

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 9:28 am
--	----------------------	---------------------------------------	---

PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2013 Time: 9:28 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE MONROE CLINIC (520028) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	183,022	-1,147,696	30,629	566,595	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	183,022	-1,147,696	30,629	566,595	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: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:26 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 515 22ND AVENUE		PO Box:						1.00		
2.00	City: MONROE		State: WI		Zip Code: 53566		County: GREEN		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		THE MONROE CLINIC	520028	99952	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTG										11.00
12.00	Hospital-Based HHA		THE MONROE CLINIC HOMECARE	527157	99952		05/21/1985	N	P	N	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		THE MONROE CLINIC HOSPICE	521523	99952		09/01/1988				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FOHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012		12/31/2012		20.00	
21.00	Type of Control (see instructions)							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.					N				22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					3		N		23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					0	0	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.					0	0	0	0	0	25.00
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1				26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1				27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0				35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:26 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	Y	Y			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 520028

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2013 9:26 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: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:26 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.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		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		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical		Occupational		
		1.00		2.00		
		Speech		Respiratory		
		3.00		4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		109.00
		1.00		2.00		3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N				0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:26 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	681,748	7,911		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	Y	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)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 520028			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:26 am	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 9:26 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		N		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		Y		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		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
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	04/30/2013	Y
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
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
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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 9:26 am	
	Description	Part A		Part B	
		Y/N	Date	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 relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			Y	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	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.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DALE		GULLICKSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	RURAL WISCONSIN HEALTH COOPERATIVE			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	608-643-3232		DGULLICKSON@RWHC.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 520028

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2013 9:26 am

		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)	04/30/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCIAL CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520028

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	81	29,646	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)		81	29,646	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,196	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		87	31,842	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY						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
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		87				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	4,728	205	8,836			1.00
2.00 HMO	697	730				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,728	205	8,836			7.00
8.00 INTENSIVE CARE UNIT	769	0	1,281			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		67	1,030			13.00
14.00 Total (see instructions)	5,497	272	11,147	0.85	973.74	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	7,667	0	10,941	0.00	20.63	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 520028

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 9:26 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	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.85	994.37	27.00
28.00	Observation Bed Days		0	479			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	1,411	63	2,945	1.00
2.00	HMO			186			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	1,411	63	2,945	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY						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
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 9:26 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	76,275,452	0	76,275,452	2,068,289.60	36.88
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		28,436,536	0	28,436,536	214,752.80	132.42
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	50,969	50,969	1,768.00	28.83
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		3,269,771	0	3,269,771	110,094.40	29.70
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,120,148	0	1,120,148	21,473.45	52.16
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		13,371,482	0	13,371,482		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		958,760	0	958,760		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		4,026,948	0	4,026,948		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	849,647	817,400	1,667,047	34,652.80	48.11
27.00	Administrative & General	5.00	10,249,530	-817,400	9,432,130	297,190.40	31.74
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	1,021,515	0	1,021,515	44,179.20	23.12
30.00	Operation of Plant	7.00	247,010	0	247,010	6,260.80	39.45
31.00	Laundry & Linen Service	8.00	157,103	0	157,103	12,251.20	12.82
32.00	Housekeeping	9.00	601,067	0	601,067	50,668.80	11.86
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	723,019	0	723,019	56,888.00	12.71
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	96,492	0	96,492	3,702.40	26.06
39.00	Central Services and Supply	14.00	356,373	0	356,373	23,046.40	15.46
40.00	Pharmacy	15.00	1,828,175	0	1,828,175	47,632.00	38.38
41.00	Medical Records & Medical Records Library	16.00	390,111	0	390,111	28,017.60	13.92

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 9:26 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	124,526	0	124,526	5,220.80	23.85	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 520028

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2013 9:26 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	47,838,916	-50,969	47,787,947	1,851,768.80	25.81	1.00
2.00	Excluded area salaries (see instructions)	3,269,771	0	3,269,771	110,094.40	29.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	44,569,145	-50,969	44,518,176	1,741,674.40	25.56	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,120,148	0	1,120,148	21,473.45	52.16	4.00
5.00	Subtotal wage-related costs (see inst.)	13,371,482	0	13,371,482	0.00	30.04	5.00
6.00	Total (sum of lines 3 thru 5)	59,060,775	-50,969	59,009,806	1,763,147.85	33.47	6.00
7.00	Total overhead cost (see instructions)	16,644,568	0	16,644,568	609,710.40	27.30	7.00

