	2,485	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	67,533	35,663	103,196	642	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	118,447	0	118,447	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	4,873	4,873	1,117	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	17,179	8,209	25,388	426	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	1,677	90.02
91.00	09100	EMERGENCY	0	115,952	64,144	180,096	5,847	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	1,874,344	1,874,344	9,005	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	46,566	46,566	5,655	116.00
116.01	11601	HOSPICE II	0	0	0	0	282	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	792,580	6,253,313	6,181,194	13,227,087	142,614	118.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	Subtotal	EMPLOYEE BENEFITS	
			0	1.00	2.00	2A	4.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	23,988	0	23,988	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	80	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	875,011	0	875,011	590	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	0	11,825	3,332	15,157	469	194.02
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers		0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	792,580	7,164,137	6,184,526	14,141,243	143,753	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	REGIONAL TEAM	ADMITTING	
			5.01	5.03	5.04	5.05	5.06	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	5,076					5.01
5.03	00530	PURCHASING RECEIVING AND STORES	0	137,456				5.03
5.04	00561	BUSINESS OFFICE	99	17	5,708			5.04
5.05	00562	REGIONAL TEAM	416	1,422	0	1,674,166		5.05
5.06	00563	ADMITTING	116	71	0	19,898	106,051	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	296	450	0	77,227	0	5.07
6.00	00600	MAINTENANCE & REPAIRS	133	8,944	0	94,207	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	9	25	0	0	0	8.00
9.00	00900	HOUSEKEEPING	26	222	0	15,154	0	9.00
10.00	01000	DIETARY	77	237	0	9,760	0	10.00
11.00	01100	CAFETERIA	9	0	0	8,639	0	11.00
13.00	01300	NURSING ADMINISTRATION	99	544	0	21,189	0	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	4	1,086	0	14,558	0	14.00
15.00	01500	PHARMACY	51	1,302	0	29,764	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	129	103	0	25,726	0	16.00
17.00	01700	SOCIAL SERVICE	154	24	0	17,587	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	14	0	3,278	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	502	860	356	129,159	6,959	30.00
31.00	03100	INTENSIVE CARE UNIT	51	278	57	25,525	1,068	31.00
32.00	03200	CORONARY CARE UNIT	34	186	45	20,153	832	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	124	66	46	23,835	859	41.00
43.00	04300	NURSERY	56	407	3	3,791	52	43.00
44.00	04400	SKILLED NURSING FACILITY	86	112	34	14,549	636	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	176	82,068	586	114,702	9,904	50.00
50.01	05001	REHAB MEDICINE	9	123	47	14,736	872	50.01
51.00	05100	RECOVERY ROOM	26	1,923	29	6,901	533	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	158	9	7,819	164	52.00
53.00	05300	ANESTHESIOLOGY	4	1,985	64	1,939	1,194	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	202	3,675	458	29,563	8,525	54.00
54.01	03630	ULTRA SOUND	9	743	45	4,858	844	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	13	339	105	8,456	1,947	56.01
57.00	05700	CT SCAN	13	1,161	407	12,815	7,568	57.00
59.00	05900	CARDIAC CATHETERIZATION	180	8,854	305	20,849	5,674	59.00
60.00	06000	LABORATORY	266	8,900	613	65,133	11,394	60.00
64.00	06400	INTRAVENOUS THERAPY	4	0	62	4,433	1,148	64.00
65.00	06500	RESPIRATORY THERAPY	17	6,568	113	12,236	2,109	65.00
66.00	06600	PHYSICAL THERAPY	4	140	50	11,234	929	66.00
67.00	06700	OCCUPATIONAL THERAPY	43	58	20	4,744	381	67.00
68.00	06800	SPEECH PATHOLOGY	4	193	10	2,253	180	68.00
69.00	06900	ELECTROCARDIOLOGY	60	1,325	209	15,197	3,879	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	47	192	29	4,568	547	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	213	134,381	3,962	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	389	117,461	12,618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	398	105,393	7,395	73.00
74.00	07400	RENAL DIALYSIS	13	10	21	8,544	399	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	6,266	1,001	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	30	745	66	11,064	1,219	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	8	2,626	155	90.01
90.02	09002	PAIN MANAGEMENT	82	865	150	9,629	2,785	90.02
91.00	09100	EMERGENCY	163	389	284	35,182	5,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	92	1	655	23	95.00
101.00	10100	HOME HEALTH AGENCY	253	278	0	73,922	1,364	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	180	186	0	42,302	1,404	116.00
116.01	11601	HOSPICE II	0	0	0	3,304	251	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,269	137,340	5,232	1,447,164	106,051	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	253	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	REGIONAL TEAM	ADMITTING	
			5.01	5.03	5.04	5.05	5.06	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9	0	1	750	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	116	0	21,990	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	751	0	475	191,744	0	194.01
194.02	07952	FOUNDATION	47	0	0	12,265	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	5,076	137,456	5,708	1,674,166	106,051	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.07	6.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	563,330					5.07
6.00	00600	MAINTENANCE & REPAIRS	33,232	1,641,697				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	9,958	23,405			8.00
9.00	00900	HOUSEKEEPING	5,345	12,233	0	74,039		9.00
10.00	01000	DIETARY	3,443	45,086	0	0	238,088	10.00
11.00	01100	CAFETERIA	3,047	20,252	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	7,474	18,906	0	181	0	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	5,135	49,076	0	0	0	14.00
15.00	01500	PHARMACY	10,499	25,738	0	909	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	9,075	36,970	0	545	0	16.00
17.00	01700	SOCIAL SERVICE	6,204	2,537	0	122	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	1,156	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	46,022	279,780	8,388	35,144	165,198	30.00
31.00	03100	INTENSIVE CARE UNIT	9,075	40,548	1,608	2,606	9,943	31.00
32.00	03200	CORONARY CARE UNIT	7,164	33,955	0	1,897	10,990	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	8,465	54,052	1,278	4,490	26,951	41.00
43.00	04300	NURSERY	1,341	37,635	793	668	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,174	28,753	1,236	4,057	24,320	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	41,118	274,015	5,911	6,522	0	50.00
50.01	05001	REHAB MEDICINE	5,256	36,793	0	0	0	50.01
51.00	05100	RECOVERY ROOM	2,470	33,539	208	727	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,769	12,424	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	763	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,994	46,964	2,018	2,665	0	54.00
54.01	03630	ULTRA SOUND	1,770	5,508	0	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,112	7,279	0	0	0	56.01
57.00	05700	CT SCAN	5,023	3,905	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	7,731	12,477	1,054	848	0	59.00
60.00	06000	LABORATORY	23,732	45,945	0	1,696	0	60.00
64.00	06400	INTRAVENOUS THERAPY	1,640	2,657	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,456	7,399	1	181	0	65.00
66.00	06600	PHYSICAL THERAPY	4,024	11,720	110	1,696	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,699	1,705	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	807	1,820	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	5,618	23,001	473	1,211	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,648	23,010	163	1,211	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	47,665	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	42,254	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,668	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	3,040	40,358	164	364	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	2,277	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	3,984	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	937	5,853	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	3,582	0	0	0	0	90.02
91.00	09100	EMERGENCY	12,761	39,507	0	6,299	686	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	233	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	26,166	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	15,015	0	0	0	0	116.00
116.01	11601	HOSPICE II	1,182	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	483,245	1,331,358	23,405	74,039	238,088	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	89	8,173	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.07	6.00	8.00	9.00	10.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	265	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	7,757	298,137	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	67,647	0	0	0	0	194.01
194.02	07952	FOUNDATION	4,327	4,029	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	15,812	0	0	201.00
202.00		TOTAL (sum lines 118-201)	563,330	1,641,697	39,217	74,039	238,088	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	98,903					11.00
13.00	01300	NURSING ADMINISTRATION	1,341	659,521				13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	2,105	0	231,698			14.00
15.00	01500	PHARMACY	3,105	0	268	179,729		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,090	0	136	0	198,111	16.00
17.00	01700	SOCIAL SERVICE	1,661	435	13	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	20,525	238,874	448	0	72,067	30.00
31.00	03100	INTENSIVE CARE UNIT	3,396	59,577	40	0	5,357	31.00
32.00	03200	CORONARY CARE UNIT	2,379	39,392	21	0	3,893	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,776	30,115	31	0	9,219	41.00
43.00	04300	NURSERY	239	3,064	27	0	1,370	43.00
44.00	04400	SKILLED NURSING FACILITY	2,235	25,552	38	0	8,316	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	11,480	88,366	307	0	17,784	50.00
50.01	05001	REHAB MEDICINE	1,335	0	19	0	0	50.01
51.00	05100	RECOVERY ROOM	720	12,450	19	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	972	12,406	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	3	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,243	5,910	146	0	29,837	54.00
54.01	03630	ULTRA SOUND	449	0	15	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	322	0	2	0	0	56.01
57.00	05700	CT SCAN	764	22	8	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,203	25,269	39	0	6,603	59.00
60.00	06000	LABORATORY	4,984	0	103	0	15,666	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,908	0	27	0	2,865	65.00
66.00	06600	PHYSICAL THERAPY	1,527	0	10	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	489	0	2	0	498	67.00
68.00	06800	SPEECH PATHOLOGY	225	0	2	0	405	68.00
69.00	06900	ELECTROCARDIOLOGY	1,808	7,366	81	0	6,758	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	495	0	22	0	2,959	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	123,474	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	106,076	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	179,729	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,090	2,042	112	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	275	2,238	14	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,700	2,433	78	0	0	90.02
91.00	09100	EMERGENCY	4,649	60,055	94	0	9,655	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,592	18,425	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,291	2,433	0	0	0	116.00
116.01	11601	HOSPICE II	209	304	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	97,582	636,728	231,676	179,729	193,252	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	402	196	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	598	22,597	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	321	0	22	0	4,859	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	98,903	659,521	231,698	179,729	198,111	202.00

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	18.00	24.00	25.00	26.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	01401	CENTRAL SERVICE & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	44,137					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	4,448				18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	36,634	299	1,932,320	0	1,932,320	30.00
31.00	03100	INTENSIVE CARE UNIT	2,648	46	299,569	0	299,569	31.00
32.00	03200	CORONARY CARE UNIT	2,207	36	353,026	0	353,026	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	37	326,557	0	326,557	41.00
43.00	04300	NURSERY	0	2	251,526	0	251,526	43.00
44.00	04400	SKILLED NURSING FACILITY	0	27	203,415	0	203,415	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	426	1,884,951	0	1,884,951	50.00
50.01	05001	REHAB MEDICINE	0	38	170,767	0	170,767	50.01
51.00	05100	RECOVERY ROOM	0	23	180,969	0	180,969	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7	74,610	0	74,610	52.00
53.00	05300	ANESTHESIOLOGY	0	51	28,384	0	28,384	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	367	1,076,705	0	1,076,705	54.00
54.01	03630	ULTRA SOUND	0	36	122,441	0	122,441	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	84	51,398	0	51,398	56.01
57.00	05700	CT SCAN	0	325	508,749	0	508,749	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	244	247,435	0	247,435	59.00
60.00	06000	LABORATORY	0	490	431,407	0	431,407	60.00
64.00	06400	INTRAVENOUS THERAPY	0	49	17,790	0	17,790	64.00
65.00	06500	RESPIRATORY THERAPY	0	91	138,852	0	138,852	65.00
66.00	06600	PHYSICAL THERAPY	0	40	78,650	0	78,650	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	16	15,764	0	15,764	67.00
68.00	06800	SPEECH PATHOLOGY	0	8	14,307	0	14,307	68.00
69.00	06900	ELECTROCARDIOLOGY	0	167	326,723	0	326,723	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	24	138,753	0	138,753	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	170	309,865	0	309,865	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	430	279,228	0	279,228	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	318	330,901	0	330,901	73.00
74.00	07400	RENAL DIALYSIS	0	17	171,378	0	171,378	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	43	9,587	0	9,587	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	52	26,394	0	26,394	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	7	37,927	0	37,927	90.01
90.02	09002	PAIN MANAGEMENT	0	120	23,101	0	23,101	90.02
91.00	09100	EMERGENCY	2,648	227	363,819	0	363,819	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	1	1,005	0	1,005	95.00
101.00	10100	HOME HEALTH AGENCY	0	59	2,010,408	0	2,010,408	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	60	118,092	0	118,092	116.00
116.01	11601	HOSPICE II	0	11	5,543	0	5,543	116.01

ALLOCATION OF CAPITAL RELATED COSTS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	18.00	24.00	25.00	26.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,137	4,448	12,562,316	0	12,562,316	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	32,503	0	32,503	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,703	0	1,703	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	1,226,796	0	1,226,796	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	260,617	0	260,617	194.01
194.02	07952	FOUNDATION	0	0	41,496	0	41,496	194.02
200.00		Cross Foot Adjustments			0	0	0	200.00
201.00		Negative Cost Centers	0	0	15,812	0	15,812	201.00
202.00		TOTAL (sum lines 118-201)	44,137	4,448	14,141,243	0	14,141,243	202.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			1.00	2.00	4.00	5.01	5.03	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT	551,312					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		3,009,132				2.00
4.00	00400	EMPLOYEE BENEFITS	9,252	11,447	53,523,689			4.00
5.01	00510	NONPATIENT TELEPHONES	347	0	210,994	1,183		5.01
5.03	00530	PURCHASING RECEIVING AND STORES	10,373	1,295	0	0	20,439,572	5.03
5.04	00561	BUSINESS OFFICE	0	2,028	530,224	23	2,556	5.04
5.05	00562	REGIONAL TEAM	16,775	317,415	3,497,276	97	211,511	5.05
5.06	00563	ADMITTING	5,637	4,716	1,125,226	27	10,598	5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	27,012	62,336	2,318,816	69	66,903	5.07
6.00	00600	MAINTENANCE & REPAIRS	111,129	28,787	716,053	31	1,329,976	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,249	0	0	2	3,752	8.00
9.00	00900	HOUSEKEEPING	2,763	2,508	0	6	33,069	9.00
10.00	01000	DIETARY	10,183	22,946	0	18	35,228	10.00
11.00	01100	CAFETERIA	4,574	3,658	0	2	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,270	268,310	1,063,006	23	80,851	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	11,084	6,869	589,375	1	161,433	14.00
15.00	01500	PHARMACY	5,813	13,195	2,023,964	12	193,606	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	8,350	3,451	1,763,918	30	15,360	16.00
17.00	01700	SOCIAL SERVICE	573	2,743	862,330	36	3,560	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	2,063	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	63,190	23,003	8,452,724	117	127,896	30.00
31.00	03100	INTENSIVE CARE UNIT	9,158	6,855	1,731,539	12	41,292	31.00
32.00	03200	CORONARY CARE UNIT	7,669	61,667	1,282,408	8	27,724	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,208	1,247	1,120,826	29	9,755	41.00
43.00	04300	NURSERY	8,500	44,410	130,105	13	60,535	43.00
44.00	04400	SKILLED NURSING FACILITY	6,494	636	965,998	20	16,636	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	61,888	201,713	4,764,975	41	12,203,064	50.00
50.01	05001	REHAB MEDICINE	8,310	664	814,602	2	18,340	50.01
51.00	05100	RECOVERY ROOM	7,575	10,657	395,844	6	286,002	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,806	0	528,271	0	23,541	52.00
53.00	05300	ANESTHESIOLOGY	0	10,764	96,049	1	295,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,607	383,293	2,062,000	47	546,487	54.00
54.01	03630	ULTRA SOUND	1,244	44,448	241,016	2	110,469	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,644	3,830	187,819	3	50,460	56.01
57.00	05700	CT SCAN	882	225,897	372,997	3	172,568	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,818	56,038	1,233,899	42	1,316,610	59.00
60.00	06000	LABORATORY	10,377	54,760	1,896,252	62	1,323,347	60.00
64.00	06400	INTRAVENOUS THERAPY	600	0	0	1	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,671	37,544	746,411	4	976,667	65.00
66.00	06600	PHYSICAL THERAPY	2,647	5,198	776,723	1	20,851	66.00
67.00	06700	OCCUPATIONAL THERAPY	385	97	337,805	10	8,626	67.00
68.00	06800	SPEECH PATHOLOGY	411	1,282	157,935	1	28,766	68.00
69.00	06900	ELECTROCARDIOLOGY	5,195	92,241	925,152	14	197,084	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,197	17,352	238,923	11	28,490	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	9,115	0	0	3	1,513	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	2,371	415,733	7	110,819	90.00
90.01	09001	PARTIAL HOSPITAL PRG	1,322	3,994	158,538	0	32	90.01
90.02	09002	PAIN MANAGEMENT	0	0	624,253	19	128,667	90.02
91.00	09100	EMERGENCY	8,923	31,210	2,176,856	38	57,830	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	13,687	95.00
101.00	10100	HOME HEALTH AGENCY	0	911,979	3,352,731	59	41,374	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	22,657	2,105,374	42	27,592	116.00
116.01	11601	HOSPICE II	0	0	104,974	0	0	116.01