HOSPITAL WAGE RELATED COSTS	Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 9:26 am
-----------------------------	----------------------	---	--

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,402,394	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,896,317	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	8,468,648	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	275,486	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	120,363	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)	949,877	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	221,234	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	4,578,027	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	157,708	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	287,135	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,357,189	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: 520028

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

Worksheet S-3
Part V
Date/Time Prepared:
5/28/2013 9:26 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			3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 520028 Component CCN: 527157		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/28/2013 9:26 am		
				Home Health Agency I		PPS		
				1.00				
0.00	County	GREEN				0.00		
		Title V	Title XVIII	Title XIX	Other	Total		
		1.00	2.00	3.00	4.00	5.00		
HOME HEALTH AGENCY STATISTICAL DATA								
1.00	Home Health Aide Hours	0	1,028	14	71	1,113	1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	453.00	40.00	146.00	639.00	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)				0.50	0.00	0.50	4.00
5.00	Other Administrative Personnel				2.87	0.00	2.87	5.00
6.00	Direct Nursing Service				10.63	0.00	10.63	6.00
7.00	Nursing Supervisor				1.95	0.00	1.95	7.00
8.00	Physical Therapy Service				2.64	0.20	2.84	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				1.14	0.00	1.14	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.00	0.01	0.01	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.07	0.00	0.07	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.63	0.00	1.63	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).				99952			20.00
20.01					27500			20.01
20.02					31540			20.02
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers					
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	4,364	61	156	50	4,631	21.00	
22.00	Skilled Nursing Visit Charges	804,120	11,237	28,796	9,250	853,403	22.00	
23.00	Physical Therapy Visits	1,356	0	40	7	1,403	23.00	
24.00	Physical Therapy Visit Charges	262,096	0	7,752	1,358	271,206	24.00	
25.00	Occupational Therapy Visits	579	0	3	4	586	25.00	
26.00	Occupational Therapy Visit Charges	133,968	0	696	928	135,592	26.00	
27.00	Speech Pathology Visits	76	0	0	0	76	27.00	
28.00	Speech Pathology Visit Charges	18,468	0	0	0	18,468	28.00	
29.00	Medical Social Service Visits	36	0	0	0	36	29.00	
30.00	Medical Social Service Visit Charges	7,260	0	0	0	7,260	30.00	
31.00	Home Health Aide Visits	904	23	4	4	935	31.00	
32.00	Home Health Aide Visit Charges	83,168	2,116	368	368	86,020	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,315	84	203	65	7,667	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)	1,309,080	13,353	37,612	11,904	1,371,949	35.00	
36.00	Total Number of Episodes (standard/non outlier)	493		68	6	567	36.00	
37.00	Total Number of Outlier Episodes		2		0	2	37.00	
38.00	Total Non-Routine Medical Supply Charges	82,300	368	4,088	22	86,778	38.00	

HOSPITAL IDENTIFICATION DATA

Provider CCN: 520028
Component CCN: 521523

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/28/2013 9:26 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	8,921	41	2,125	0	643	9,605	2.00
3.00	Inpatient Respite Care	4	0	0	0	0	4	3.00
4.00	General Inpatient Care	3	1	0	0	0	4	4.00
5.00	Total Hospice Days	8,928	42	2,125	0	643	9,613	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	151	2	28	0	15	168	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	59.13	21.00	75.89	0.00	42.87	57.22	8.00
9.00	Unduplicated Census Count	151	2	28	0	15	168	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 9:26 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)		0.381806	1.00
Medicaid (see instructions for each line)				
2.00	Net revenue from Medicaid		1,463,803	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00
6.00	Medicaid charges		5,727,994	6.00
7.00	Medicaid cost (line 1 times line 6)		2,186,982	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)		723,179	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)		723,179	19.00
			1.00	
			1.00	
			2.00	
			3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	Uninsured patients	Insured patients	Total (col. 1 + col. 2)
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	8,796,888	0	8,796,888
22.00	Partial payment by patients approved for charity care	3,358,705	0	3,358,705
23.00	Cost of charity care (line 21 minus line 22)	0	0	0
			3,358,705	3,358,705
			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
26.00	Total bad debt expense for the entire hospital complex (see instructions)			5,985,576
27.00	Medicare bad debts for the entire hospital complex (see instructions)			213,570
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			5,772,006
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			2,203,787
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			5,562,492
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			6,285,671