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
			1.00	2.00	4.00	5.01	5.03	
118.00		SUBTOTALS (SUM OF LINES 1-117)	481,220	3,007,511	53,099,914	995	20,422,346	118.00
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,846	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	29,769	2	50	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	67,336	0	219,575	0	17,176	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	175	0	194.01
194.02	07952	FOUNDATION	910	1,621	174,431	11	0	194.02
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)	7,164,137	6,184,526	14,438,001	276,670	137,456	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.994705	2.055252	0.269750	233.871513	0.006725	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			143,753	5,076	137,456	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.002686	4.290786	0.006725	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5.04	5A.05	5.05	5.06	5A.07	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE	598,320,532					5.04
5.05	00562	REGIONAL TEAM	0	-18,699,810	158,535,073			5.05
5.06	00563	ADMITTING	0	0	1,884,293	568,794,713		5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	0	0	7,313,195	0	-8,175,816	5.07
6.00	00600	MAINTENANCE & REPAIRS	0	0	8,921,155	0	0	6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	7,833	0	0	7,833	8.00
9.00	00900	HOUSEKEEPING	0	0	1,435,014	0	0	9.00
10.00	01000	DIETARY	0	0	924,257	0	0	10.00
11.00	01100	CAFETERIA	0	0	818,079	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	0	2,006,552	0	0	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	0	0	1,378,568	0	0	14.00
15.00	01500	PHARMACY	0	0	2,818,607	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	2,436,211	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	1,665,399	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	310,448	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	35,628,975	0	12,230,995	37,412,960	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,743,581	0	2,417,160	5,743,581	0	31.00
32.00	03200	CORONARY CARE UNIT	4,473,712	0	1,908,445	4,473,712	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,617,211	0	2,257,104	4,617,211	0	41.00
43.00	04300	NURSERY	277,294	0	358,966	277,294	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,421,021	0	1,377,713	3,421,021	0	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	58,631,461	0	10,861,962	53,249,034	0	50.00
50.01	05001	REHAB MEDICINE	4,688,598	0	1,395,465	4,688,598	0	50.01
51.00	05100	RECOVERY ROOM	2,865,284	0	653,498	2,865,284	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	879,712	0	740,469	879,712	0	52.00
53.00	05300	ANESTHESIOLOGY	6,421,554	0	183,604	6,421,554	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,834,173	0	2,799,485	45,834,173	0	54.00
54.01	03630	ULTRA SOUND	4,537,716	0	460,000	4,537,716	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	10,465,362	0	800,796	10,465,362	0	56.01
57.00	05700	CT SCAN	40,687,211	0	1,213,566	40,687,211	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	30,504,589	0	1,974,317	30,504,589	0	59.00
60.00	06000	LABORATORY	61,259,392	0	6,167,878	61,259,392	0	60.00
64.00	06400	INTRAVENOUS THERAPY	6,169,688	0	419,788	6,169,688	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,338,463	0	1,158,732	11,338,463	0	65.00
66.00	06600	PHYSICAL THERAPY	4,993,187	0	1,063,832	4,993,187	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,046,339	0	449,234	2,046,339	0	67.00
68.00	06800	SPEECH PATHOLOGY	970,281	0	213,391	970,281	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,857,107	0	1,439,154	20,857,107	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,941,241	0	432,613	2,941,241	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	21,301,597	0	12,725,429	21,301,597	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	66,462,163	0	11,123,220	66,462,163	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,758,818	0	9,980,421	39,758,818	0	73.00
74.00	07400	RENAL DIALYSIS	2,143,076	0	809,084	2,143,076	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	593,342	5,382,427	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	6,552,273	0	1,047,706	6,552,273	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	832,846	0	248,705	832,846	0	90.01
90.02	09002	PAIN MANAGEMENT	14,973,136	0	911,882	14,973,136	0	90.02
91.00	09100	EMERGENCY	28,371,885	0	3,331,672	28,371,885	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	125,478	0	62,006	125,478	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	7,000,215	7,334,278	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	4,005,898	7,550,049	0	116.00
116.01	11601	HOSPICE II	0	0	312,885	1,351,977	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	550,774,424	-18,691,977	137,042,410	568,794,713	-8,167,983	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	23,988	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation	
			5.04	5A.05	5.05	5.06	5A.07	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	80,440	0	71,012	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	2,082,393	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	47,465,668	0	18,153,789	0	0	194.01
194.02	07952	FOUNDATION	0	0	1,161,481	0	0	194.02
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)	2,365,540		18,699,810	2,106,553		202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.003954		0.117954	0.003704		203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,708		1,674,166	106,051		204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000010		0.010560	0.000186		205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			5.07	6.00	8.00	9.00	10.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL	169,059,067					5.07
6.00	00600	MAINTENANCE & REPAIRS	9,973,441	370,787				6.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	2,249	763,614			8.00
9.00	00900	HOUSEKEEPING	1,604,280	2,763	0	85,283		9.00
10.00	01000	DIETARY	1,033,277	10,183	0	0	168,054	10.00
11.00	01100	CAFETERIA	914,575	4,574	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	2,243,233	4,270	0	209	0	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	1,541,176	11,084	0	0	0	14.00
15.00	01500	PHARMACY	3,151,073	5,813	0	1,047	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,723,572	8,350	0	628	0	16.00
17.00	01700	SOCIAL SERVICE	1,861,839	573	0	140	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	347,067	0	0	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,812,268	63,190	273,658	40,479	116,606	30.00
31.00	03100	INTENSIVE CARE UNIT	2,723,548	9,158	52,473	3,002	7,018	31.00
32.00	03200	CORONARY CARE UNIT	2,150,125	7,669	0	2,185	7,757	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,540,440	12,208	41,690	5,172	19,023	41.00
43.00	04300	NURSERY	402,334	8,500	25,869	770	0	43.00
44.00	04400	SKILLED NURSING FACILITY	1,552,891	6,494	40,332	4,673	17,166	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,340,408	61,888	192,865	7,512	0	50.00
50.01	05001	REHAB MEDICINE	1,577,433	8,310	0	0	0	50.01
51.00	05100	RECOVERY ROOM	741,194	7,575	6,776	837	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	831,068	2,806	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	229,046	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,299,465	10,607	65,833	3,070	0	54.00
54.01	03630	ULTRA SOUND	531,067	1,244	0	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	934,017	1,644	0	0	0	56.01
57.00	05700	CT SCAN	1,507,416	882	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,320,185	2,818	34,400	977	0	59.00
60.00	06000	LABORATORY	7,122,309	10,377	0	1,954	0	60.00
64.00	06400	INTRAVENOUS THERAPY	492,157	600	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,337,407	1,671	28	209	0	65.00
66.00	06600	PHYSICAL THERAPY	1,207,810	2,647	3,596	1,954	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	509,803	385	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	242,155	411	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,686,163	5,195	15,425	1,395	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	494,535	5,197	5,313	1,395	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	14,305,345	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	12,681,160	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,304,919	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	912,457	9,115	5,356	419	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	683,266	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,195,557	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	281,126	1,322	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,074,902	0	0	0	0	90.02
91.00	09100	EMERGENCY	3,829,745	8,923	0	7,256	484	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	69,785	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,853,084	0	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,506,375	0	0	0	0	116.00
116.01	11601	HOSPICE II	354,799	0	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	145,031,297	300,695	763,614	85,283	168,054	118.00
		NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,817	1,846	0	0	0	190.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
			5.07	6.00	8.00	9.00	10.00	
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,388	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	2,328,020	67,336	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	20,295,063	0	0	0	0	194.01
194.02	07952	FOUNDATION	1,298,482	910	0	0	0	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	8,175,816	10,455,767	55,586	1,759,778	1,370,396	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.048361	28.198850	0.072793	20.634570	8.154498	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	563,330	1,641,697	39,217	74,039	238,088	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.003332	4.427601	0.030650	0.868157	1.416735	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
		GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00561	BUSINESS OFFICE						5.04
5.05	00562	REGIONAL TEAM						5.05
5.06	00563	ADMITTING						5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL						5.07
6.00	00600	MAINTENANCE & REPAIRS						6.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	91,443					11.00
13.00	01300	NURSING ADMINISTRATION	1,240	30,354				13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	1,946	0	23,722,021			14.00
15.00	01500	PHARMACY	2,871	0	27,400	100		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,706	0	13,912	0	6,361	16.00
17.00	01700	SOCIAL SERVICE	1,536	20	1,370	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	3	0	0	18.00
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	18,975	10,994	45,835	0	2,314	30.00
31.00	03100	INTENSIVE CARE UNIT	3,140	2,742	4,102	0	172	31.00
32.00	03200	CORONARY CARE UNIT	2,200	1,813	2,103	0	125	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,567	1,386	3,161	0	296	41.00
43.00	04300	NURSERY	221	141	2,808	0	44	43.00
44.00	04400	SKILLED NURSING FACILITY	2,066	1,176	3,915	0	267	44.00
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	10,614	4,067	31,448	0	571	50.00
50.01	05001	REHAB MEDICINE	1,234	0	1,989	0	0	50.01
51.00	05100	RECOVERY ROOM	666	573	1,987	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	899	571	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	354	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,923	272	14,970	0	958	54.00
54.01	03630	ULTRA SOUND	415	0	1,495	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	298	0	234	0	0	56.01
57.00	05700	CT SCAN	706	1	829	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,037	1,163	3,951	0	212	59.00
60.00	06000	LABORATORY	4,608	0	10,586	0	503	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,764	0	2,760	0	92	65.00
66.00	06600	PHYSICAL THERAPY	1,412	0	1,009	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	452	0	235	0	16	67.00
68.00	06800	SPEECH PATHOLOGY	208	0	220	0	13	68.00
69.00	06900	ELECTROCARDIOLOGY	1,672	339	8,338	0	217	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	458	0	2,297	0	95	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	12,641,202	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	10,860,646	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	100	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	100	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,008	94	11,489	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	254	103	1,467	0	0	90.01
90.02	09002	PAIN MANAGEMENT	1,572	112	7,965	0	0	90.02
91.00	09100	EMERGENCY	4,298	2,764	9,577	0	310	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	6,095	848	0	0	0	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	3,967	112	0	0	0	116.00
116.01	11601	HOSPICE II	193	14	0	0	0	116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	90,221	29,305	23,719,757	100	6,205	118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
	NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	372	9	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	553	1,040	0	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	0	0	0	194.01
194.02	07952	FOUNDATION	297	0	2,264	0	156	194.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,087,787	2,491,191	1,951,414	3,525,393	3,160,832	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.895793	82.071259	0.082262	35,253.930000	496.908033	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	98,903	659,521	231,698	179,729	198,111	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.081581	21.727647	0.009767	1,797.290000	31.144631	205.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (GROSS CHARGES)		
			17.00	18.00		
		GENERAL SERVICE COST CENTERS				
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.03	00530	PURCHASING RECEIVING AND STORES				5.03
5.04	00561	BUSINESS OFFICE				5.04
5.05	00562	REGIONAL TEAM				5.05
5.06	00563	ADMITTING				5.06
5.07	00564	OTHER ADMINISTRATIVE AND GENERAL				5.07
6.00	00600	MAINTENANCE & REPAIRS				6.00
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	01401	CENTRAL SERVICE & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	31,951			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	568,794,713		18.00
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	26,519	37,412,960		30.00
31.00	03100	INTENSIVE CARE UNIT	1,917	5,743,581		31.00
32.00	03200	CORONARY CARE UNIT	1,598	4,473,712		32.00
40.00	04000	SUBPROVIDER - IPF	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	0	4,617,211		41.00
43.00	04300	NURSERY	0	277,294		43.00
44.00	04400	SKILLED NURSING FACILITY	0	3,421,021		44.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	53,249,034		50.00
50.01	05001	REHAB MEDICINE	0	4,688,598		50.01
51.00	05100	RECOVERY ROOM	0	2,865,284		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	879,712		52.00
53.00	05300	ANESTHESIOLOGY	0	6,421,554		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,834,173		54.00
54.01	03630	ULTRA SOUND	0	4,537,716		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,465,362		56.01
57.00	05700	CT SCAN	0	40,687,211		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,504,589		59.00
60.00	06000	LABORATORY	0	61,259,392		60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,169,688		64.00
65.00	06500	RESPIRATORY THERAPY	0	11,338,463		65.00
66.00	06600	PHYSICAL THERAPY	0	4,993,187		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,046,339		67.00
68.00	06800	SPEECH PATHOLOGY	0	970,281		68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,857,107		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,941,241		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,301,597		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,462,163		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,758,818		73.00
74.00	07400	RENAL DIALYSIS	0	2,143,076		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	5,382,427		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	6,552,273		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	832,846		90.01
90.02	09002	PAIN MANAGEMENT	0	14,973,136		90.02
91.00	09100	EMERGENCY	1,917	28,371,885		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0	125,478		95.00
101.00	10100	HOME HEALTH AGENCY	0	7,334,278		101.00
		SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	7,550,049		116.00
116.01	11601	HOSPICE II	0	1,351,977		116.01
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,951	568,794,713		118.00

COST ALLOCATION - STATISTICAL BASIS | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet B-1 | Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (GROSS CHARGES)	
			17.00	18.00	
	NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	MEDICAL BUILDING AND OTHER	0	0	194.00
194.01	07951	MARCUM & WALLACE HOSPITAL	0	0	194.01
194.02	07952	FOUNDATION	0	0	194.02
200.00		Cross Foot Adjustments			200.00
201.00		Negative Cost Centers			201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,990,952	363,852	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	62.312666	0.000640	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	44,137	4,448	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.381397	0.000008	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,026,219		22,026,219	0	22,026,219	35,628,975	30.00
31.00	03100	INTENSIVE CARE UNIT	3,707,826		3,707,826	0	3,707,826	5,743,581	31.00
32.00	03200	CORONARY CARE UNIT	2,918,397		2,918,397	0	2,918,397	4,473,712	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,567,018		3,567,018	0	3,567,018	4,617,211	41.00
43.00	04300	NURSERY	715,726		715,726	0	715,726	277,294	43.00
44.00	04400	SKILLED NURSING FACILITY	2,306,732		2,306,732	0	2,306,732	3,421,021	44.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,631,864		15,631,864	0	15,631,864	30,490,680	50.00
50.01	05001	REHAB MEDICINE	1,905,895		1,905,895	0	1,905,895	4,686,983	50.01
51.00	05100	RECOVERY ROOM	1,065,356		1,065,356	0	1,065,356	1,246,420	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,008,505		1,008,505	0	1,008,505	879,712	52.00
53.00	05300	ANESTHESIOLOGY	244,262		244,262	0	244,262	3,078,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,401,868		4,401,868	0	4,401,868	11,387,848	54.00
54.01	03630	ULTRA SOUND	599,793		599,793	0	599,793	858,656	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,035,808		1,035,808	0	1,035,808	1,823,527	56.01
57.00	05700	CT SCAN	1,639,775		1,639,775	0	1,639,775	12,753,462	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,779,393		2,779,393	0	2,779,393	16,961,893	59.00
60.00	06000	LABORATORY	8,144,528		8,144,528	0	8,144,528	35,531,199	60.00
64.00	06400	INTRAVENOUS THERAPY	536,826		536,826	0	536,826	4,057,732	64.00
65.00	06500	RESPIRATORY THERAPY	1,527,704	0	1,527,704	0	1,527,704	10,107,279	65.00
66.00	06600	PHYSICAL THERAPY	1,401,521	0	1,401,521	0	1,401,521	3,647,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	559,972	0	559,972	0	559,972	1,524,579	67.00
68.00	06800	SPEECH PATHOLOGY	275,029	0	275,029	0	275,029	617,963	68.00
69.00	06900	ELECTROCARDIOLOGY	2,113,685		2,113,685	0	2,113,685	6,402,155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	748,897		748,897	0	748,897	440,693	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,050,686		16,050,686	0	16,050,686	13,748,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,230,210		14,230,210	0	14,230,210	51,125,236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,402,475		15,402,475	0	15,402,475	24,221,552	73.00
74.00	07400	RENAL DIALYSIS	1,224,033		1,224,033	0	1,224,033	1,853,936	74.00
76.00	03951	DIABETES	0		0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	719,754		719,754	0	719,754	143,259	76.01
		OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,278,219		1,278,219	0	1,278,219	47,750	90.00
90.01	09001	PARTIAL HOSPITAL PRG	344,130		344,130	0	344,130	1,489	90.01
90.02	09002	PAIN MANAGEMENT	1,165,015		1,165,015	0	1,165,015	26,457	90.02
91.00	09100	EMERGENCY	4,990,657		4,990,657	0	4,990,657	7,133,974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,325,623		1,325,623		1,325,623	174,026	92.00
		OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	73,240		73,240	0	73,240	97,507	95.00
101.00	10100	HOME HEALTH AGENCY	8,379,662		8,379,662		8,379,662	0	101.00
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	4,785,523		4,785,523		4,785,523	0	116.00
116.01	11601	HOSPICE II	376,267		376,267		376,267	0	116.01
200.00		Subtotal (see instructions)	151,208,093	0	151,208,093	0	151,208,093	299,232,464	200.00
201.00		Less Observation Beds	1,325,623		1,325,623		1,325,623		201.00
202.00		Total (see instructions)	149,882,470	0	149,882,470	0	149,882,470	299,232,464	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		35,628,975					30.00
31.00	03100	INTENSIVE CARE UNIT		5,743,581					31.00
32.00	03200	CORONARY CARE UNIT		4,473,712					32.00
40.00	04000	SUBPROVIDER - IPF		0					40.00
41.00	04100	SUBPROVIDER - IRF		4,617,211					41.00
43.00	04300	NURSERY		277,294					43.00
44.00	04400	SKILLED NURSING FACILITY		3,421,021					44.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,758,354	53,249,034	0.293561	0.000000	0.293561		50.00
50.01	05001	REHAB MEDICINE	1,615	4,688,598	0.406496	0.000000	0.406496		50.01
51.00	05100	RECOVERY ROOM	1,618,864	2,865,284	0.371815	0.000000	0.371815		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	879,712	1.146404	0.000000	1.146404		52.00
53.00	05300	ANESTHESIOLOGY	3,343,383	6,421,554	0.038038	0.000000	0.038038		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,446,325	45,834,173	0.096039	0.000000	0.096039		54.00
54.01	03630	ULTRA SOUND	3,679,060	4,537,716	0.132179	0.000000	0.132179		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,641,835	10,465,362	0.098975	0.000000	0.098975		56.01
57.00	05700	CT SCAN	27,933,749	40,687,211	0.040302	0.000000	0.040302		57.00
59.00	05900	CARDIAC CATHETERIZATION	13,542,696	30,504,589	0.091114	0.000000	0.091114		59.00
60.00	06000	LABORATORY	25,728,193	61,259,392	0.132951	0.000000	0.132951		60.00
64.00	06400	INTRAVENOUS THERAPY	2,111,956	6,169,688	0.087010	0.000000	0.087010		64.00
65.00	06500	RESPIRATORY THERAPY	1,231,184	11,338,463	0.134736	0.000000	0.134736		65.00
66.00	06600	PHYSICAL THERAPY	1,345,259	4,993,187	0.280687	0.000000	0.280687		66.00
67.00	06700	OCCUPATIONAL THERAPY	521,760	2,046,339	0.273646	0.000000	0.273646		67.00
68.00	06800	SPEECH PATHOLOGY	352,318	970,281	0.283453	0.000000	0.283453		68.00
69.00	06900	ELECTROCARDIOLOGY	14,454,952	20,857,107	0.101341	0.000000	0.101341		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,500,548	2,941,241	0.254619	0.000000	0.254619		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,552,993	21,301,597	0.753497	0.000000	0.753497		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,336,927	66,462,163	0.214110	0.000000	0.214110		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,537,266	39,758,818	0.387398	0.000000	0.387398		73.00
74.00	07400	RENAL DIALYSIS	289,140	2,143,076	0.571157	0.000000	0.571157		74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0.000000		76.00
76.01	03950	LITHOTRIPTOR	5,239,168	5,382,427	0.133723	0.000000	0.133723		76.01
		OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,504,523	6,552,273	0.195080	0.000000	0.195080		90.00
90.01	09001	PARTIAL HOSPITAL PRG	831,357	832,846	0.413198	0.000000	0.413198		90.01
90.02	09002	PAIN MANAGEMENT	14,946,679	14,973,136	0.077807	0.000000	0.077807		90.02
91.00	09100	EMERGENCY	21,237,911	28,371,885	0.175901	0.000000	0.175901		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,609,959	1,783,985	0.743068	0.000000	0.743068		92.00
		OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	27,971	125,478	0.583688	0.000000	0.583688		95.00
101.00	10100	HOME HEALTH AGENCY	7,334,278	7,334,278					101.00
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	7,550,049	7,550,049					116.00
116.01	11601	HOSPICE II	1,351,977	1,351,977					116.01
200.00		Subtotal (see instructions)	269,562,249	568,794,713					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	269,562,249	568,794,713					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/30/2013 10:03 am

Title XIX | Hospital | Cost

		Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs: Total Costs	Costs: RCE Disallowance	Costs: Total Costs	Charges: Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,026,219		22,026,219	0	0	35,628,975	30.00
31.00	03100	INTENSIVE CARE UNIT	3,707,826		3,707,826	0	0	5,743,581	31.00
32.00	03200	CORONARY CARE UNIT	2,918,397		2,918,397	0	0	4,473,712	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,567,018		3,567,018	0	0	4,617,211	41.00
43.00	04300	NURSERY	715,726		715,726	0	0	277,294	43.00
44.00	04400	SKILLED NURSING FACILITY	2,306,732		2,306,732	0	0	3,421,021	44.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,631,864		15,631,864	0	0	30,490,680	50.00
50.01	05001	REHAB MEDICINE	1,905,895		1,905,895	0	0	4,686,983	50.01
51.00	05100	RECOVERY ROOM	1,065,356		1,065,356	0	0	1,246,420	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,008,505		1,008,505	0	0	879,712	52.00
53.00	05300	ANESTHESIOLOGY	244,262		244,262	0	0	3,078,171	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,401,868		4,401,868	0	0	11,387,848	54.00
54.01	03630	ULTRA SOUND	599,793		599,793	0	0	858,656	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,035,808		1,035,808	0	0	1,823,527	56.01
57.00	05700	CT SCAN	1,639,775		1,639,775	0	0	12,753,462	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,779,393		2,779,393	0	0	16,961,893	59.00
60.00	06000	LABORATORY	8,144,528		8,144,528	0	0	35,531,199	60.00
64.00	06400	INTRAVENOUS THERAPY	536,826		536,826	0	0	4,057,732	64.00
65.00	06500	RESPIRATORY THERAPY	1,527,704	0	1,527,704	0	0	10,107,279	65.00
66.00	06600	PHYSICAL THERAPY	1,401,521	0	1,401,521	0	0	3,647,928	66.00
67.00	06700	OCCUPATIONAL THERAPY	559,972	0	559,972	0	0	1,524,579	67.00
68.00	06800	SPEECH PATHOLOGY	275,029	0	275,029	0	0	617,963	68.00
69.00	06900	ELECTROCARDIOLOGY	2,113,685		2,113,685	0	0	6,402,155	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	748,897		748,897	0	0	440,693	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,050,686		16,050,686	0	0	13,748,604	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,230,210		14,230,210	0	0	51,125,236	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,402,475		15,402,475	0	0	24,221,552	73.00
74.00	07400	RENAL DIALYSIS	1,224,033		1,224,033	0	0	1,853,936	74.00
76.00	03951	DIABETES	0		0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	719,754		719,754	0	0	143,259	76.01
		OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,278,219		1,278,219	0	0	47,750	90.00
90.01	09001	PARTIAL HOSPITAL PRG	344,130		344,130	0	0	1,489	90.01
90.02	09002	PAIN MANAGEMENT	1,165,015		1,165,015	0	0	26,457	90.02
91.00	09100	EMERGENCY	4,990,657		4,990,657	0	0	7,133,974	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,325,623		1,325,623		0	174,026	92.00
		OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	73,240		73,240	0	0	97,507	95.00
101.00	10100	HOME HEALTH AGENCY	8,379,662		8,379,662		0	0	101.00
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	4,785,523		4,785,523		0	0	116.00
116.01	11601	HOSPICE II	376,267		376,267		0	0	116.01
200.00		Subtotal (see instructions)	151,208,093	0	151,208,093	0	0	299,232,464	200.00
201.00		Less Observation Beds	1,325,623		1,325,623		0		201.00
202.00		Total (see instructions)	149,882,470	0	149,882,470	0	0	299,232,464	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part I Date/Time Prepared: 5/30/2013 10:03 am

Title XIX | Hospital | Cost

		Cost Center Description	Charges Outpatient	Charges Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
		INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		35,628,975					30.00
31.00	03100	INTENSIVE CARE UNIT		5,743,581					31.00
32.00	03200	CORONARY CARE UNIT		4,473,712					32.00
40.00	04000	SUBPROVIDER - IPF		0					40.00
41.00	04100	SUBPROVIDER - IRF		4,617,211					41.00
43.00	04300	NURSERY		277,294					43.00
44.00	04400	SKILLED NURSING FACILITY		3,421,021					44.00
		ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	22,758,354	53,249,034	0.293561	0.000000	0.000000		50.00
50.01	05001	REHAB MEDICINE	1,615	4,688,598	0.406496	0.000000	0.000000		50.01
51.00	05100	RECOVERY ROOM	1,618,864	2,865,284	0.371815	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	879,712	1.146404	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	3,343,383	6,421,554	0.038038	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,446,325	45,834,173	0.096039	0.000000	0.000000		54.00
54.01	03630	ULTRA SOUND	3,679,060	4,537,716	0.132179	0.000000	0.000000		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,641,835	10,465,362	0.098975	0.000000	0.000000		56.01
57.00	05700	CT SCAN	27,933,749	40,687,211	0.040302	0.000000	0.000000		57.00
59.00	05900	CARDIAC CATHETERIZATION	13,542,696	30,504,589	0.091114	0.000000	0.000000		59.00
60.00	06000	LABORATORY	25,728,193	61,259,392	0.132951	0.000000	0.000000		60.00
64.00	06400	INTRAVENOUS THERAPY	2,111,956	6,169,688	0.087010	0.000000	0.000000		64.00
65.00	06500	RESPIRATORY THERAPY	1,231,184	11,338,463	0.134736	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	1,345,259	4,993,187	0.280687	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	521,760	2,046,339	0.273646	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	352,318	970,281	0.283453	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	14,454,952	20,857,107	0.101341	0.000000	0.000000		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,500,548	2,941,241	0.254619	0.000000	0.000000		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,552,993	21,301,597	0.753497	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,336,927	66,462,163	0.214110	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,537,266	39,758,818	0.387398	0.000000	0.000000		73.00
74.00	07400	RENAL DIALYSIS	289,140	2,143,076	0.571157	0.000000	0.000000		74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0.000000		76.00
76.01	03950	LITHOTRIPTOR	5,239,168	5,382,427	0.133723	0.000000	0.000000		76.01
		OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	6,504,523	6,552,273	0.195080	0.000000	0.000000		90.00
90.01	09001	PARTIAL HOSPITAL PRG	831,357	832,846	0.413198	0.000000	0.000000		90.01
90.02	09002	PAIN MANAGEMENT	14,946,679	14,973,136	0.077807	0.000000	0.000000		90.02
91.00	09100	EMERGENCY	21,237,911	28,371,885	0.175901	0.000000	0.000000		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,609,959	1,783,985	0.743068	0.000000	0.000000		92.00
		OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	27,971	125,478	0.583688	0.000000	0.000000		95.00
101.00	10100	HOME HEALTH AGENCY	7,334,278	7,334,278					101.00
		SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	7,550,049	7,550,049					116.00
116.01	11601	HOSPICE II	1,351,977	1,351,977					116.01
200.00		Subtotal (see instructions)	269,562,249	568,794,713					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	269,562,249	568,794,713					202.00

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

Provider CCN: 180102

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

Worksheet C Part II Date/Time Prepared: 5/30/2013 10:03 am

		Cost Center Description	Title XIX Total Cost (Wkst. B, Part I, col. 26)	Title XIX Capital Cost (Wkst. B, Part II col. 26)	Title XIX Operating Cost Net of Capital Cost (col. 1 - col. 2)	Hospital Capital Reduction	Hospital Operating Cost Reduction Amount	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	15,631,864	1,884,951	13,746,913	94,248	687,346	50.00
50.01	05001	REHAB MEDICINE	1,905,895	170,767	1,735,128	8,538	86,756	50.01
51.00	05100	RECOVERY ROOM	1,065,356	180,969	884,387	9,048	44,219	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,008,505	74,610	933,895	3,731	46,695	52.00
53.00	05300	ANESTHESIOLOGY	244,262	28,384	215,878	1,419	10,794	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,401,868	1,076,705	3,325,163	53,835	166,258	54.00
54.01	03630	ULTRA SOUND	599,793	122,441	477,352	6,122	23,868	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	1,035,808	51,398	984,410	2,570	49,221	56.01
57.00	05700	CT SCAN	1,639,775	508,749	1,131,026	25,437	56,551	57.00
59.00	05900	CARDIAC CATHETERIZATION	2,779,393	247,435	2,531,958	12,372	126,598	59.00
60.00	06000	LABORATORY	8,144,528	431,407	7,713,121	21,570	385,656	60.00
64.00	06400	INTRAVENOUS THERAPY	536,826	17,790	519,036	890	25,952	64.00
65.00	06500	RESPIRATORY THERAPY	1,527,704	138,852	1,388,852	6,943	69,443	65.00
66.00	06600	PHYSICAL THERAPY	1,401,521	78,650	1,322,871	3,933	66,144	66.00
67.00	06700	OCCUPATIONAL THERAPY	559,972	15,764	544,208	788	27,210	67.00
68.00	06800	SPEECH PATHOLOGY	275,029	14,307	260,722	715	13,036	68.00
69.00	06900	ELECTROCARDIOLOGY	2,113,685	326,723	1,786,962	16,336	89,348	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	748,897	138,753	610,144	6,938	30,507	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,050,686	309,865	15,740,821	15,493	787,041	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,230,210	279,228	13,950,982	13,961	697,549	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	15,402,475	330,901	15,071,574	16,545	753,579	73.00
74.00	07400	RENAL DIALYSIS	1,224,033	171,378	1,052,655	8,569	52,633	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	719,754	9,587	710,167	479	35,508	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	1,278,219	26,394	1,251,825	1,320	62,591	90.00
90.01	09001	PARTIAL HOSPITAL PRG	344,130	37,927	306,203	1,896	15,310	90.01
90.02	09002	PAIN MANAGEMENT	1,165,015	23,101	1,141,914	1,155	57,096	90.02
91.00	09100	EMERGENCY	4,990,657	363,819	4,626,838	18,191	231,342	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,325,623	116,294	1,209,329	5,815	60,466	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	73,240	1,005	72,235	50	3,612	95.00
101.00	10100	HOME HEALTH AGENCY	8,379,662	2,010,408	6,369,254	100,520	318,463	101.00
		SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	4,785,523	118,092	4,667,431	5,905	233,372	116.00
116.01	11601	HOSPICE II	376,267	5,543	370,724	277	18,536	116.01
200.00		Subtotal (sum of lines 50 thru 199)	115,966,175	9,312,197	106,653,978	465,609	5,332,700	200.00
201.00		Less Observation Beds	1,325,623	116,294	1,209,329	5,815	60,466	201.00
202.00		Total (line 200 minus line 201)	114,640,552	9,195,903	105,444,649	459,794	5,272,234	202.00

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

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet C Part II Date/Time Prepared: 5/30/2013 10:03 am

Title XIX | Hospital | Cost

		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)		
			6.00	7.00	8.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	14,850,270	53,249,034	0.278883		50.00
50.01	05001	REHAB MEDICINE	1,810,601	4,688,598	0.386171		50.01
51.00	05100	RECOVERY ROOM	1,012,089	2,865,284	0.353225		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	958,079	879,712	1.089083		52.00
53.00	05300	ANESTHESIOLOGY	232,049	6,421,554	0.036136		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,181,775	45,834,173	0.091237		54.00
54.01	03630	ULTRA SOUND	569,803	4,537,716	0.125570		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	984,017	10,465,362	0.094026		56.01
57.00	05700	CT SCAN	1,557,787	40,687,211	0.038287		57.00
59.00	05900	CARDIAC CATHETERIZATION	2,640,423	30,504,589	0.086558		59.00
60.00	06000	LABORATORY	7,737,302	61,259,392	0.126304		60.00
64.00	06400	INTRAVENOUS THERAPY	509,984	6,169,688	0.082660		64.00
65.00	06500	RESPIRATORY THERAPY	1,451,318	11,338,463	0.128000		65.00
66.00	06600	PHYSICAL THERAPY	1,331,444	4,993,187	0.266652		66.00
67.00	06700	OCCUPATIONAL THERAPY	531,974	2,046,339	0.259964		67.00
68.00	06800	SPEECH PATHOLOGY	261,278	970,281	0.269281		68.00
69.00	06900	ELECTROCARDIOLOGY	2,008,001	20,857,107	0.096274		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	711,452	2,941,241	0.241888		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,248,152	21,301,597	0.715822		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	13,518,700	66,462,163	0.203404		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	14,632,351	39,758,818	0.368028		73.00
74.00	07400	RENAL DIALYSIS	1,162,831	2,143,076	0.542599		74.00
76.00	03951	DIABETES	0	0	0.000000		76.00
76.01	03950	LITHOTRIPTOR	683,767	5,382,427	0.127037		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,214,308	6,552,273	0.185326		90.00
90.01	09001	PARTIAL HOSPITAL PRG	326,924	832,846	0.392538		90.01
90.02	09002	PAIN MANAGEMENT	1,106,764	14,973,136	0.073917		90.02
91.00	09100	EMERGENCY	4,741,124	28,371,885	0.167106		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,259,342	1,783,985	0.705915		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	69,578	125,478	0.554504		95.00
101.00	10100	HOME HEALTH AGENCY	7,960,679	7,334,278	1.085407		101.00
		SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	4,546,246	7,550,049	0.602148		116.00
116.01	11601	HOSPICE II	357,454	1,351,977	0.264394		116.01
200.00		Subtotal (sum of lines 50 thru 199)	110,167,866	514,632,919			200.00
201.00		Less Observation Beds	1,259,342	0			201.00
202.00		Total (line 200 minus line 201)	108,908,524	514,632,919			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part I Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | PPS

	Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
	INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	ADULTS & PEDIATRICS	1,932,320	0	1,932,320	41,224	46.87	30.00
31.00	INTENSIVE CARE UNIT	299,569		299,569	3,443	87.01	31.00
32.00	CORONARY CARE UNIT	353,026		353,026	2,799	126.13	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	326,557	0	326,557	6,143	53.16	41.00
43.00	NURSERY	251,526		251,526	646	389.36	43.00
44.00	SKILLED NURSING FACILITY	203,415		203,415	5,074	40.09	44.00
200.00	Total (lines 30-199)	3,366,413		3,366,413	59,329		200.00

	Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
	INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	ADULTS & PEDIATRICS	21,848	1,024,016	30.00
31.00	INTENSIVE CARE UNIT	2,044	177,848	31.00
32.00	CORONARY CARE UNIT	1,758	221,737	32.00
40.00	SUBPROVIDER - IPF	0	0	40.00
41.00	SUBPROVIDER - IRF	4,391	233,426	41.00
43.00	NURSERY	0	0	43.00
44.00	SKILLED NURSING FACILITY	4,521	181,247	44.00
200.00	Total (lines 30-199)	34,562	1,838,274	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part II Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,884,951	53,249,034	0.035399	15,303,612	541,733	50.00
50.01	05001	REHAB MEDICINE	170,767	4,688,598	0.036422	906,281	33,009	50.01
51.00	05100	RECOVERY ROOM	180,969	2,865,284	0.063159	742,457	46,893	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,610	879,712	0.084812	3,303	280	52.00
53.00	05300	ANESTHESIOLOGY	28,384	6,421,554	0.004420	1,771,831	7,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,076,705	45,834,173	0.023491	6,904,519	162,194	54.00
54.01	03630	ULTRA SOUND	122,441	4,537,716	0.026983	482,251	13,013	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	51,398	10,465,362	0.004911	1,137,820	5,588	56.01
57.00	05700	CT SCAN	508,749	40,687,211	0.012504	6,604,376	82,581	57.00
59.00	05900	CARDIAC CATHETERIZATION	247,435	30,504,589	0.008111	10,585,673	85,860	59.00
60.00	06000	LABORATORY	431,407	61,259,392	0.007042	19,937,065	140,397	60.00
64.00	06400	INTRAVENOUS THERAPY	17,790	6,169,688	0.002883	2,359,410	6,802	64.00
65.00	06500	RESPIRATORY THERAPY	138,852	11,338,463	0.012246	5,405,391	66,194	65.00
66.00	06600	PHYSICAL THERAPY	78,650	4,993,187	0.015751	1,391,581	21,919	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,764	2,046,339	0.007704	403,121	3,106	67.00
68.00	06800	SPEECH PATHOLOGY	14,307	970,281	0.014745	191,991	2,831	68.00
69.00	06900	ELECTROCARDIOLOGY	326,723	20,857,107	0.015665	5,161,781	80,859	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,753	2,941,241	0.047175	252,313	11,903	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	309,865	21,301,597	0.014547	7,686,702	111,818	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	279,228	66,462,163	0.004201	29,960,173	125,863	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	330,901	39,758,818	0.008323	12,806,319	106,587	73.00
74.00	07400	RENAL DIALYSIS	171,378	2,143,076	0.079968	1,309,112	104,687	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	9,587	5,382,427	0.001781	40,931	73	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,394	6,552,273	0.004028	8,305	33	90.00
90.01	09001	PARTIAL HOSPITAL PRG	37,927	832,846	0.045539	1,489	68	90.01
90.02	09002	PAIN MANAGEMENT	23,101	14,973,136	0.001543	23,548	36	90.02
91.00	09100	EMERGENCY	363,819	28,371,885	0.012823	4,162,919	53,381	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	116,294	1,783,985	0.065188	109,503	7,138	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	7,177,149	498,271,137		135,653,777	1,822,677	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part III Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0		0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0		0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0		0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		0	44.00
200.00		Total (lines 30-199)	0	0	0		0	200.00

		Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
		INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	41,224	0.00	21,848	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,443	0.00	2,044	0		31.00
32.00	03200	CORONARY CARE UNIT	2,799	0.00	1,758	0		32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0		40.00
41.00	04100	SUBPROVIDER - IRF	6,143	0.00	4,391	0		41.00
43.00	04300	NURSERY	646	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	5,074	0.00	4,521	0		44.00
200.00		Total (lines 30-199)	59,329		34,562	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102