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet A			
Date/Time Prepared: 5/28/2013 9:26 am									
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)			
		1.00	2.00	3.00	4.00	5.00			
GENERAL SERVICE COST CENTERS									
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		4,550,747		4,550,747	-847,595	3,703,152	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0		0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	849,647	1,613,042	2,462,689	2,334,858	4,797,547	4,797,547	4.00
5.01	00520	DATA PROCESSING	3,112,601	6,371,273	9,483,874	-485,007	8,998,867	8,998,867	5.01
5.02	00510	NONPATIENT TELEPHONES	146,734	88,129	234,863	285,184	520,047	520,047	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	164,016	67,489	231,505	0	231,505	231,505	5.03
5.04	00540	ADMINITTING	208,806	78,387	287,193	0	287,193	287,193	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	696,849	655,001	1,351,850	0	1,351,850	1,351,850	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,920,524	15,307,653	21,228,177	-3,029,201	18,198,976	18,198,976	5.06
6.00	00600	MAINTENANCE & REPAIRS	1,021,515	3,063,803	4,085,318	-1,779,751	2,305,567	2,305,567	6.00
7.00	00700	OPERATION OF PLANT	247,010	137,687	384,697	1,356,170	1,740,867	1,740,867	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	157,103	170,871	327,974	0	327,974	327,974	8.00
9.00	00900	HOUSEKEEPING	601,067	723,310	1,324,377	-262,756	1,061,621	1,061,621	9.00
10.00	01000	DIETARY	723,019	759,276	1,482,295	0	1,482,295	1,482,295	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	96,492	82,576	179,068	0	179,068	179,068	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	356,373	904,889	1,261,262	-354,318	906,944	906,944	14.00
15.00	01500	PHARMACY	1,828,175	2,249,677	4,077,852	0	4,077,852	4,077,852	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	390,111	221,932	612,043	0	612,043	612,043	16.00
17.00	01700	SOCIAL SERVICE	124,526	38,253	162,779	0	162,779	162,779	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	50,969	50,969	50,969	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	4,786,961	1,820,083	6,607,044	-23,813	6,583,231	6,583,231	30.00
31.00	03100	INTENSIVE CARE UNIT	997,912	383,287	1,381,199	-10,200	1,370,999	1,370,999	31.00
41.00	04100	SUBPROVIDER - I&R	0	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00
43.00	04300	NURSERY	384,829	156,922	541,751	0	541,751	541,751	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,408,386	6,676,548	8,084,934	-4,274,879	3,810,055	3,810,055	50.00
51.00	05100	RECOVERY ROOM	303,358	84,498	387,856	-735	387,121	387,121	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	464,448	189,389	653,837	-22,361	631,476	631,476	52.00
53.00	05300	ANESTHESIOLOGY	1,981,524	873,261	2,854,785	-58,776	2,796,009	2,796,009	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,354,834	2,159,028	3,513,862	-663,513	2,850,349	2,850,349	54.00
57.00	05700	CT SCAN	284,160	453,485	737,645	-81,300	656,345	656,345	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	223,111	583,025	806,136	-52,315	753,821	753,821	58.00
59.00	05900	CARDIAC CATHETERIZATION	494,021	1,582,829	2,076,850	-1,072,307	1,004,543	1,004,543	59.00
60.00	06000	LABORATORY	2,964,393	3,395,878	6,360,271	0	6,360,271	6,360,271	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	538,346	271,714	810,060	-20,276	789,784	789,784	65.00
66.00	06600	PHYSICAL THERAPY	810,251	256,449	1,066,700	-6,312	1,060,388	1,060,388	66.00
67.00	06700	OCCUPATIONAL THERAPY	243,903	102,438	346,341	-865	345,476	345,476	67.00
68.00	06800	SPEECH PATHOLOGY	0	214,750	214,750	0	214,750	214,750	68.00
69.00	06900	ELECTROCARDIOLOGY	196,326	92,617	288,943	-321	288,622	288,622	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	4,014,932	4,014,932	4,014,932	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	2,768,273	2,768,273	2,768,273	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	992,926	328,810	1,321,736	-3,436	1,318,300	1,318,300	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	384,426	377,997	762,423	-120,216	642,207	642,207	75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	33,853,897	17,020,470	50,874,367	2,428,098	53,302,465	53,302,465	90.00
91.00	09100	EMERGENCY	3,522,466	1,169,787	4,692,253	-67,884	4,624,369	4,624,369	91.00
91.01	09101	CARDIAC REHAB	170,635	61,036	231,671	-347	231,324	231,324	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	22,266	4,444	26,710	0	26,710	26,710	100.00
101.00	10100	HOME HEALTH AGENCY	1,337,111	593,265	1,930,376	0	1,930,376	1,930,376	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	0	113.00
116.00	11600	HOSPICE	622,817	562,216	1,185,033	0	1,185,033	1,185,033	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	74,987,875	76,498,221	151,486,096	0	151,486,096	151,486,096	118.00
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	129,950	300,294	430,244	0	430,244	430,244	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	0	192.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/28/2013 9:26 am
---	--	----------------------	---	---