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

Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:03 am

		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)	
			Title XVIII			Hospital	PPS	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
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						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	53,249,034	0.000000	0.000000	15,303,612	50.00
50.01	05001	REHAB MEDICINE	0	4,688,598	0.000000	0.000000	906,281	50.01
51.00	05100	RECOVERY ROOM	0	2,865,284	0.000000	0.000000	742,457	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	879,712	0.000000	0.000000	3,303	52.00
53.00	05300	ANESTHESIOLOGY	0	6,421,554	0.000000	0.000000	1,771,831	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,834,173	0.000000	0.000000	6,904,519	54.00
54.01	03630	ULTRA SOUND	0	4,537,716	0.000000	0.000000	482,251	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,465,362	0.000000	0.000000	1,137,820	56.01
57.00	05700	CT SCAN	0	40,687,211	0.000000	0.000000	6,604,376	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,504,589	0.000000	0.000000	10,585,673	59.00
60.00	06000	LABORATORY	0	61,259,392	0.000000	0.000000	19,937,065	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,169,688	0.000000	0.000000	2,359,410	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,338,463	0.000000	0.000000	5,405,391	65.00
66.00	06600	PHYSICAL THERAPY	0	4,993,187	0.000000	0.000000	1,391,581	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,046,339	0.000000	0.000000	403,121	67.00
68.00	06800	SPEECH PATHOLOGY	0	970,281	0.000000	0.000000	191,991	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,857,107	0.000000	0.000000	5,161,781	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,941,241	0.000000	0.000000	252,313	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,301,597	0.000000	0.000000	7,686,702	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,462,163	0.000000	0.000000	29,960,173	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,758,818	0.000000	0.000000	12,806,319	73.00
74.00	07400	RENAL DIALYSIS	0	2,143,076	0.000000	0.000000	1,309,112	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	5,382,427	0.000000	0.000000	40,931	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	6,552,273	0.000000	0.000000	8,305	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	832,846	0.000000	0.000000	1,489	90.01
90.02	09002	PAIN MANAGEMENT	0	14,973,136	0.000000	0.000000	23,548	90.02
91.00	09100	EMERGENCY	0	28,371,885	0.000000	0.000000	4,162,919	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,783,985	0.000000	0.000000	109,503	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	498,271,137			135,653,777	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	7,603,787	0		50.00
50.01	05001	REHAB MEDICINE	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	554,482	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	1,296,855	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,701,862	0		54.00
54.01	03630	ULTRA SOUND	0	947,708	0		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	4,139,708	0		56.01
57.00	05700	CT SCAN	0	11,036,350	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	8,146,921	0		59.00
60.00	06000	LABORATORY	0	2,423,198	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,150,252	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	244,950	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	1,199	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	8,114,489	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	805,815	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	3,256,048	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,479,703	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	7,267,208	0		73.00
74.00	07400	RENAL DIALYSIS	0	127,577	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	1,616,775	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	3,934,111	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	280,889	0		90.01
90.02	09002	PAIN MANAGEMENT	0	8,457,267	0		90.02
91.00	09100	EMERGENCY	0	5,018,320	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	674,166	0		92.00
		OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	100,279,640	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | PPS

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.293561	7,603,787	0	0	2,232,175	50.00
50.01	05001	REHAB MEDICINE	0.406496	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.371815	554,482	0	0	206,165	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.146404	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.038038	1,296,855	0	0	49,330	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096039	13,701,862	0	0	1,315,913	54.00
54.01	03630	ULTRA SOUND	0.132179	947,708	0	0	125,267	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.098975	4,139,708	0	0	409,728	56.01
57.00	05700	CT SCAN	0.040302	11,036,350	0	0	444,787	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.091114	8,146,921	0	0	742,299	59.00
60.00	06000	LABORATORY	0.132951	2,423,198	2,261	0	322,167	60.00
64.00	06400	INTRAVENOUS THERAPY	0.087010	1,150,252	0	0	100,083	64.00
65.00	06500	RESPIRATORY THERAPY	0.134736	244,950	0	0	33,004	65.00
66.00	06600	PHYSICAL THERAPY	0.280687	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273646	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.283453	1,199	0	0	340	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101341	8,114,489	0	0	822,330	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.254619	805,815	0	0	205,176	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.753497	3,256,048	0	0	2,453,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214110	9,479,703	0	0	2,029,699	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387398	7,267,208	4,560	0	2,815,302	73.00
74.00	07400	RENAL DIALYSIS	0.571157	127,577	0	0	72,866	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.133723	1,616,775	0	0	216,200	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.195080	3,934,111	0	0	767,466	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.413198	280,889	0	0	116,063	90.01
90.02	09002	PAIN MANAGEMENT	0.077807	8,457,267	0	0	658,035	90.02
91.00	09100	EMERGENCY	0.175901	5,018,320	0	0	882,728	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.743068	674,166	0	0	500,951	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.583688		0			95.00
200.00		Subtotal (see instructions)		100,279,640	6,821	0	17,521,496	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		100,279,640	6,821	0	17,521,496	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Hospital	PPS

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0		56.01
57.00	05700	CT SCAN	0	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	301	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,767	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0		90.02
91.00	09100	EMERGENCY	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	2,068	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	2,068	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 180102
Component CCN: 18S102

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

Worksheet D
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,884,951	53,249,034	0.035399	0	0	50.00
50.01	05001	REHAB MEDICINE	170,767	4,688,598	0.036422	0	0	50.01
51.00	05100	RECOVERY ROOM	180,969	2,865,284	0.063159	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,610	879,712	0.084812	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,384	6,421,554	0.004420	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,076,705	45,834,173	0.023491	0	0	54.00
54.01	03630	ULTRA SOUND	122,441	4,537,716	0.026983	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	51,398	10,465,362	0.004911	0	0	56.01
57.00	05700	CT SCAN	508,749	40,687,211	0.012504	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	247,435	30,504,589	0.008111	0	0	59.00
60.00	06000	LABORATORY	431,407	61,259,392	0.007042	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	17,790	6,169,688	0.002883	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	138,852	11,338,463	0.012246	0	0	65.00
66.00	06600	PHYSICAL THERAPY	78,650	4,993,187	0.015751	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,764	2,046,339	0.007704	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	14,307	970,281	0.014745	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	326,723	20,857,107	0.015665	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,753	2,941,241	0.047175	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	309,865	21,301,597	0.014547	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	279,228	66,462,163	0.004201	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	330,901	39,758,818	0.008323	0	0	73.00
74.00	07400	RENAL DIALYSIS	171,378	2,143,076	0.079968	0	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	9,587	5,382,427	0.001781	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,394	6,552,273	0.004028	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	37,927	832,846	0.045539	0	0	90.01
90.02	09002	PAIN MANAGEMENT	23,101	14,973,136	0.001543	0	0	90.02
91.00	09100	EMERGENCY	363,819	28,371,885	0.012823	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,783,985	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	7,060,855	498,271,137		0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102
Component CCN: 18S102

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
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						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102
Component CCN: 18S102

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Subprovider - IPF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	53,249,034	0.000000	0.000000	0	50.00
50.01	05001	REHAB MEDICINE	0	4,688,598	0.000000	0.000000	0	50.01
51.00	05100	RECOVERY ROOM	0	2,865,284	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	879,712	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,421,554	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,834,173	0.000000	0.000000	0	54.00
54.01	03630	ULTRA SOUND	0	4,537,716	0.000000	0.000000	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,465,362	0.000000	0.000000	0	56.01
57.00	05700	CT SCAN	0	40,687,211	0.000000	0.000000	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,504,589	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	61,259,392	0.000000	0.000000	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,169,688	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,338,463	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,993,187	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,046,339	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	970,281	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,857,107	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,941,241	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,301,597	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,462,163	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,758,818	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	2,143,076	0.000000	0.000000	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	5,382,427	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	6,552,273	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	832,846	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	14,973,136	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	28,371,885	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,783,985	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	498,271,137			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 18S102	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:03 am
	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	0	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0	0		90.02
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					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 180102
Component CCN: 18T102

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

Worksheet D Part II
Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	1,884,951	53,249,034	0.035399	21,680	767	50.00
50.01	05001	REHAB MEDICINE	170,767	4,688,598	0.036422	2,236,741	81,467	50.01
51.00	05100	RECOVERY ROOM	180,969	2,865,284	0.063159	765	48	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	74,610	879,712	0.084812	0	0	52.00
53.00	05300	ANESTHESIOLOGY	28,384	6,421,554	0.004420	3,488	15	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,076,705	45,834,173	0.023491	153,519	3,606	54.00
54.01	03630	ULTRA SOUND	122,441	4,537,716	0.026983	12,839	346	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	51,398	10,465,362	0.004911	7,847	39	56.01
57.00	05700	CT SCAN	508,749	40,687,211	0.012504	164,019	2,051	57.00
59.00	05900	CARDIAC CATHETERIZATION	247,435	30,504,589	0.008111	0	0	59.00
60.00	06000	LABORATORY	431,407	61,259,392	0.007042	1,442,623	10,159	60.00
64.00	06400	INTRAVENOUS THERAPY	17,790	6,169,688	0.002883	40,885	118	64.00
65.00	06500	RESPIRATORY THERAPY	138,852	11,338,463	0.012246	270,791	3,316	65.00
66.00	06600	PHYSICAL THERAPY	78,650	4,993,187	0.015751	892,756	14,062	66.00
67.00	06700	OCCUPATIONAL THERAPY	15,764	2,046,339	0.007704	518,817	3,997	67.00
68.00	06800	SPEECH PATHOLOGY	14,307	970,281	0.014745	145,985	2,153	68.00
69.00	06900	ELECTROCARDIOLOGY	326,723	20,857,107	0.015665	156,693	2,455	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	138,753	2,941,241	0.047175	19,640	927	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	309,865	21,301,597	0.014547	142,700	2,076	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	279,228	66,462,163	0.004201	1,333	6	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	330,901	39,758,818	0.008323	842,208	7,010	73.00
74.00	07400	RENAL DIALYSIS	171,378	2,143,076	0.079968	76,847	6,145	74.00
76.00	03951	DIABETES	0	0	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	9,587	5,382,427	0.001781	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	26,394	6,552,273	0.004028	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	37,927	832,846	0.045539	0	0	90.01
90.02	09002	PAIN MANAGEMENT	23,101	14,973,136	0.001543	377	1	90.02
91.00	09100	EMERGENCY	363,819	28,371,885	0.012823	5,952	76	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,783,985	0.000000	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	7,060,855	498,271,137		7,158,505	140,840	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102
Component CCN: 18T102

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
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						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102
Component CCN: 18T102

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Subprovider - IRF | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	53,249,034	0.000000	0.000000	21,680	50.00
50.01	05001	REHAB MEDICINE	0	4,688,598	0.000000	0.000000	2,236,741	50.01
51.00	05100	RECOVERY ROOM	0	2,865,284	0.000000	0.000000	765	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	879,712	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,421,554	0.000000	0.000000	3,488	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,834,173	0.000000	0.000000	153,519	54.00
54.01	03630	ULTRA SOUND	0	4,537,716	0.000000	0.000000	12,839	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,465,362	0.000000	0.000000	7,847	56.01
57.00	05700	CT SCAN	0	40,687,211	0.000000	0.000000	164,019	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,504,589	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	61,259,392	0.000000	0.000000	1,442,623	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,169,688	0.000000	0.000000	40,885	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,338,463	0.000000	0.000000	270,791	65.00
66.00	06600	PHYSICAL THERAPY	0	4,993,187	0.000000	0.000000	892,756	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,046,339	0.000000	0.000000	518,817	67.00
68.00	06800	SPEECH PATHOLOGY	0	970,281	0.000000	0.000000	145,985	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,857,107	0.000000	0.000000	156,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,941,241	0.000000	0.000000	19,640	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,301,597	0.000000	0.000000	142,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,462,163	0.000000	0.000000	1,333	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,758,818	0.000000	0.000000	842,208	73.00
74.00	07400	RENAL DIALYSIS	0	2,143,076	0.000000	0.000000	76,847	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	5,382,427	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	6,552,273	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	832,846	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	14,973,136	0.000000	0.000000	377	90.02
91.00	09100	EMERGENCY	0	28,371,885	0.000000	0.000000	5,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,783,985	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	498,271,137			7,158,505	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0	0		90.02
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					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102
Component CCN: 185412

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	REHAB MEDICINE	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03951	DIABETES	0	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0	0	0	0	0	90.02
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						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 180102
Component CCN: 185412

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

Worksheet D Part IV
Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	53,249,034	0.000000	0.000000	20,267	50.00
50.01	05001	REHAB MEDICINE	0	4,688,598	0.000000	0.000000	579,673	50.01
51.00	05100	RECOVERY ROOM	0	2,865,284	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	879,712	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,421,554	0.000000	0.000000	1,618	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	45,834,173	0.000000	0.000000	81,437	54.00
54.01	03630	ULTRA SOUND	0	4,537,716	0.000000	0.000000	6,934	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	10,465,362	0.000000	0.000000	4,679	56.01
57.00	05700	CT SCAN	0	40,687,211	0.000000	0.000000	2,233	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	30,504,589	0.000000	0.000000	788	59.00
60.00	06000	LABORATORY	0	61,259,392	0.000000	0.000000	871,609	60.00
64.00	06400	INTRAVENOUS THERAPY	0	6,169,688	0.000000	0.000000	85,155	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,338,463	0.000000	0.000000	411,284	65.00
66.00	06600	PHYSICAL THERAPY	0	4,993,187	0.000000	0.000000	410,180	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,046,339	0.000000	0.000000	259,469	67.00
68.00	06800	SPEECH PATHOLOGY	0	970,281	0.000000	0.000000	141,087	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,857,107	0.000000	0.000000	73,958	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,941,241	0.000000	0.000000	8,320	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	21,301,597	0.000000	0.000000	236,084	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	66,462,163	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	39,758,818	0.000000	0.000000	982,249	73.00
74.00	07400	RENAL DIALYSIS	0	2,143,076	0.000000	0.000000	0	74.00
76.00	03951	DIABETES	0	0	0.000000	0.000000	0	76.00
76.01	03950	LITHOTRIPTOR	0	5,382,427	0.000000	0.000000	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	6,552,273	0.000000	0.000000	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	832,846	0.000000	0.000000	0	90.01
90.02	09002	PAIN MANAGEMENT	0	14,973,136	0.000000	0.000000	0	90.02
91.00	09100	EMERGENCY	0	28,371,885	0.000000	0.000000	187	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,783,985	0.000000	0.000000	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	498,271,137			4,177,211	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 180102 Component CCN: 185412	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS

		Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
			11.00	12.00	13.00		
		ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	0		50.00
50.01	05001	REHAB MEDICINE	0	0	0		50.01
51.00	05100	RECOVERY ROOM	0	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	03630	ULTRA SOUND	0	0	0		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0		56.01
57.00	05700	CT SCAN	0	0	0		57.00
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
67.00	06700	OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0		74.00
76.00	03951	DIABETES	0	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0	0		90.01
90.02	09002	PAIN MANAGEMENT	0	0	0		90.02
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					
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/30/2013 10:03 am

Title XIX | Hospital | Cost

		Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges: PPS Reimbursed Services (see inst.)	Charges: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Charges: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Costs: PPS Services (see inst.)	
			1.00	2.00	3.00	4.00	5.00	
		ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.278883	0	275,083	0	0	50.00
50.01	05001	REHAB MEDICINE	0.386171	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0.353225	0	7,455	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.089083	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.036136	0	15,851	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.091237	0	184,146	0	0	54.00
54.01	03630	ULTRA SOUND	0.125570	0	0	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.094026	0	39,318	0	0	56.01
57.00	05700	CT SCAN	0.038287	0	230,380	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.086558	0	0	0	0	59.00
60.00	06000	LABORATORY	0.126304	0	179,091	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.082660	0	7,290	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.128000	0	32,772	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.266652	0	17,354	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.259964	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.269281	0	2,091	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.096274	0	107,596	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.241888	0	18,586	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.715822	0	116,459	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.203404	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.368028	0	490,535	0	0	73.00
74.00	07400	RENAL DIALYSIS	0.542599	0	0	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.127037	0	0	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0.185326	0	0	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.392538	0	0	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.073917	0	32,359	0	0	90.02
91.00	09100	EMERGENCY	0.167106	0	193,210	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.705915	0	13,222	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0.554504	0	0			95.00
200.00		Subtotal (see instructions)		0	1,962,798	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		0	1,962,798	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D Part V Date/Time Prepared: 5/30/2013 10:03 am

Title XIX | Hospital | Cost

		Cost Center Description	Costs: Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Costs: Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
			6.00	7.00		
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	76,716	0		50.00
50.01	05001	REHAB MEDICINE	0	0		50.01
51.00	05100	RECOVERY ROOM	2,633	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300	ANESTHESIOLOGY	573	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	16,801	0		54.00
54.01	03630	ULTRA SOUND	0	0		54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0	0		55.00
56.00	05600	RADIOISOTOPE	0	0		56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	3,697	0		56.01
57.00	05700	CT SCAN	8,821	0		57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000	LABORATORY	22,620	0		60.00
64.00	06400	INTRAVENOUS THERAPY	603	0		64.00
65.00	06500	RESPIRATORY THERAPY	4,195	0		65.00
66.00	06600	PHYSICAL THERAPY	4,627	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0		67.00
68.00	06800	SPEECH PATHOLOGY	563	0		68.00
69.00	06900	ELECTROCARDIOLOGY	10,359	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,496	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	83,364	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	180,531	0		73.00
74.00	07400	RENAL DIALYSIS	0	0		74.00
76.00	03951	DIABETES	0	0		76.00
76.01	03950	LITHOTRIPTOR	0	0		76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0	0		90.00
90.01	09001	PARTIAL HOSPITAL PRG	0	0		90.01
90.02	09002	PAIN MANAGEMENT	2,392	0		90.02
91.00	09100	EMERGENCY	32,287	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,334	0		92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES	0			95.00
200.00		Subtotal (see instructions)	464,612	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00		Net Charges (line 200 +/- line 201)	464,612	0		202.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Hospital	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)	41,224	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	41,224	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)	38,743	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)	21,848	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)	22,026,219	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)	22,026,219	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	35,628,975	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	35,628,975	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.618211	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)	919.62	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)	22,026,219	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)	534.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	11,673,605	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)	11,673,605	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/30/2013 10:03 am

	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)	
		Title XVIII			Hospital	PPS	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,707,826	3,443	1,076.92	2,044	2,201,224	43.00
44.00	CORONARY CARE UNIT	2,918,397	2,799	1,042.66	1,758	1,832,996	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	30,743,941	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	46,451,766	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)	1,423,601	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	1,822,677	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	3,246,278	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	43,205,488	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)	2,481	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	534.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,325,623	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Hospital	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	1,932,320	22,026,219	0.087728	1,325,623	116,294	90.00
91.00	Nursing School cost	0	22,026,219	0.000000	1,325,623	0	91.00
92.00	Allied health cost	0	22,026,219	0.000000	1,325,623	0	92.00
93.00	All other Medical Education	0	22,026,219	0.000000	1,325,623	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102 Component CCN: 18S102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	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)	0	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	0	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)	0	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)	0	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)	0	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)	0	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	0	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.000000	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)	0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	0	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)	0.00	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	0	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)	0	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102 Component CCN: 18S102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Subprovider - IPF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	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)	0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	0	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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: 180102 Component CCN: 18S102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	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	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	6,143	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,143	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)	6,143	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,391	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,567,018	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,567,018	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,617,211	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,617,211	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.772548	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)	751.62	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,567,018	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)	580.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	2,549,678	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	2,549,678	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	2,105,539	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	4,655,217	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)	233,426	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	140,840	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	374,266	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	4,280,951	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: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Subprovider - IRF	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	326,557	3,567,018	0.091549	0	0	90.00
91.00	Nursing School cost	0	3,567,018	0.000000	0	0	91.00
92.00	Allied health cost	0	3,567,018	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,567,018	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102 Component CCN: 185412	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	1.00	
	PART I - ALL PROVIDER COMPONENTS		
	INPATIENT DAYS		
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	5,074	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	5,074	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	5,074	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	4,521	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)	2,306,732	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)	2,306,732	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	3,421,021	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	3,421,021	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.674282	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	674.23	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)	2,306,732	37.00
	PART II - HOSPITAL AND SUBPROVIDERS ONLY		
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS		
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102 Component CCN: 185412	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)						42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT						43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)		49.00
	PASS THROUGH COST ADJUSTMENTS		
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)		53.00
	TARGET AMOUNT AND LIMIT COMPUTATION		
54.00	Program discharges		54.00
55.00	Target amount per discharge		55.00
56.00	Target amount (line 54 x line 55)		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)		57.00
58.00	Bonus payment (see instructions)		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)		61.00
62.00	Relief payment (see instructions)		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)		63.00
	PROGRAM INPATIENT ROUTINE SWING BED COST		
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)		69.00
	PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY		
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)	2,306,732	70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)	454.62	71.00
72.00	Program routine service cost (line 9 x line 71)	2,055,337	72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)	0	73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)	2,055,337	74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)	0	75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)	0.00	76.00
77.00	Program capital-related costs (line 9 x line 76)	0	77.00
78.00	Inpatient routine service cost (line 74 minus line 77)	0	78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)	0	79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)	0	80.00
81.00	Inpatient routine service cost per diem limitation	0.00	81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)	0	82.00
83.00	Reasonable inpatient routine service costs (see instructions)	2,055,337	83.00
84.00	Program inpatient ancillary services (see instructions)	1,223,898	84.00
85.00	Utilization review - physician compensation (see instructions)	0	85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)	3,279,235	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: 180102 Component CCN: 185412	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XIX	Hospital	Cost

	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)	41,224	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	41,224	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)	38,743	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)	556	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)	646	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)	22,026,219	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)	22,026,219	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	35,628,975	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	35,628,975	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.618211	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)	919.62	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)	22,026,219	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)	534.31	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	297,076	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)	297,076	41.00

COMPUTATION OF INPATIENT OPERATING COST | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-1 | Date/Time Prepared: 5/30/2013 10:03 am

	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)	
		Title XIX			Hospital	Cost	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	715,726	646	1,107.93	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	3,707,826	3,443	1,076.92	62	66,769	43.00
44.00	CORONARY CARE UNIT	2,918,397	2,799	1,042.66	43	44,834	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)	670,364	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	1,079,043	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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)	2,481	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)	534.31	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)	1,325,623	89.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XIX	Hospital	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XIX	Subprovider - IRF	Cost

	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)	6,143	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	6,143	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)	6,143	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)	39	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)	646	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
	SWING BED ADJUSTMENT		
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,567,018	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,567,018	27.00
	PRIVATE ROOM DIFFERENTIAL ADJUSTMENT		
28.00	General inpatient routine service charges (excluding swing-bed charges)	4,617,211	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	4,617,211	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.772548	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)	751.62	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,567,018	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)	580.66	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	22,646	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)	22,646	41.00

COMPUTATION OF INPATIENT OPERATING COST	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
	Intensive Care Type Inpatient Hospital Units						
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00

	Cost Center Description	1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)	8,782	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)	31,428	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)	0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)	0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)	0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)	0	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: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 10:03 am
	Title XIX	Subprovider - IRF	Cost

	Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
	COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Hospital | 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		19,358,734		30.00
31.00	03100	INTENSIVE CARE UNIT		3,299,943		31.00
32.00	03200	CORONARY CARE UNIT		2,714,354		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.293561	15,303,612	4,492,544	50.00
50.01	05001	REHAB MEDICINE	0.406496	906,281	368,400	50.01
51.00	05100	RECOVERY ROOM	0.371815	742,457	276,057	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.146404	3,303	3,787	52.00
53.00	05300	ANESTHESIOLOGY	0.038038	1,771,831	67,397	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096039	6,904,519	663,103	54.00
54.01	03630	ULTRA SOUND	0.132179	482,251	63,743	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.098975	1,137,820	112,616	56.01
57.00	05700	CT SCAN	0.040302	6,604,376	266,170	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.091114	10,585,673	964,503	59.00
60.00	06000	LABORATORY	0.132951	19,937,065	2,650,653	60.00
64.00	06400	INTRAVENOUS THERAPY	0.087010	2,359,410	205,292	64.00
65.00	06500	RESPIRATORY THERAPY	0.134736	5,405,391	728,301	65.00
66.00	06600	PHYSICAL THERAPY	0.280687	1,391,581	390,599	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273646	403,121	110,312	67.00
68.00	06800	SPEECH PATHOLOGY	0.283453	191,991	54,420	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101341	5,161,781	523,100	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.254619	252,313	64,244	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.753497	7,686,702	5,791,907	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214110	29,960,173	6,414,773	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387398	12,806,319	4,961,142	73.00
74.00	07400	RENAL DIALYSIS	0.571157	1,309,112	747,708	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.133723	40,931	5,473	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.195080	8,305	1,620	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.413198	1,489	615	90.01
90.02	09002	PAIN MANAGEMENT	0.077807	23,548	1,832	90.02
91.00	09100	EMERGENCY	0.175901	4,162,919	732,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.743068	109,503	81,368	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		135,653,777	30,743,941	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)		135,653,777		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 10:03 am
Title XVIII	Subprovider - IRF	PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		3,704,918		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.293561	21,680	6,364	50.00
50.01	05001	REHAB MEDICINE	0.406496	2,236,741	909,226	50.01
51.00	05100	RECOVERY ROOM	0.371815	765	284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.146404	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.038038	3,488	133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096039	153,519	14,744	54.00
54.01	03630	ULTRA SOUND	0.132179	12,839	1,697	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.098975	7,847	777	56.01
57.00	05700	CT SCAN	0.040302	164,019	6,610	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.091114	0	0	59.00
60.00	06000	LABORATORY	0.132951	1,442,623	191,798	60.00
64.00	06400	INTRAVENOUS THERAPY	0.087010	40,885	3,557	64.00
65.00	06500	RESPIRATORY THERAPY	0.134736	270,791	36,485	65.00
66.00	06600	PHYSICAL THERAPY	0.280687	892,756	250,585	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273646	518,817	141,972	67.00
68.00	06800	SPEECH PATHOLOGY	0.283453	145,985	41,380	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101341	156,693	15,879	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.254619	19,640	5,001	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.753497	142,700	107,524	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214110	1,333	285	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387398	842,208	326,270	73.00
74.00	07400	RENAL DIALYSIS	0.571157	76,847	43,892	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.133723	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.195080	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.413198	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.077807	377	29	90.02
91.00	09100	EMERGENCY	0.175901	5,952	1,047	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.743068	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		7,158,505	2,105,539	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)		7,158,505		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 180102
Component CCN: 185412

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

Worksheet D-3
Date/Time Prepared: 5/30/2013 10:03 am

Title XVIII | Skilled Nursing Facility | PPS

		Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
			1.00	2.00	3.00	
		INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS		0		30.00
31.00	03100	INTENSIVE CARE UNIT		0		31.00
32.00	03200	CORONARY CARE UNIT		0		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY				43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.293561	20,267	5,950	50.00
50.01	05001	REHAB MEDICINE	0.406496	579,673	235,635	50.01
51.00	05100	RECOVERY ROOM	0.371815	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.146404	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.038038	1,618	62	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096039	81,437	7,821	54.00
54.01	03630	ULTRA SOUND	0.132179	6,934	917	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.098975	4,679	463	56.01
57.00	05700	CT SCAN	0.040302	2,233	90	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.091114	788	72	59.00
60.00	06000	LABORATORY	0.132951	871,609	115,881	60.00
64.00	06400	INTRAVENOUS THERAPY	0.087010	85,155	7,409	64.00
65.00	06500	RESPIRATORY THERAPY	0.134736	411,284	55,415	65.00
66.00	06600	PHYSICAL THERAPY	0.280687	410,180	115,132	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273646	259,469	71,003	67.00
68.00	06800	SPEECH PATHOLOGY	0.283453	141,087	39,992	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101341	73,958	7,495	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.254619	8,320	2,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.753497	236,084	177,889	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214110	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387398	982,249	380,521	73.00
74.00	07400	RENAL DIALYSIS	0.571157	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.133723	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.195080	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.413198	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.077807	0	0	90.02
91.00	09100	EMERGENCY	0.175901	187	33	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.743068	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		4,177,211	1,223,898	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)		4,177,211		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet D-3 | Date/Time Prepared: 5/30/2013 10:03 am

Title XIX | Hospital | Cost

		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		478,202		30.00
31.00	03100	INTENSIVE CARE UNIT		98,708		31.00
32.00	03200	CORONARY CARE UNIT		56,590		32.00
40.00	04000	SUBPROVIDER - IPF		0		40.00
41.00	04100	SUBPROVIDER - IRF		0		41.00
43.00	04300	NURSERY		3,303		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.293561	464,994	136,504	50.00
50.01	05001	REHAB MEDICINE	0.406496	0	0	50.01
51.00	05100	RECOVERY ROOM	0.371815	19,682	7,318	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.146404	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.038038	45,835	1,743	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096039	138,710	13,322	54.00
54.01	03630	ULTRA SOUND	0.132179	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.098975	10,984	1,087	56.01
57.00	05700	CT SCAN	0.040302	174,400	7,029	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.091114	0	0	59.00
60.00	06000	LABORATORY	0.132951	427,043	56,776	60.00
64.00	06400	INTRAVENOUS THERAPY	0.087010	777	68	64.00
65.00	06500	RESPIRATORY THERAPY	0.134736	128,508	17,315	65.00
66.00	06600	PHYSICAL THERAPY	0.280687	23,355	6,555	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273646	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.283453	3,563	1,010	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101341	206,761	20,953	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.254619	2,116	539	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.753497	185,116	139,484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214110	318,004	68,088	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387398	407,603	157,905	73.00
74.00	07400	RENAL DIALYSIS	0.571157	19,899	11,365	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.133723	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.195080	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.413198	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.077807	297	23	90.02
91.00	09100	EMERGENCY	0.175901	132,349	23,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.743068	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		2,709,996	670,364	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)		2,709,996		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 10:03 am
Title XIX	Subprovider - IRF	Cost

		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		0		40.00
41.00	04100	SUBPROVIDER - IRF		29,123		41.00
43.00	04300	NURSERY		0		43.00
		ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0.293561	0	0	50.00
50.01	05001	REHAB MEDICINE	0.406496	0	0	50.01
51.00	05100	RECOVERY ROOM	0.371815	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.146404	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.038038	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.096039	0	0	54.00
54.01	03630	ULTRA SOUND	0.132179	0	0	54.01
55.00	05500	RADIOLOGY - THERAPEUTIC	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	56.00
56.01	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.098975	0	0	56.01
57.00	05700	CT SCAN	0.040302	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.091114	0	0	59.00
60.00	06000	LABORATORY	0.132951	11,826	1,572	60.00
64.00	06400	INTRAVENOUS THERAPY	0.087010	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.134736	2,240	302	65.00
66.00	06600	PHYSICAL THERAPY	0.280687	13,419	3,767	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.273646	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.283453	4,682	1,327	68.00
69.00	06900	ELECTROCARDIOLOGY	0.101341	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.254619	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.753497	88	66	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.214110	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.387398	4,512	1,748	73.00
74.00	07400	RENAL DIALYSIS	0.571157	0	0	74.00
76.00	03951	DIABETES	0.000000	0	0	76.00
76.01	03950	LITHOTRIPTOR	0.133723	0	0	76.01
		OUTPATIENT SERVICE COST CENTERS				
90.00	09000	CLINIC	0.195080	0	0	90.00
90.01	09001	PARTIAL HOSPITAL PRG	0.413198	0	0	90.01
90.02	09002	PAIN MANAGEMENT	0.077807	0	0	90.02
91.00	09100	EMERGENCY	0.175901	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.743068	0	0	92.00
		OTHER REIMBURSABLE COST CENTERS				
95.00	09500	AMBULANCE SERVICES				95.00
200.00		Total (sum of lines 50-94 and 96-98)		36,767	8,782	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)		36,767		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Hospital	PPS

		1.00	
	PART A - INPATIENT HOSPITAL SERVICES UNDER PPS		
1.00	DRG Amounts Other than Outlier Payments	40,230,117	1.00
2.00	Outlier payments for discharges. (see instructions)	400,619	2.00
2.01	Outlier reconciliation amount	0	2.01
3.00	Managed Care Simulated Payments	2,020,939	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	231.22	4.00
	Indirect Medical Education Adjustment		
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8,01 and 8,02) (see instructions)	0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00	11.00
12.00	Current year allowable FTE (see instructions)	0.00	12.00
13.00	Total allowable FTE count for the prior year.	0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00	15.00
16.00	Adjustment for residents in initial years of the program	0.00	16.00
17.00	Adjusment for residents displaced by program or hospital closure	0.00	17.00
18.00	Adjusted rolling average FTE count	0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000	21.00
22.00	IME payment adjustment (see instructions)	0	22.00
	Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA		
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000	26.00
27.00	IME payments adjustment. (see instructions)	0.000000	27.00
28.00	IME Adjustment (see instructions)	0	28.00
29.00	Total IME payment (sum of lines 22 and 28)	0	29.00
	Disproportionate Share Adjustment		
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	6.04	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)	10.37	31.00
32.00	Sum of lines 30 and 31	16.41	32.00
33.00	Allowable disproportionate share percentage (see instructions)	3.42	33.00
34.00	Disproportionate share adjustment (see instructions)	1,375,870	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 an 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 an 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)	42,006,606	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)	0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	42,006,606	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,302,597	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	13,399	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)	0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Hospital	PPS

		1.00	
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).	0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	45,322,602	59.00
60.00	Primary payer payments	23,004	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	45,299,598	61.00
62.00	Deductibles billed to program beneficiaries	4,492,789	62.00
63.00	Coinsurance billed to program beneficiaries	72,220	63.00
64.00	Allowable bad debts (see instructions)	740,670	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	518,469	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	336,286	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	41,253,058	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)	0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)	0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	70.00
70.93	HVBP incentive payment (see instructions)	-6,162	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)	-16,833	70.94
70.95	Recovery of Accelerated Depreciation	0	70.95
70.96	Low Volume Payment-1	0	70.96
70.97	Low Volume Payment-2	0	70.97
70.98	Low Volume Payment-3	0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)	41,230,063	71.00
72.00	Interim payments	39,818,151	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)	1,411,912	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	320,659	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: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Hospital	PPS

		1.00	
	PART B - MEDICAL AND OTHER HEALTH SERVICES		
1.00	Medical and other services (see instructions)	2,068	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	17,521,496	2.00
3.00	PPS payments	20,304,761	3.00
4.00	Outlier payment (see instructions)	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.000	5.00
6.00	Line 2 times line 5	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200	0	9.00
10.00	Organ acquisitions	0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)	2,068	11.00
	COMPUTATION OF LESSER OF COST OR CHARGES		
	Reasonable charges		
12.00	Ancillary service charges	6,821	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)	6,821	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 chargebasis 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)	6,821	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	4,753	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)	2,068	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)	20,304,761	24.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT		
25.00	Deductibles and coinsurance (for CAH, see instructions)	0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	4,675,301	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)	15,631,528	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0	29.00
30.00	Subtotal (sum of lines 27 through 29)	15,631,528	30.00
31.00	Primary payer payments	16,473	31.00
32.00	Subtotal (line 30 minus line 31)	15,615,055	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)	600,017	34.00
35.00	Adjusted reimbursable bad debts (see instructions)	420,012	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	202,932	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)	16,035,067	37.00
38.00	MSP-LCC reconciliation amount from PS&R	-1,890	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	39.00
39.98	AB Re-billing demo amount (see instructions)	0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)	16,036,957	40.00
41.00	Interim payments	15,900,225	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)	136,732	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: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Hospital	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		40,620,210		16,069,686	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	12/21/2012	138,925	12/21/2012	169,461	3.50
3.51		12/21/2012	663,134		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)		-802,059		-169,461	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)		39,818,151		15,900,225	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		1,411,912		136,732	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		41,230,063		16,036,957	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: 180102 Component CCN: 18S102	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Subprovider - IPF	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		2,880		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		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	12/21/2012	41,040		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)		41,040		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)		43,920		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		41,990		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		85,910		0	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: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Subprovider - IRF	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		6,318,277		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		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER	12/21/2012	6,278		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM	12/21/2012	93,719		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)		-87,441		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)		6,230,836		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		71,606		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		6,302,442		0	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: 180102 Component CCN: 185412	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part I Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,166,330		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		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50	ADJUSTMENTS TO PROGRAM		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)		1,166,330		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		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,166,330		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	Provider CCN: 180102 Component CCN: 18S102	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	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)	0	1.00
2.00	Net IPF PPS Outlier Payments	0	2.00
3.00	Net IPF PPS ECT Payments	0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	4.01
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	0.000000	9.00
10.00	Medical Education Adjustment Factor {((1 + (line 8/line 9)) 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)	0	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)	0	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	0	18.00
19.00	Deductibles	0	19.00
20.00	Subtotal (line 18 minus line 19)	0	20.00
21.00	Coinsurance	0	21.00
22.00	Subtotal (line 20 minus line 21)	0	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	122,728	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	85,910	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	73,235	25.00
26.00	Subtotal (sum of lines 22 and 24)	85,910	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	85,910	31.00
32.00	Interim payments	43,920	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)	41,990	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Subprovider - IRF	PPS

		1.00	
	PART III - MEDICARE PART A SERVICES - IRF PPS		
1.00	Net Federal PPS Payment (see instructions)	6,166,887	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0244	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	207,941	3.00
4.00	Outlier Payments	3,555	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)	0.00	5.01
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	16.784153	10.00
11.00	Medical Education Adjustment Factor {((1 + (line 9/line 10)) raised to the power of .6876 -1}.	0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	6,378,383	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	6,378,383	17.00
18.00	Primary payer payments	151	18.00
19.00	Subtotal (line 17 less line 18).	6,378,232	19.00
20.00	Deductibles	73,864	20.00
21.00	Subtotal (line 19 minus line 20)	6,304,368	21.00
22.00	Coinsurance	10,404	22.00
23.00	Subtotal (line 21 minus line 22)	6,293,964	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	12,112	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	8,478	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	8,756	26.00
27.00	Subtotal (sum of lines 23 and 25)	6,302,442	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	6,302,442	32.00
33.00	Interim payments	6,230,836	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	71,606	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
	TO BE COMPLETED BY CONTRACTOR		
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	3,555	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time Value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 180102 Component CCN: 185412	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Skilled Nursing Facility	PPS