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)
			1.00	2.00	3.00	4.00	5.00
194.00	07950	MONROE CLINIC INN	0	433	433	0	433
194.01	07951	5 WEST	0	0	0	0	0
194.02	07952	LIFELINE	0	0	0	0	0
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0
194.04	07954	FREESTANDING CLINIC	1,157,627	4,460,246	5,617,873	0	5,617,873
200.00		TOTAL (SUM OF LINES 118-199)	76,275,452	81,259,194	157,534,646	0	157,534,646
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation			
			6.00	7.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	3,703,152			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0			2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0			3.00
4.00	00400	EMPLOYEE BENEFITS	0	4,797,547			4.00
5.01	00520	DATA PROCESSING	0	8,998,867			5.01
5.02	00510	NONPATIENT TELEPHONES	-3,296	516,751			5.02
5.03	00530	PURCHASING RECEIVING AND STORES	0	231,505			5.03
5.04	00540	ADMINITTING	0	287,193			5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	1,351,850			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-4,305,408	13,893,568			5.06
6.00	00600	MAINTENANCE & REPAIRS	0	2,305,567			6.00
7.00	00700	OPERATION OF PLANT	-53,356	1,687,511			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-8,794	319,180			8.00
9.00	00900	HOUSEKEEPING	0	1,061,621			9.00
10.00	01000	DIETARY	-595,867	886,428			10.00
11.00	01100	CAFETERIA	0	0			11.00
13.00	01300	NURSING ADMINISTRATION	-939	178,129			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-28,461	878,483			14.00
15.00	01500	PHARMACY	-27,212	4,050,640			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-175	611,868			16.00
17.00	01700	SOCIAL SERVICE	0	162,779			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	50,969			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0			22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	-1,932,884	4,650,347			30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,370,999			31.00
41.00	04100	SUBPROVIDER - IRF	0	0			41.00
42.00	04200	SUBPROVIDER	0	0			42.00
43.00	04300	NURSERY	0	541,751			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	3,810,055			50.00
51.00	05100	RECOVERY ROOM	0	387,121			51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	631,476			52.00
53.00	05300	ANESTHESIOLOGY	-2,612,632	183,377			53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,850,349			54.00
57.00	05700	CT SCAN	0	656,345			57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	753,821			58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,004,543			59.00
60.00	06000	LABORATORY	-886,555	5,473,716			60.00
60.01	06001	BLOOD LABORATORY	0	0			60.01
65.00	06500	RESPIRATORY THERAPY	0	789,784			65.00
66.00	06600	PHYSICAL THERAPY	0	1,060,388			66.00
67.00	06700	OCCUPATIONAL THERAPY	0	345,476			67.00
68.00	06800	SPEECH PATHOLOGY	0	214,750			68.00
69.00	06900	ELECTROCARDIOLOGY	0	288,622			69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,014,932			71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,768,273			72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0			73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	1,318,300			75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	642,207			75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000	CLINIC	-25,148,607	28,153,858			90.00
91.00	09100	EMERGENCY	-2,052,710	2,571,659			91.00
91.01	09101	CARDIAC REHAB	0	231,324			91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0			92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0			99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	26,710			100.00
101.00	10100	HOME HEALTH AGENCY	0	1,930,376			101.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 520028

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

Worksheet A
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,185,033	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-37,656,896	113,829,200	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	430,244	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	433	194.00
194.01	07951	5 WEST	0	0	194.01
194.02	07952	LIFELINE	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	5,617,873	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-37,656,896	119,877,750	200.00