		1.00	
	PART VI - CALCULATION OF REIMBURSEMENT SETTLEMEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES		
	PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
1.00	Resource Utilization Group Payment (RUGS)	1,230,916	1.00
2.00	Routine service other pass through costs	0	2.00
3.00	Ancillary service other pass through costs	0	3.00
4.00	Subtotal (sum of lines 1 through 3)	1,230,916	4.00
	COMPUTATION OF NET COST OF COVERED SERVICES		
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)		5.00
6.00	Deductible	0	6.00
7.00	Coinsurance	64,586	7.00
8.00	Allowable bad debts (see instructions)	0	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	9.00
10.00	Allowable reimbursable bad debts (see instructions)	0	10.00
11.00	Utilization review	0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)	1,166,330	12.00
13.00	Inpatient primary payer payments	0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	14.00
14.99	Recovery of Accelerated Depreciation	0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14	1,166,330	15.00
16.00	Interim payments	1,166,330	16.00
17.00	Tentative settlement (for contractor use only)	0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)	0	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2	0	19.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 10:03 am
	Title XIX	Hospital	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	1,079,043		1.00
2.00	Medical and other services		464,612	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,079,043	464,612	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,079,043	464,612	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	2,709,996	1,962,798	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	2,709,996	1,962,798	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	2,709,996	1,962,798	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	1,630,953	1,498,186	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	1,079,043	464,612	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	1,079,043	464,612	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	1,079,043	464,612	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	1,079,043	464,612	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	-1,079,043	-464,612	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 180102 Component CCN: 18T102	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/30/2013 10:03 am
	Title XIX	Subprovider - IRF	Cost

		Inpatient	Outpatient	
		1.00	2.00	
	PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES			
	COMPUTATION OF NET COST OF COVERED SERVICES			
1.00	Inpatient hospital/SNF/NF services	31,428		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	31,428	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	31,428	0	7.00
	COMPUTATION OF LESSER OF COST OR CHARGES			
	Reasonable Charges			
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	36,767	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	36,767	0	12.00
	CUSTOMARY CHARGES			
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	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	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	36,767	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	5,339	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	31,428	0	21.00
	PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.			
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0		24.00
25.00	Capital exception payments (see instructions)	0		25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	31,428	0	29.00
	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	31,428	0	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinsurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	31,428	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	-31,428	0	37.00
38.00	Subtotal (line 36 ± line 37)	0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	0	0	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

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

Provider CCN: 180102

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

Worksheet G

Date/Time Prepared: 5/30/2013 10:03 am

		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	-12,964,342	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	35,620,428	0	0	0	4.00
5.00	Other receivable	15,877,515	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-16,083,486	0	0	0	6.00
7.00	Inventory	4,517,662	0	0	0	7.00
8.00	Prepaid expenses	1,450,841	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	28,418,618	0	0	0	11.00
	FIXED ASSETS					
12.00	Land	453,242	0	0	0	12.00
13.00	Land improvements	2,815,642	0	0	0	13.00
14.00	Accumulated depreciation	-2,786,860	0	0	0	14.00
15.00	Buildings	93,445,236	0	0	0	15.00
16.00	Accumulated depreciation	-52,732,466	0	0	0	16.00
17.00	Leasehold improvements	1,336,341	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	39,297,938	0	0	0	19.00
20.00	Accumulated depreciation	-29,444,727	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	66,280,414	0	0	0	23.00
24.00	Accumulated depreciation	-58,262,184	0	0	0	24.00
25.00	Minor equipment depreciable	8,946,837	0	0	0	25.00
26.00	Accumulated depreciation	-3,795,860	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)	65,553,553	0	0	0	30.00
	OTHER ASSETS					
31.00	Investments	79,681,098	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	38,856,101	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	118,537,199	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	212,509,370	0	0	0	36.00
	CURRENT LIABILITIES					
37.00	Accounts payable	10,288,547	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,800,376	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0				42.00
43.00	Due to other funds	6,681,338	0	0	0	43.00
44.00	Other current liabilities	6,430,213	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	29,200,474	0	0	0	45.00
	LONG TERM LIABILITIES					
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	24,585,381	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	419,384	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49	25,004,765	0	0	0	50.00
51.00	Total liabilites (sum of lines 45 and 50)	54,205,239	0	0	0	51.00
	CAPITAL ACCOUNTS					
52.00	General fund balance	158,304,131				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	158,304,131	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	212,509,370	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-1 | Date/Time Prepared: 5/30/2013 10:03 am

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		140,431,881		0		1.00
2.00	Net income (loss) (from Wkst. G-3, line 29)		17,872,250				2.00
3.00	Total (sum of line 1 and line 2)		158,304,131		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		158,304,131		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		158,304,131		0		19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES | Provider CCN: 180102 | Period: From 01/01/2012 To 12/31/2012 | Worksheet G-2 Parts I & II Date/Time Prepared: 5/30/2013 10:03 am

	Cost Center Description	Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
	PART I - PATIENT REVENUES				
	General Inpatient Routine Services				
1.00	Hospital	33,291,827		33,291,827	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	4,617,892		4,617,892	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	3,425,110		3,425,110	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)	41,334,829		41,334,829	10.00
	Intensive Care Type Inpatient Hospital Services				
11.00	INTENSIVE CARE UNIT	5,882,538		5,882,538	11.00
12.00	CORONARY CARE UNIT	4,537,456		4,537,456	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)	10,419,994		10,419,994	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	51,754,823		51,754,823	17.00
18.00	Ancillary services	230,847,799	191,763,372	422,611,171	18.00
19.00	Outpatient services	7,197,508	28,500,075	35,697,583	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		7,334,278	7,334,278	22.00
23.00	AMBULANCE SERVICES	97,507	27,971	125,478	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	7,550,049	7,550,049	26.00
26.01	HOSPICE II	0	0	0	26.01
27.00	OTHER (SPECIFY)	10,244,148	33,557,623	43,801,771	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	300,141,785	268,733,368	568,875,153	28.00
	PART II - OPERATING EXPENSES				
29.00	Operating expenses (per Wkst. A, column 3, line 200)		162,379,689		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		162,379,689		43.00

STATEMENT OF REVENUES AND EXPENSES	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet G-3 Date/Time Prepared: 5/30/2013 10:03 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	568,875,153	1.00
2.00	Less contractual allowances and discounts on patients' accounts	398,941,222	2.00
3.00	Net patient revenues (line 1 minus line 2)	169,933,931	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	162,379,689	4.00
5.00	Net income from service to patients (line 3 minus line 4)	7,554,242	5.00
	OTHER INCOME		
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	10,318,008	24.00
25.00	Total other income (sum of lines 6-24)	10,318,008	25.00
26.00	Total (line 5 plus line 25)	17,872,250	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)	17,872,250	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H
Date/Time Prepared: 5/30/2013 10:03 am

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		Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of cols. 1 thru 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures			0		0	0	1.00
2.00	Capital Related - Movable Equipment			0		0	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	31	31	3.00
4.00	Transportation	0	0	351,644	0	0	351,644	4.00
5.00	Administrative and General	593,318	871,963	0	6,379	472,640	1,944,300	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,359,910	0	0	0	0	1,359,910	6.00
7.00	Physical Therapy	854,256	0	0	27,840	0	882,096	7.00
8.00	Occupational Therapy	189,665	0	0	0	0	189,665	8.00
9.00	Speech Pathology	95,813	0	0	0	0	95,813	9.00
10.00	Medical Social Services	56,080	0	0	0	0	56,080	10.00
11.00	Home Health Aide	98,633	0	0	0	0	98,633	11.00
12.00	Supplies (see instructions)	0	0	0	0	227,724	227,724	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	105,056	0	0	0	0	105,056	23.00
24.00	Total (sum of lines 1-23)	3,352,731	871,963	351,644	34,219	700,395	5,310,952	24.00

		Reclassification	Reclassified Trial Balance (col. 6 + col.7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
		7.00	8.00	9.00	10.00			
	GENERAL SERVICE COST CENTERS							
1.00	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	31	0	31			3.00
4.00	Transportation	0	351,644	0	351,644			4.00
5.00	Administrative and General	-1,098,997	845,303	-2,163	843,140			5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,359,910	0	1,359,910			6.00
7.00	Physical Therapy	0	882,096	0	882,096			7.00
8.00	Occupational Therapy	0	189,665	0	189,665			8.00
9.00	Speech Pathology	0	95,813	0	95,813			9.00
10.00	Medical Social Services	0	56,080	0	56,080			10.00
11.00	Home Health Aide	0	98,633	0	98,633			11.00
12.00	Supplies (see instructions)	-2,396	225,328	0	225,328			12.00
13.00	Drugs	0	0	0	0			13.00
14.00	DME	0	0	0	0			14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0			15.00
16.00	Respiratory Therapy	0	0	0	0			16.00
17.00	Private Duty Nursing	0	0	0	0			17.00
18.00	Clinic	0	0	0	0			18.00
19.00	Health Promotion Activities	0	0	0	0			19.00
20.00	Day Care Program	0	0	0	0			20.00
21.00	Home Delivered Meals Program	0	0	0	0			21.00
22.00	Homemaker Service	0	0	0	0			22.00
23.00	All Others (specify)	0	105,056	0	105,056			23.00
24.00	Total (sum of lines 1-23)	-1,101,393	4,209,559	-2,163	4,207,396			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: 180102
HHA CCN: 187100

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

Worksheet H-1 Part I
Date/Time Prepared: 5/30/2013 10:03 am

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		Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs: Bldgs & Fixtures	Capital Related Costs: Movable Equipment	Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		0	1.00	2.00	3.00	4.00	4A.00	
	GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0				0	1.00
2.00	Capital Related - Movable Equipment	0		0			0	2.00
3.00	Plant Operation & Maintenance	31	0	0	31		0	3.00
4.00	Transportation	351,644	0	0	0	351,644		4.00
5.00	Administrative and General	843,140	0	0	31	351,644	1,194,815	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,359,910	0	0	0	0	1,359,910	6.00
7.00	Physical Therapy	882,096	0	0	0	0	882,096	7.00
8.00	Occupational Therapy	189,665	0	0	0	0	189,665	8.00
9.00	Speech Pathology	95,813	0	0	0	0	95,813	9.00
10.00	Medical Social Services	56,080	0	0	0	0	56,080	10.00
11.00	Home Health Aide	98,633	0	0	0	0	98,633	11.00
12.00	Supplies (see instructions)	225,328	0	0	0	0	225,328	12.00
13.00	Drugs	0	0	0	0		0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	105,056	0	0	0	0	105,056	23.00
24.00	Total (sum of lines 1-23)	4,207,396	0	0	31	351,644	4,207,396	24.00

		Administrative & General	Total (cols. 4A + 5)	
		5.00	6.00	
	GENERAL SERVICE COST CENTERS			
1.00	Capital Related - Bldg. & Fixtures			1.00
2.00	Capital Related - Movable Equipment			2.00
3.00	Plant Operation & Maintenance			3.00
4.00	Transportation			4.00
5.00	Administrative and General	1,194,815		5.00
	HHA REIMBURSABLE SERVICES			
6.00	Skilled Nursing Care	539,352	1,899,262	6.00
7.00	Physical Therapy	349,846	1,231,942	7.00
8.00	Occupational Therapy	75,223	264,888	8.00
9.00	Speech Pathology	38,000	133,813	9.00
10.00	Medical Social Services	22,242	78,322	10.00
11.00	Home Health Aide	39,119	137,752	11.00
12.00	Supplies (see instructions)	89,367	314,695	12.00
13.00	Drugs	0	0	13.00
14.00	DME	0	0	14.00
	HHA NONREIMBURSABLE SERVICES			
15.00	Home Dialysis Aide Services	0	0	15.00
16.00	Respiratory Therapy	0	0	16.00
17.00	Private Duty Nursing	0	0	17.00
18.00	Clinic	0	0	18.00
19.00	Health Promotion Activities	0	0	19.00
20.00	Day Care Program	0	0	20.00
21.00	Home Delivered Meals Program	0	0	21.00
22.00	Homemaker Service	0	0	22.00
23.00	All Others (specify)	41,666	146,722	23.00
24.00	Total (sum of lines 1-23)		4,207,396	24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-1
Part II
Date/Time Prepared:
5/30/2013 10:03 am

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		Capital Related Costs						
		Bldgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)	Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
		1.00	2.00	3.00	4.00	5A.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	100		0		3.00
4.00	Transportation (see instructions)	0	0	0	100			4.00
5.00	Administrative and General	0	0	100	100	-1,194,815	3,012,581	5.00
	HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,359,910	6.00
7.00	Physical Therapy	0	0	0	0	0	882,096	7.00
8.00	Occupational Therapy	0	0	0	0	0	189,665	8.00
9.00	Speech Pathology	0	0	0	0	0	95,813	9.00
10.00	Medical Social Services	0	0	0	0	0	56,080	10.00
11.00	Home Health Aide	0	0	0	0	0	98,633	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	225,328	12.00
13.00	Drugs	0	0	0		0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
	HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	105,056	23.00
24.00	Total (sum of lines 1-23)	0	0	100	100	-1,194,815	3,012,581	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	31	351,644		1,194,815	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.310000	3,516.440000		0.396608	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-2 Part I
Date/Time Prepared: 5/30/2013 10:03 am

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	Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	
		0	1.00	2.00	4.00	5.01	5.03	
1.00	Administrative and General	0	0	1,874,344	160,048	13,798	278	1.00
2.00	Skilled Nursing Care	1,899,262	0	0	366,834	0	0	2.00
3.00	Physical Therapy	1,231,942	0	0	230,436	0	0	3.00
4.00	Occupational Therapy	264,888	0	0	51,162	0	0	4.00
5.00	Speech Pathology	133,813	0	0	25,846	0	0	5.00
6.00	Medical Social Services	78,322	0	0	15,128	0	0	6.00
7.00	Home Health Aide	137,752	0	0	26,606	0	0	7.00
8.00	Supplies (see instructions)	314,695	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	146,722	0	0	28,339	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	4,207,396	0	1,874,344	904,399	13,798	278	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	BUSINESS OFFICE	Subtotal	REGIONAL TEAM	ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.04	5A.04	5.05	5.06	5A.06	5.07	
1.00	Administrative and General	0	2,048,468	241,625	27,166	2,317,259	112,065	1.00
2.00	Skilled Nursing Care	0	2,266,096	267,295	0	2,533,391	122,518	2.00
3.00	Physical Therapy	0	1,462,378	172,493	0	1,634,871	79,064	3.00
4.00	Occupational Therapy	0	316,050	37,279	0	353,329	17,087	4.00
5.00	Speech Pathology	0	159,659	18,832	0	178,491	8,632	5.00
6.00	Medical Social Services	0	93,450	11,023	0	104,473	5,052	6.00
7.00	Home Health Aide	0	164,358	19,387	0	183,745	8,886	7.00
8.00	Supplies (see instructions)	0	314,695	37,120	0	351,815	17,014	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	175,061	20,649	0	195,710	9,465	19.00
20.00	Total (sum of lines 1-19) (2)	0	7,000,215	825,703	27,166	7,853,084	379,783	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.		0.000000			0.000000		21.00

(1) Column 0, line 20 must agree with Wkst. A, column 7, line 101.
(2) Columns 0 through 26, line 20 must agree with the corresponding columns of Wkst. B, Part I, line 101.

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Home Health Agency I | PPS

	Cost Center Description	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		6.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	0	0	0	0	72,505	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	69,596	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	72,505	69,596	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

	Cost Center Description	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal	
		14.00	15.00	16.00	17.00	18.00	24.00	
1.00	Administrative and General	0	0	0	0	4,694	2,506,523	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	2,725,505	2.00
3.00	Physical Therapy	0	0	0	0	0	1,713,935	3.00
4.00	Occupational Therapy	0	0	0	0	0	370,416	4.00
5.00	Speech Pathology	0	0	0	0	0	187,123	5.00
6.00	Medical Social Services	0	0	0	0	0	109,525	6.00
7.00	Home Health Aide	0	0	0	0	0	192,631	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	368,829	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	205,175	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	0	4,694	8,379,662	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: 180102
HHA CCN: 187100

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

Worksheet H-2
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Home Health Agency I

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	Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs			
		25.00	26.00	27.00	28.00			
1.00	Administrative and General	0	2,506,523					1.00
2.00	Skilled Nursing Care	0	2,725,505	1,163,185	3,888,690			2.00
3.00	Physical Therapy	0	1,713,935	731,468	2,445,403			3.00
4.00	Occupational Therapy	0	370,416	158,085	528,501			4.00
5.00	Speech Pathology	0	187,123	79,860	266,983			5.00
6.00	Medical Social Services	0	109,525	46,743	156,268			6.00
7.00	Home Health Aide	0	192,631	82,210	274,841			7.00
8.00	Supplies (see instructions)	0	368,829	157,408	526,237			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	205,175	87,564	292,739			19.00
20.00	Total (sum of lines 1-19) (2)	0	8,379,662	2,506,523	8,379,662			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.			0.426777				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: 180102
HHA CCN: 187100

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

Worksheet H-2 Part II
Date/Time Prepared: 5/30/2013 10:03 am

Home Health Agency I | PPS

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	BUSINESS OFFICE (REVENUE)	
		1.00	2.00	4.00	5.01	5.03	5.04	
1.00	Administrative and General	0	911,979	593,318	59	41,374	0	1.00
2.00	Skilled Nursing Care	0	0	1,359,910	0	0	0	2.00
3.00	Physical Therapy	0	0	854,256	0	0	0	3.00
4.00	Occupational Therapy	0	0	189,665	0	0	0	4.00
5.00	Speech Pathology	0	0	95,813	0	0	0	5.00
6.00	Medical Social Services	0	0	56,080	0	0	0	6.00
7.00	Home Health Aide	0	0	98,633	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	105,056	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	911,979	3,352,731	59	41,374	0	20.00
21.00	Total cost to be allocated	0	1,874,344	904,399	13,798	278	0	21.00
22.00	Unit cost multiplier	0.000000	2.055249	0.269750	233.864407	0.006719	0.000000	22.00

	Cost Center Description	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5A.05	5.05	5.06	5A.07	5.07	6.00	
1.00	Administrative and General	0	2,048,468	7,334,278	0	2,317,259	0	1.00
2.00	Skilled Nursing Care	0	2,266,096	0	0	2,533,391	0	2.00
3.00	Physical Therapy	0	1,462,378	0	0	1,634,871	0	3.00
4.00	Occupational Therapy	0	316,050	0	0	353,329	0	4.00
5.00	Speech Pathology	0	159,659	0	0	178,491	0	5.00
6.00	Medical Social Services	0	93,450	0	0	104,473	0	6.00
7.00	Home Health Aide	0	164,358	0	0	183,745	0	7.00
8.00	Supplies (see instructions)	0	314,695	0	0	351,815	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	175,061	0	0	195,710	0	19.00
20.00	Total (sum of lines 1-19)		7,000,215	7,334,278		7,853,084	0	20.00
21.00	Total cost to be allocated		825,703	27,166		379,783	0	21.00
22.00	Unit cost multiplier		0.117954	0.003704		0.048361	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-2 Part II
Date/Time Prepared: 5/30/2013 10:03 am

Home Health Agency I | PPS

	Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	6,095	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	848	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	0	6,095	848	0	20.00
21.00	Total cost to be allocated	0	0	0	72,505	69,596	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	11.895816	82.070755	0.000000	22.00

	Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (GROSS CHARGES)			
		15.00	16.00	17.00	18.00			
1.00	Administrative and General	0	0	0	7,334,278			1.00
2.00	Skilled Nursing Care	0	0	0	0			2.00
3.00	Physical Therapy	0	0	0	0			3.00
4.00	Occupational Therapy	0	0	0	0			4.00
5.00	Speech Pathology	0	0	0	0			5.00
6.00	Medical Social Services	0	0	0	0			6.00
7.00	Home Health Aide	0	0	0	0			7.00
8.00	Supplies (see instructions)	0	0	0	0			8.00
9.00	Drugs	0	0	0	0			9.00
10.00	DME	0	0	0	0			10.00
11.00	Home Dialysis Aide Services	0	0	0	0			11.00
12.00	Respiratory Therapy	0	0	0	0			12.00
13.00	Private Duty Nursing	0	0	0	0			13.00
14.00	Clinic	0	0	0	0			14.00
15.00	Health Promotion Activities	0	0	0	0			15.00
16.00	Day Care Program	0	0	0	0			16.00
17.00	Home Delivered Meals Program	0	0	0	0			17.00
18.00	Homemaker Service	0	0	0	0			18.00
19.00	All Others (specify)	0	0	0	0			19.00
20.00	Total (sum of lines 1-19)	0	0	0	7,334,278			20.00
21.00	Total cost to be allocated	0	0	0	4,694			21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.000000	0.000640			22.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-3 Part I
Date/Time Prepared: 5/30/2013 10:03 am

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	Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	2.00	3,888,690		3,888,690	20,987	185.29	1.00
2.00	Physical Therapy	3.00	2,445,403	0	2,445,403	15,262	160.23	2.00
3.00	Occupational Therapy	4.00	528,501	0	528,501	2,756	191.76	3.00
4.00	Speech Pathology	5.00	266,983	0	266,983	1,311	203.65	4.00
5.00	Medical Social Services	6.00	156,268		156,268	465	336.06	5.00
6.00	Home Health Aide	7.00	274,841		274,841	3,208	85.67	6.00
7.00	Total (sum of lines 1-6)		7,560,686	0	7,560,686	43,989		7.00

	Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles		
		0	1.00	2.00	3.00	4.00	5.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care		99918	8,862	5,149			8.00
8.01	Skilled Nursing Care		99914	865	520			8.01
9.00	Physical Therapy		99918	6,882	2,903			9.00
9.01	Physical Therapy		99914	711	419			9.01
10.00	Occupational Therapy		99918	1,303	550			10.00
10.01	Occupational Therapy		99914	86	35			10.01
11.00	Speech Pathology		99918	523	154			11.00
11.01	Speech Pathology		99914	68	25			11.01
12.00	Medical Social Services		99918	206	131			12.00
12.01	Medical Social Services		99914	5	6			12.01
13.00	Home Health Aide		99918	524	2,228			13.00
13.01	Home Health Aide		99914	16	161			13.01
14.00	Total (sum of lines 8-13)			20,051	12,281			14.00

	Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)	
		0	1.00	2.00	3.00	4.00	5.00	
	Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	526,237	0	526,237	317,951	1.655088	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

	Cost Center Description	Program Visits Part A	Program Visits Part B Not Subject to Deductibles & Coinsurance	Program Visits Part B Subject to Deductibles & Coinsurance	Cost of Services Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
	Cost Per Visit Computation							
1.00	Skilled Nursing Care	9,727	5,669		1,802,316	1,050,409		1.00
2.00	Physical Therapy	7,593	3,322		1,216,626	532,284		2.00
3.00	Occupational Therapy	1,389	585		266,355	112,180		3.00
4.00	Speech Pathology	591	179		120,357	36,453		4.00
5.00	Medical Social Services	211	137		70,909	46,040		5.00
6.00	Home Health Aide	540	2,389		46,262	204,666		6.00
7.00	Total (sum of lines 1-6)	20,051	12,281		3,522,825	1,982,032		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-3 Part I
Date/Time Prepared: 5/30/2013 10:03 am

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	Cost Center Description	6.00	7.00	8.00	9.00	10.00	11.00	
	Limitation Cost Computation							
8.00	Skilled Nursing Care							8.00
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	Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	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		0	0	16.00

	Cost Center Description	Total Program Cost (sum of cols. 9-10)	
		12.00	
	PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION		
	Cost Per Visit Computation		
1.00	Skilled Nursing Care	2,852,725	1.00
2.00	Physical Therapy	1,748,910	2.00
3.00	Occupational Therapy	378,535	3.00
4.00	Speech Pathology	156,810	4.00
5.00	Medical Social Services	116,949	5.00
6.00	Home Health Aide	250,928	6.00
7.00	Total (sum of lines 1-6)	5,504,857	7.00

	Cost Center Description	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

APPORTIONMENT OF PATIENT SERVICE COSTS	Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Home Health Agency I	PPS

	Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
		0	1.00	2.00	3.00	4.00		
	PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.280687	0	0	col. 2, line 2.00		1.00
2.00	Occupational Therapy	67.00	0.273646	0	0	col. 2, line 3.00		2.00
3.00	Speech Pathology	68.00	0.283453	0	0	col. 2, line 4.00		3.00
4.00	Cost of Medical Supplies	71.00	0.753497	0	0	col. 2, line 15.00		4.00
5.00	Cost of Drugs	73.00	0.387398	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Home Health Agency I	PPS

		Part A	Part B Not Subject to Deductibles & Coinsurance	Part B Subject to Deductibles & Coinsurance	
		1.00	2.00	3.00	
	PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES				
	Reasonable Cost of Part A & Part B Services				
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
	Customary Charges				
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	230	1,000	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)	-230	-1,000	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers	3,086,334	1,677,153	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers	25,065	6,514	12.00
13.00	Total PPS Reimbursement - LUPA Episodes	31,949	29,294	13.00
14.00	Total PPS Reimbursement - PEP Episodes	19,017	8,665	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers	3,506	4,124	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes	0	0	16.00
17.00	Total Other Payments	0	0	17.00
18.00	DME Payments	0	0	18.00
19.00	Oxygen Payments	0	0	19.00
20.00	Prosthetic and Orthotic Payments	0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)		0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)	3,165,641	1,724,750	22.00
23.00	Excess reasonable cost (from line 8)	0	0	23.00
24.00	Subtotal (line 22 minus line 23)	3,165,641	1,724,750	24.00
25.00	Coinsurance billed to program patients (from your records)		0	25.00
26.00	Net cost (line 24 minus line 25)	3,165,641	1,724,750	26.00
27.00	Reimbursable bad debts (from your records)	0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT	Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Home Health Agency I	PPS

		Part A Services	Part B Services	
		1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)	3,165,641	1,724,750	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)	3,165,641	1,724,750	31.00
32.00	Interim payments (see instructions)	3,165,641	1,724,750	32.00
33.00	Tentative settlement (for contractor use only)	0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)	0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	0	35.00

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

Provider CCN: 180102
HHA CCN: 187100

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

Worksheet H-5
Date/Time Prepared: 5/30/2013 10:03 am

Home Health Agency I — PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,165,641		1,724,750	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
	Program to Provider					
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
	Provider to Program					
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		3,165,641		1,724,750	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)		3,165,641		1,724,750	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 180102 HHA CCN: 187100	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/30/2013 10:03 am
		Home Health Agency I	PPS

					Contractor Number	Date (Mo/Day/Yr)	
			0		1.00	2.00	
8.00	Name of Contractor						8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K
Date/Time Prepared: 5/30/2013 10:03 am

Hospice I

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	41,026	11,441	0	0	0	5.00
6.00	Administrative and General	495,861	138,287	0	0	433,108	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	213,202	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8,325	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	291,743	9.00
10.00	Nursing Care	981,282	273,661	105,133	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,205	336	243	0	0	12.00
13.00	Occupational Therapy	0	0	32	0	0	13.00
14.00	Speech/ Language Pathology	66	19	32	0	0	14.00
15.00	Medical Social Services	152,016	42,394	20,972	0	0	15.00
16.00	Spiritual Counseling	82,309	19,523	8,964	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	179,718	50,120	67,217	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	431,762	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	309,401	26.00
27.00	Patient Transportation	0	0	36,435	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	151	29.00
30.00	Medical Supplies	0	0	0	0	91,526	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	17,768	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	394,623	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	35,275	8,367	1,712	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	136,616	43,002	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	2,105,374	587,150	240,740	0	2,191,609	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	52,467	-11,441	41,026	0	41,026	5.00
6.00	Administrative and General	1,067,256	-622,004	445,252	-38,061	407,191	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	213,202	0	213,202	0	213,202	7.00
8.00	Inpatient - Respite Care	8,325	0	8,325	0	8,325	8.00
	VISITING SERVICES						
9.00	Physician Services	291,743	0	291,743	0	291,743	9.00
10.00	Nursing Care	1,360,076	-273,662	1,086,414	0	1,086,414	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,784	-336	1,448	0	1,448	12.00
13.00	Occupational Therapy	32	0	32	0	32	13.00
14.00	Speech/ Language Pathology	117	-19	98	0	98	14.00
15.00	Medical Social Services	215,382	-42,394	172,988	0	172,988	15.00
16.00	Spiritual Counseling	110,796	-19,523	91,273	0	91,273	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	297,055	-50,120	246,935	0	246,935	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	431,762	-431,762	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	309,401	0	309,401	0	309,401	26.00
27.00	Patient Transportation	36,435	0	36,435	0	36,435	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	151	0	151	0	151	29.00
30.00	Medical Supplies	91,526	-91,526	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	17,768	0	17,768	0	17,768	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	394,623	0	394,623	0	394,623	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	45,354	-8,367	36,987	0	36,987	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	179,618	-43,002	136,616	-111,258	25,358	38.00
39.00	Total (sum of lines 1 thru 38)	5,124,873	-1,594,156	3,530,717	-149,319	3,381,398	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K
Date/Time Prepared: 5/30/2013 10:03 am

Hospice II

		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	17,432	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	3,760	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	0	0	0	0	7,888	9.00
10.00	Nursing Care	76,402	13,291	11,076	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	5,534	963	2,857	0	0	15.00
16.00	Spiritual Counseling	9,114	1,586	1,532	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	10,018	1,743	4,883	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	47,730	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	45,121	26.00
27.00	Patient Transportation	0	0	2,281	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	4,168	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	127,684	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	3,906	680	420	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	104	38.00
39.00	Total (sum of lines 1 thru 38)	104,974	18,263	23,049	0	253,887	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

		Total (cols. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	17,432	-219	17,213	-104	17,109	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	3,760	0	3,760	0	3,760	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	7,888	0	7,888	0	7,888	9.00
10.00	Nursing Care	100,769	-13,291	87,478	0	87,478	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	9,354	-963	8,391	0	8,391	15.00
16.00	Spiritual Counseling	12,232	-1,586	10,646	0	10,646	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	16,644	-1,743	14,901	0	14,901	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	47,730	-47,730	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	45,121	0	45,121	0	45,121	26.00
27.00	Patient Transportation	2,281	0	2,281	0	2,281	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	4,168	-4,168	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	127,684	-45,121	82,563	0	82,563	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	5,006	-680	4,326	0	4,326	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	104	0	104	0	104	38.00
39.00	Total (sum of lines 1 thru 38)	400,173	-115,501	284,672	-104	284,568	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-1
Date/Time Prepared: 5/30/2013 10:03 am

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	342,616	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	981,282	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	152,016	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	152,016	0	1,323,898	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-1

Date/Time Prepared: 5/30/2013 10:03 am

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	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	41,026	41,026		5.00
6.00	Administrative and General		0	153,245	495,861		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	981,282		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	1,205	0	0	1,205		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	66	0	0	66		14.00
15.00	Medical Social Services		0	0	152,016		15.00
16.00	Spiritual Counseling		0	82,309	82,309		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		179,718	0	179,718		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	35,275	35,275		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	136,616	136,616		38.00
39.00	Total (sum of lines 1 thru 38)	1,271	179,718	448,471	2,105,374		39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-1

Date/Time Prepared: 5/30/2013 10:03 am

Hospice II

		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	76,402	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	5,534	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	5,534	0	76,402	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-1

Date/Time Prepared: 5/30/2013 10:03 am

Hospice II

		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	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	76,402		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	5,534		15.00
16.00	Spiritual Counseling		0	9,114	9,114		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		10,018	0	10,018		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	3,906	3,906		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)	0	10,018	13,020	104,974		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-2
Date/Time Prepared: 5/30/2013 10:03 am

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	138,287	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	273,661	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	42,394	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	42,394	0	411,948	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-2
Date/Time Prepared: 5/30/2013 10:03 am

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	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	11,441	11,441		5.00
6.00	Administrative and General		0	0	138,287		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	273,661		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	336	0	0	336		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	19	0	0	19		14.00
15.00	Medical Social Services		0	0	42,394		15.00
16.00	Spiritual Counseling		0	19,523	19,523		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		50,120	0	50,120		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	8,367	8,367		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	43,002	43,002		38.00
39.00	Total (sum of lines 1 thru 38)	355	50,120	82,333	587,150		39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-2
Date/Time Prepared: 5/30/2013 10:03 am

Hospice II

		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	13,291	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	963	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	963	0	13,291	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-2
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

		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	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	13,291		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	963		15.00
16.00	Spiritual Counseling		0	1,586	1,586		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		1,743	0	1,743		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	680	680		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)	0	1,743	2,266	18,263		39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-3

Date/Time Prepared: 5/30/2013 10:03 am

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: 180102
Hospice CCN: 181507

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

Worksheet K-3
Date/Time Prepared: 5/30/2013 10:03 am

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	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	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	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)	0	0	0	0		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-4
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	41,026	0	0	0	0	5.00
6.00	Administrative and General	407,191	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	213,202	0	0	0	0	7.00
8.00	Inpatient - Respite Care	8,325	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	291,743	0	0	0	0	9.00
10.00	Nursing Care	1,086,414	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,448	0	0	0	0	12.00
13.00	Occupational Therapy	32	0	0	0	0	13.00
14.00	Speech/ Language Pathology	98	0	0	0	0	14.00
15.00	Medical Social Services	172,988	0	0	0	0	15.00
16.00	Spiritual Counseling	91,273	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	246,935	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	309,401	0	0	0	0	26.00
27.00	Patient Transportation	36,435	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	151	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.)	17,768	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	394,623	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	36,987	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	25,358	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	3,381,398	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-4
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 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	41,026					5.00
6.00	Administrative and General	41,026	448,217	448,217			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	213,202	32,579	245,781		7.00
8.00	Inpatient - Respite Care	0	8,325	1,272	9,597		8.00
	VISITING SERVICES						
9.00	Physician Services	0	291,743	44,581	336,324		9.00
10.00	Nursing Care	0	1,086,414	166,015	1,252,429		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	1,448	221	1,669		12.00
13.00	Occupational Therapy	0	32	5	37		13.00
14.00	Speech/ Language Pathology	0	98	15	113		14.00
15.00	Medical Social Services	0	172,988	26,434	199,422		15.00
16.00	Spiritual Counseling	0	91,273	13,947	105,220		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	246,935	37,734	284,669		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	309,401	47,279	356,680		26.00
27.00	Patient Transportation	0	36,435	5,568	42,003		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	151	23	174		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	17,768	2,715	20,483		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	394,623	60,302	454,925		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	36,987	5,652	42,639		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	25,358	3,875	29,233		38.00
39.00	Total (sum of lines 1 thru 38)	41,026	3,381,398		3,381,398		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-4 Part II
Date/Time Prepared: 5/30/2013 10:03 am

Hospice I

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	100	5.00
6.00	Administrative and General	0	0	0	0	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	0	41,026	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	410.260000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-4
Part II
Date/Time Prepared:
5/30/2013 10:03 am

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	-448,217	2,933,181		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	213,202		7.00
8.00	Inpatient - Respite Care	0	8,325		8.00
	VISITING SERVICES				
9.00	Physician Services	0	291,743		9.00
10.00	Nursing Care	0	1,086,414		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	1,448		12.00
13.00	Occupational Therapy	0	32		13.00
14.00	Speech/ Language Pathology	0	98		14.00
15.00	Medical Social Services	0	172,988		15.00
16.00	Spiritual Counseling	0	91,273		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	246,935		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	309,401		26.00
27.00	Patient Transportation	0	36,435		27.00
28.00	Imaging Services	0	0		28.00
29.00	Labs and Diagnostics	0	151		29.00
30.00	Medical Supplies	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	17,768		31.00
32.00	Radiation Therapy	0	0		32.00
33.00	Chemotherapy	0	0		33.00
34.00	Other	0	394,623		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	36,987		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	25,358		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		448,217		39.00
40.00	Unit Cost Multiplier		0.152809		40.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-4
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION	
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT			
		0	1.00	2.00	3.00	4.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	17,109	0	0	0	0	6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	3,760	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
	VISITING SERVICES						
9.00	Physician Services	7,888	0	0	0	0	9.00
10.00	Nursing Care	87,478	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	8,391	0	0	0	0	15.00
16.00	Spiritual Counseling	10,646	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	14,901	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	45,121	0	0	0	0	26.00
27.00	Patient Transportation	2,281	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	82,563	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	4,326	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	104	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	284,568	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-4
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (cols. 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	0					5.00
6.00	Administrative and General	0	17,109	17,109			6.00
	INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	3,760	241	4,001		7.00
8.00	Inpatient - Respite Care	0	0	0	0		8.00
	VISITING SERVICES						
9.00	Physician Services	0	7,888	505	8,393		9.00
10.00	Nursing Care	0	87,478	5,595	93,073		10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services	0	8,391	537	8,928		15.00
16.00	Spiritual Counseling	0	10,646	681	11,327		16.00
17.00	Dietary Counseling	0	0	0	0		17.00
18.00	Counseling - Other	0	0	0	0		18.00
19.00	Home Health Aide and Homemaker	0	14,901	953	15,854		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		20.00
21.00	Other	0	0	0	0		21.00
	OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0		22.00
23.00	Analgesics	0	0	0	0		23.00
24.00	Sedatives / Hypnotics	0	0	0	0		24.00
25.00	Other - Specify	0	0	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	45,121	2,886	48,007		26.00
27.00	Patient Transportation	0	2,281	146	2,427		27.00
28.00	Imaging Services	0	0	0	0		28.00
29.00	Labs and Diagnostics	0	0	0	0		29.00
30.00	Medical Supplies	0	0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0		31.00
32.00	Radiation Therapy	0	0	0	0		32.00
33.00	Chemotherapy	0	0	0	0		33.00
34.00	Other	0	82,563	5,281	87,844		34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	4,326	277	4,603		35.00
36.00	Volunteer Program Costs	0	0	0	0		36.00
37.00	Fundraising	0	0	0	0		37.00
38.00	Other Program Costs	0	104	7	111		38.00
39.00	Total (sum of lines 1 thru 38)	0	284,568		284,568		39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-4 Part II
Date/Time Prepared: 5/30/2013 10:03 am

Hospice II

		CAPITAL RELATED COST					
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT ($ VALUE)	PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		1.00	2.00	3.00	4.00	5.00	
	GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0					1.00
2.00	Capital Related Costs-Movable Equip.	0	0				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	0		4.00
5.00	Volunteer Service Coordination	0	0	0	0	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	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
	HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	0	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	40.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-4
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