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 9:26 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - TO RECLASSIFY PHONE COSTS						
1.00	NONPATIENT TELEPHONES	5.02	0	485,007	1.00	
	TOTALS		0	485,007		
B - TO RECLASS IMPLANTABLE DEVICES						
1.00	IMPL. DEV. CHARGED TO	72.00	0	2,768,273	1.00	
	PATIENT					
2.00		0.00	0	0	2.00	
	TOTALS		0	2,768,273		
C - TO RECLASS M/S COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO	71.00	0	4,016,434	1.00	
	PATIENTS					
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	
	TOTALS		0	4,016,434		
D - TO RECLASSIFY UNEMPLOYMENT						
1.00	EMPLOYEE BENEFITS	4.00	0	157,708	1.00	
	TOTALS		0	157,708		
E - TO RECLASSIFY WORKERS COMP						
1.00	EMPLOYEE BENEFITS	4.00	0	53,866	1.00	
	TOTALS		0	53,866		
F - TO RECLASSIFY RETIREMENT						
1.00	EMPLOYEE BENEFITS	4.00	0	1,305,884	1.00	
	TOTALS		0	1,305,884		
I - TO RECLASSIFY RENTAL SPD						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,502	1.00	
	TOTALS		0	1,502		
J - TO RECLASS CLINIC DEPRECIATION						
1.00	CLINIC	90.00	0	847,595	1.00	
	TOTALS		0	847,595		
L - TO RECLASS CLINIC HSKPG						
1.00	CLINIC	90.00	0	262,756	1.00	
	TOTALS		0	262,756		
M - TO RECLASS PROP TAXES						
1.00	CLINIC	90.00	0	595,827	1.00	
	TOTALS		0	595,827		
O - TO RECLASS UTILITIES TO PLANT						
1.00	OPERATION OF PLANT	7.00	0	1,779,751	1.00	
	TOTALS		0	1,779,751		
P - TO RECLASS GAIN SHARE						
1.00	EMPLOYEE BENEFITS	4.00	817,400	0	1.00	
	TOTALS		817,400	0		
Q - TO RECLASS PROPERTY INSURANCE						
1.00	CLINIC	90.00	0	98,516	1.00	
	TOTALS		0	98,516		
S - TO RECLASSIFY RESIDENT SALARIES						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	50,969	1.00	
	TOTALS		0	50,969		
T - TO RECLASS CLINIC PHONE EXPENSE						
1.00	CLINIC	90.00	0	199,823	1.00	
	TOTALS		0	199,823		
U - TO RECLASSIFY CLINIC UTILITIES						
1.00	CLINIC	90.00	0	423,581	1.00	
	TOTALS		0	423,581		
500.00	Grand Total: Increases		817,400	13,047,492	500.00	

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6
Date/Time Prepared:
5/28/2013 9:26 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - TO RECLASSIFY PHONE COSTS							
1.00	DATA PROCESSING	5.01	0	485,007	0		1.00
	TOTALS		0	485,007			
B - TO RECLASS IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	2,259,884	0		1.00
2.00	CARDIAC CATHETERIZATION	59.00	0	508,389	0		2.00
	TOTALS		0	2,768,273			
C - TO RECLASS M/S COSTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	355,820	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	23,813	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	10,200	0		3.00
4.00	DELIVERY ROOM & LABOR ROOM	52.00	0	22,361	0		4.00
5.00	OPERATING ROOM	50.00	0	2,014,995	0		5.00
6.00	RECOVERY ROOM	51.00	0	735	0		6.00
7.00	CARDIAC REHAB	91.01	0	347	0		7.00
8.00	RADIOLOGY-DIAGNOSTIC	54.00	0	663,513	0		8.00
9.00	CT SCAN	57.00	0	81,300	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	563,918	0		10.00
11.00	RESPIRATORY THERAPY	65.00	0	20,276	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	6,312	0		12.00
13.00	OCCUPATIONAL THERAPY	67.00	0	865	0		13.00
14.00	PROCTO/ENTERO/GASTRO	75.01	0	120,216	0		14.00
15.00	EMERGENCY	91.00	0	16,915	0		15.00
16.00	ANESTHESIOLOGY	53.00	0	58,776	0		16.00
17.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	52,315	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	321	0		18.00
19.00	ASC (NON-DISTINCT PART)	75.00	0	3,436	0		19.00
	TOTALS		0	4,016,434			
D - TO RECLASSIFY UNEMPLOYMENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	157,708	0		1.00
	TOTALS		0	157,708			
E - TO RECLASSIFY WORKERS COMP							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	53,866	0		1.00
	TOTALS		0	53,866			
F - TO RECLASSIFY RETIREMENT							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,305,884	0		1.00
	TOTALS		0	1,305,884			
I - TO RECLASSIFY RENTAL SPD							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	1,502	0		1.00
	TOTALS		0	1,502			
J - TO RECLASS CLINIC DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	847,595	9		1.00
	TOTALS		0	847,595			
L - TO RECLASS CLINIC HSKPG							
1.00	HOUSEKEEPING	9.00	0	262,756	0		1.00
	TOTALS		0	262,756			
M - TO RECLASS PROP TAXES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	595,827	0		1.00
	TOTALS		0	595,827			
O - TO RECLASS UTILITIES TO PLANT							
1.00	MAINTENANCE & REPAIRS	6.00	0	1,779,751	0		1.00
	TOTALS		0	1,779,751			
P - TO RECLASS GAIN SHARE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	817,400	0	0		1.00
	TOTALS		817,400	0	0		
Q - TO RECLASS PROPERTY INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	98,516	12		1.00
	TOTALS		0	98,516			
S - TO RECLASSIFY RESIDENT SALARIES							
1.00	EMERGENCY	91.00	0	50,969	0		1.00
	TOTALS		0	50,969			
T - TO RECLASS CLINIC PHONE EXPENSE							
1.00	NONPATIENT TELEPHONES	5.02	0	199,823	0		1.00
	TOTALS		0	199,823			