		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	-17,109	267,459		6.00
	INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	3,760		7.00
8.00	Inpatient - Respite Care	0	0		8.00
	VISITING SERVICES				
9.00	Physician Services	0	7,888		9.00
10.00	Nursing Care	0	87,478		10.00
11.00	Nursing Care-Continuous Home Care	0	0		11.00
12.00	Physical Therapy	0	0		12.00
13.00	Occupational Therapy	0	0		13.00
14.00	Speech/ Language Pathology	0	0		14.00
15.00	Medical Social Services	0	8,391		15.00
16.00	Spiritual Counseling	0	10,646		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	14,901		19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0		20.00
21.00	Other	0	0		21.00
	OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0		22.00
23.00	Analgesics	0	0		23.00
24.00	Sedatives / Hypnotics	0	0		24.00
25.00	Other - Specify	0	0		25.00
26.00	Durable Medical Equipment/Oxygen	0	45,121		26.00
27.00	Patient Transportation	0	2,281		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	82,563		34.00
	HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	4,326		35.00
36.00	Volunteer Program Costs	0	0		36.00
37.00	Fundraising	0	0		37.00
38.00	Other Program Costs	0	104		38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		17,109		39.00
40.00	Unit Cost Multiplier		0.063969		40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		0	1.00	2.00	4.00	5.01	
1.00	Administrative and General		0	46,566	144,825	9,823	1.00
2.00	Inpatient - General Care	245,781	0	0	0	0	2.00
3.00	Inpatient - Respite Care	9,597	0	0	0	0	3.00
4.00	Physician Services	336,324	0	0	0	0	4.00
5.00	Nursing Care	1,252,429	0	0	264,702	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	1,669	0	0	325	0	7.00
8.00	Occupational Therapy	37	0	0	0	0	8.00
9.00	Speech/ Language Pathology	113	0	0	18	0	9.00
10.00	Medical Social Services	199,422	0	0	41,006	0	10.00
11.00	Spiritual Counseling	105,220	0	0	22,203	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	284,669	0	0	48,479	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	356,680	0	0	0	0	21.00
22.00	Patient Transportation	42,003	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	174	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.)	20,483	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	454,925	0	0	0	0	29.00
30.00	Bereavement Program Costs	42,639	0	0	9,515	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	29,233	0	0	36,852	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,381,398	0	46,566	567,925	9,823	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	Subtotal	REGIONAL TEAM	ADMITTING	
		5.03	5.04	5A.04	5.05	5.06	
1.00	Administrative and General	186	0	201,400	23,756	27,965	1.00
2.00	Inpatient - General Care	0	0	245,781	28,991	0	2.00
3.00	Inpatient - Respite Care	0	0	9,597	1,132	0	3.00
4.00	Physician Services	0	0	336,324	39,671	0	4.00
5.00	Nursing Care	0	0	1,517,131	178,953	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	1,994	235	0	7.00
8.00	Occupational Therapy	0	0	37	4	0	8.00
9.00	Speech/ Language Pathology	0	0	131	15	0	9.00
10.00	Medical Social Services	0	0	240,428	28,359	0	10.00
11.00	Spiritual Counseling	0	0	127,423	15,030	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	333,148	39,296	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	356,680	42,072	0	21.00
22.00	Patient Transportation	0	0	42,003	4,954	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	174	21	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	20,483	2,416	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	454,925	53,660	0	29.00
30.00	Bereavement Program Costs	0	0	52,154	6,152	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	66,085	7,795	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	186	0	4,005,898	472,512	27,965	34.00
35.00	Unit Cost Multiplier (see instructions)			0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
1.00	Administrative and General	253,121	12,241	0	0	0	1.00
2.00	Inpatient - General Care	274,772	13,288	0	0	0	2.00
3.00	Inpatient - Respite Care	10,729	519	0	0	0	3.00
4.00	Physician Services	375,995	18,183	0	0	0	4.00
5.00	Nursing Care	1,696,084	82,025	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,229	108	0	0	0	7.00
8.00	Occupational Therapy	41	2	0	0	0	8.00
9.00	Speech/ Language Pathology	146	7	0	0	0	9.00
10.00	Medical Social Services	268,787	12,999	0	0	0	10.00
11.00	Spiritual Counseling	142,453	6,889	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	372,444	18,012	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	398,752	19,284	0	0	0	21.00
22.00	Patient Transportation	46,957	2,271	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	195	9	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	22,899	1,107	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	508,585	24,596	0	0	0	29.00
30.00	Bereavement Program Costs	58,306	2,820	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	73,880	3,573	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,506,375	217,933	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	47,191	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	9,192	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	47,191	9,192	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	18.00	24.00	25.00	
1.00	Administrative and General	0	0	4,832	317,385		1.00
2.00	Inpatient - General Care	0	0	0	288,060	0	2.00
3.00	Inpatient - Respite Care	0	0	0	11,248	0	3.00
4.00	Physician Services	0	0	0	394,178	0	4.00
5.00	Nursing Care	0	0	0	1,787,301	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	2,337	0	7.00
8.00	Occupational Therapy	0	0	0	43	0	8.00
9.00	Speech/ Language Pathology	0	0	0	153	0	9.00
10.00	Medical Social Services	0	0	0	281,786	0	10.00
11.00	Spiritual Counseling	0	0	0	149,342	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	390,456	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	418,036	0	21.00
22.00	Patient Transportation	0	0	0	49,228	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	204	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	24,006	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	533,181	0	29.00
30.00	Bereavement Program Costs	0	0	0	61,126	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	77,453	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	4,832	4,785,523	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	288,060	20,462	308,522		2.00
3.00	Inpatient - Respite Care	11,248	799	12,047		3.00
4.00	Physician Services	394,178	28,000	422,178		4.00
5.00	Nursing Care	1,787,301	126,958	1,914,259		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	2,337	166	2,503		7.00
8.00	Occupational Therapy	43	3	46		8.00
9.00	Speech/ Language Pathology	153	11	164		9.00
10.00	Medical Social Services	281,786	20,016	301,802		10.00
11.00	Spiritual Counseling	149,342	10,608	159,950		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	390,456	27,735	418,191		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	418,036	29,694	447,730		21.00
22.00	Patient Transportation	49,228	3,497	52,725		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	204	14	218		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	24,006	1,705	25,711		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	533,181	37,873	571,054		29.00
30.00	Bereavement Program Costs	61,126	4,342	65,468		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	77,453	5,502	82,955		33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,785,523		4,785,523		34.00
35.00	Unit Cost Multiplier (see instructions)		0.071033			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
		1.00	2.00	4.00	5.01	5.03	
1.00	Administrative and General	0	22,657	536,887	42	27,592	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	981,282	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	1,205	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	66	0	0	9.00
10.00	Medical Social Services	0	0	152,016	0	0	10.00
11.00	Spiritual Counseling	0	0	82,309	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	179,718	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	35,275	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	136,616	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	22,657	2,105,374	42	27,592	34.00
35.00	Total cost to be allocated	0	46,566	567,925	9,823	186	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	2.055259	0.269750	233.880952	0.006741	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.04	5A.05	5.05	5.06	5A.07	
1.00	Administrative and General	0	0	201,400	7,550,049	0	1.00
2.00	Inpatient - General Care	0	0	245,781	0	0	2.00
3.00	Inpatient - Respite Care	0	0	9,597	0	0	3.00
4.00	Physician Services	0	0	336,324	0	0	4.00
5.00	Nursing Care	0	0	1,517,131	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	1,994	0	0	7.00
8.00	Occupational Therapy	0	0	37	0	0	8.00
9.00	Speech/ Language Pathology	0	0	131	0	0	9.00
10.00	Medical Social Services	0	0	240,428	0	0	10.00
11.00	Spiritual Counseling	0	0	127,423	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	333,148	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	356,680	0	0	21.00
22.00	Patient Transportation	0	0	42,003	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	174	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	20,483	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	454,925	0	0	29.00
30.00	Bereavement Program Costs	0	0	52,154	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	66,085	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0		4,005,898	7,550,049		34.00
35.00	Total cost to be allocated	0		472,512	27,965		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		0.117954	0.003704		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.07	6.00	8.00	9.00	10.00	
1.00	Administrative and General	253,121	0	0	0	0	1.00
2.00	Inpatient - General Care	274,772	0	0	0	0	2.00
3.00	Inpatient - Respite Care	10,729	0	0	0	0	3.00
4.00	Physician Services	375,995	0	0	0	0	4.00
5.00	Nursing Care	1,696,084	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	2,229	0	0	0	0	7.00
8.00	Occupational Therapy	41	0	0	0	0	8.00
9.00	Speech/ Language Pathology	146	0	0	0	0	9.00
10.00	Medical Social Services	268,787	0	0	0	0	10.00
11.00	Spiritual Counseling	142,453	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	372,444	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	398,752	0	0	0	0	21.00
22.00	Patient Transportation	46,957	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	195	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.)	22,899	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	508,585	0	0	0	0	29.00
30.00	Bereavement Program Costs	58,306	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	73,880	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	4,506,375	0	0	0	0	34.00
35.00	Total cost to be allocated	217,933	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.048361	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	3,967	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	112	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)	3,967	112	0	0	0	34.00
35.00	Total cost to be allocated	47,191	9,192	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	11.895891	82.071429	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (GROSS CHARGES)		
		17.00	18.00		
1.00	Administrative and General	0	7,550,049		1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	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)	0	7,550,049		34.00
35.00	Total cost to be allocated	0	4,832		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000640		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-5
Part III
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

	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	0.280687	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.273646	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.283453	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.387398	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.132951	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.753497	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	DIABETES	76.00	0.000000	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.133723	0	0	10.01
11.00	Totals (sum of lines 1-10)				0	11.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS BLDG & FIXT	CAPITAL RELATED COSTS MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		0	1.00	2.00	4.00	5.01	
1.00	Administrative and General		0	0	0	0	1.00
2.00	Inpatient - General Care	4,001	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	8,393	0	0	0	0	4.00
5.00	Nursing Care	93,073	0	0	20,609	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	8,928	0	0	1,493	0	10.00
11.00	Spiritual Counseling	11,327	0	0	2,459	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	15,854	0	0	2,702	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	48,007	0	0	0	0	21.00
22.00	Patient Transportation	2,427	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	87,844	0	0	0	0	29.00
30.00	Bereavement Program Costs	4,603	0	0	1,054	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	111	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	284,568	0	0	28,317	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	PURCHASING RECEIVING AND STORES	BUSINESS OFFICE	Subtotal	REGIONAL TEAM	ADMITTING	
		5.03	5.04	5A.04	5.05	5.06	
1.00	Administrative and General	0	0	0	0	5,008	1.00
2.00	Inpatient - General Care	0	0	4,001	472	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	8,393	990	0	4.00
5.00	Nursing Care	0	0	113,682	13,409	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	10,421	1,229	0	10.00
11.00	Spiritual Counseling	0	0	13,786	1,626	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	18,556	2,189	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	48,007	5,663	0	21.00
22.00	Patient Transportation	0	0	2,427	286	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	87,844	10,362	0	29.00
30.00	Bereavement Program Costs	0	0	5,657	667	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	111	13	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	312,885	36,906	5,008	34.00
35.00	Unit Cost Multiplier (see instructions)			0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.06	5.07	6.00	8.00	9.00	
1.00	Administrative and General	5,008	242	0	0	0	1.00
2.00	Inpatient - General Care	4,473	216	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	9,383	454	0	0	0	4.00
5.00	Nursing Care	127,091	6,148	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	11,650	563	0	0	0	10.00
11.00	Spiritual Counseling	15,412	745	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	20,745	1,003	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	53,670	2,595	0	0	0	21.00
22.00	Patient Transportation	2,713	131	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	98,206	4,749	0	0	0	29.00
30.00	Bereavement Program Costs	6,324	306	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	124	6	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	354,799	17,158	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	2,296	1,149	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	2,296	1,149	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	Subtotal (cols. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	18.00	24.00	25.00	
1.00	Administrative and General	0	0	865	9,560		1.00
2.00	Inpatient - General Care	0	0	0	4,689	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	9,837	0	4.00
5.00	Nursing Care	0	0	0	133,239	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	12,213	0	10.00
11.00	Spiritual Counseling	0	0	0	16,157	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	21,748	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	56,265	0	21.00
22.00	Patient Transportation	0	0	0	2,844	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	102,955	0	29.00
30.00	Bereavement Program Costs	0	0	0	6,630	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	130	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	0	865	376,267	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part I
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	Subtotal (cols. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (cols. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	4,689	122	4,811		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	9,837	256	10,093		4.00
5.00	Nursing Care	133,239	3,475	136,714		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	12,213	318	12,531		10.00
11.00	Spiritual Counseling	16,157	421	16,578		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	21,748	567	22,315		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	56,265	1,467	57,732		21.00
22.00	Patient Transportation	2,844	74	2,918		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	102,955	2,684	105,639		29.00
30.00	Bereavement Program Costs	6,630	173	6,803		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	130	3	133		33.00
34.00	Total (sum of lines 1 thru 33) (2)	376,267		376,267		34.00
35.00	Unit Cost Multiplier (see instructions)		0.026070			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	CAPITAL RELATED COSTS BLDG & FIXT (SQUARE FEET)	CAPITAL RELATED COSTS MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO OF PHONES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	
		1.00	2.00	4.00	5.01	5.03	
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	76,402	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	5,534	0	0	10.00
11.00	Spiritual Counseling	0	0	9,114	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	10,018	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	3,906	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	104,974	0	0	34.00
35.00	Total cost to be allocated	0	0	28,317	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.269753	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	BUSINESS OFFICE (REVENUE)	Reconciliation	REGIONAL TEAM (ACCUM. COST)	ADMITTING (GROSS CHARGES)	Reconciliation	
		5.04	5A.05	5.05	5.06	5A.07	
1.00	Administrative and General	0	0	0	1,351,977	0	1.00
2.00	Inpatient - General Care	0	0	4,001	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	8,393	0	0	4.00
5.00	Nursing Care	0	0	113,682	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	10,421	0	0	10.00
11.00	Spiritual Counseling	0	0	13,786	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	18,556	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	48,007	0	0	21.00
22.00	Patient Transportation	0	0	2,427	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	87,844	0	0	29.00
30.00	Bereavement Program Costs	0	0	5,657	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	111	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0		312,885	1,351,977		34.00
35.00	Total cost to be allocated	0		36,906	5,008		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000		0.117954	0.003704		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.07	6.00	8.00	9.00	10.00	
1.00	Administrative and General	5,008	0	0	0	0	1.00
2.00	Inpatient - General Care	4,473	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	9,383	0	0	0	0	4.00
5.00	Nursing Care	127,091	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	11,650	0	0	0	0	10.00
11.00	Spiritual Counseling	15,412	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	20,745	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	53,670	0	0	0	0	21.00
22.00	Patient Transportation	2,713	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	98,206	0	0	0	0	29.00
30.00	Bereavement Program Costs	6,324	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	124	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	354,799	0	0	0	0	34.00
35.00	Total cost to be allocated	17,158	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.048360	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICE & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	193	14	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)	193	14	0	0	0	34.00
35.00	Total cost to be allocated	2,296	1,149	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	11.896373	82.071429	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	Cost Center Description	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (GROSS CHARGES)		
		17.00	18.00		
1.00	Administrative and General	0	1,351,977		1.00
2.00	Inpatient - General Care	0	0		2.00
3.00	Inpatient - Respite Care	0	0		3.00
4.00	Physician Services	0	0		4.00
5.00	Nursing Care	0	0		5.00
6.00	Nursing Care-Continuous Home Care	0	0		6.00
7.00	Physical Therapy	0	0		7.00
8.00	Occupational Therapy	0	0		8.00
9.00	Speech/ Language Pathology	0	0		9.00
10.00	Medical Social Services	0	0		10.00
11.00	Spiritual Counseling	0	0		11.00
12.00	Dietary Counseling	0	0		12.00
13.00	Counseling - Other	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0		15.00
16.00	Other	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0		17.00
18.00	Analgesics	0	0		18.00
19.00	Sedatives / Hypnotics	0	0		19.00
20.00	Other - Specify	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0		21.00
22.00	Patient Transportation	0	0		22.00
23.00	Imaging Services	0	0		23.00
24.00	Labs and Diagnostics	0	0		24.00
25.00	Medical Supplies	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0		26.00
27.00	Radiation Therapy	0	0		27.00
28.00	Chemotherapy	0	0		28.00
29.00	Other	0	0		29.00
30.00	Bereavement Program Costs	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)	0	1,351,977		34.00
35.00	Total cost to be allocated	0	865		35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	0.000640		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-5
Part III
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

	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	0.280687	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.273646	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.283453	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.387398	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00				5.00
6.00	LABORATORY	60.00	0.132951	0	0	6.00
6.01	BLOOD LABORATORY	60.01				6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.753497	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY - THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	DIABETES	76.00	0.000000	0	0	10.00
10.01	LITHOTRIPTOR	76.01	0.133723	0	0	10.01
11.00	Totals (sum of lines 1-10)				0	11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 180102
Hospice CCN: 181507

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

Worksheet K-6
Date/Time Prepared:
5/30/2013 10:03 am

Hospice I

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				4,702,568	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				35,638	2.00
3.00	Average cost per diem (line 1 divided by line 2)				131.95	3.00
4.00	Upduplicated Medicare Days (Worksheet S-9, column 1, line 5)	30,178				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	3,981,987				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		1,835			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		242,128			7.00
8.00	Upduplicated SNF Days (Worksheet S-9, column 3, line 5)	3,210				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	423,560				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		44			10.00
11.00	Aggregate NF cost (line 3 times line 10)		5,806			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			3,625		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			478,319		13.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 180102
Hospice CCN: 141548

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

Worksheet K-6
Date/Time Prepared:
5/30/2013 10:03 am

Hospice II

		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				376,134	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				5,397	2.00
3.00	Average cost per diem (line 1 divided by line 2)				69.69	3.00
4.00	Updduplicated Medicare Days (Worksheet S-9, column 1, line 5)	4,845				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	337,648				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		117			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		8,154			7.00
8.00	Updduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,650				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	114,989				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		88			10.00
11.00	Aggregate NF cost (line 3 times line 10)		6,133			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			435		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			30,315		13.00

CALCULATION OF CAPITAL PAYMENT	Provider CCN: 180102	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 10:03 am
	Title XVIII	Hospital	PPS

		1.00	
	PART I - FULLY PROSPECTIVE METHOD		
	CAPITAL FEDERAL AMOUNT		
1.00	Capital DRG other than outlier	3,189,732	1.00
2.00	Capital DRG outlier payments	112,865	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	122.91	3.00
4.00	Number of interns & residents (see instructions)	0.00	4.00
5.00	Indirect medical education percentage (see instructions)	0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)	0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)	0.00	8.00
9.00	Sum of lines 7 and 8	0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)	0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	3,302,597	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