RECLASSIFICATIONS

Provider CCN: 520028

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

Worksheet A-6

Date/Time Prepared:
5/28/2013 9:26 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
U - TO RECLASSIFY CLINIC UTILITIES							
1.00	OPERATION OF PLANT	7.00	0	423,581	0		1.00
	TOTALS		0	423,581			
500.00	Grand Total: Decreases		817,400	13,047,492			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2013 9:26 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,274,964	20,000	0	20,000	0	1.00
2.00	Land Improvements	5,036,866	1,165,626	0	1,165,626	72,479	2.00
3.00	Buildings and Fixtures	80,172,010	6,022,394	0	6,022,394	0	3.00
4.00	Building Improvements	42,423,250	1,326,140	0	1,326,140	0	4.00
5.00	Fixed Equipment	8,171,188	837,716	0	837,716	0	5.00
6.00	Movable Equipment	62,893,407	14,181,144	0	14,181,144	4,371,513	6.00
7.00	HIT designated Assets	3,765,003	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	203,736,688	23,553,020	0	23,553,020	4,443,992	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	203,736,688	23,553,020	0	23,553,020	4,443,992	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,294,964	0				1.00
2.00	Land Improvements	6,130,013	0				2.00
3.00	Buildings and Fixtures	86,194,404	0				3.00
4.00	Building Improvements	43,749,390	0				4.00
5.00	Fixed Equipment	9,008,904	0				5.00
6.00	Movable Equipment	72,703,038	0				6.00
7.00	HIT designated Assets	3,765,003	0				7.00
8.00	Subtotal (sum of lines 1-7)	222,845,716	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	222,845,716	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2013 9:26 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	NEW CAP REL COSTS-BLDG & FIXT	4,550,747	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,550,747	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	4,550,747				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,550,747				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 520028

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2013 9:26 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	NEW CAP REL COSTS-BLDG & FIXT	138,952,698	0	138,952,698	0.645029	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	76,468,041	0	76,468,041	0.354971	0	2.00
3.00	Total (sum of lines 1-2)	215,420,739	0	215,420,739	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,703,152	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	3,703,152	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	3,703,152	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	3,703,152	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 520028

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

Worksheet A-8

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
1.00	2.00	3.00	4.00	5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)		0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-28,461	CENTRAL SERVICES & SUPPLY	14.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-3,296	NONPATIENT TELEPHONES	5.02	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	-29,751,475			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0	12.00
13.00 Laundry and linen service	B	-8,794	LAUNDRY & LINEN SERVICE	8.00	0	13.00
14.00 Cafeteria-employees and guests	B	-595,867	DIETARY	10.00	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	B	-27,212	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-175	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	-53,356	OPERATION OF PLANT	7.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00		0		0.00	0	33.00
34.00		0		0.00	0	34.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
35.00 HOSPITALIST MID LEVEL SALARIES	A	-105,526	ADULTS & PEDIATRICS	30.00	0	35.00
35.01 HOSPITALIST MID LEVEL FRINGES	A	-31,658	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.01
36.00 INTEREST EXPENSE	A	-2,963,742	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00		0		0.00	0	37.00
38.00 OUTREACH REVENUE	B	-939	NURSING ADMINISTRATION	13.00	0	38.00
39.00 ADVERTISING EXPENSE	A	-84,384	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	39.00
40.00 MISC REVENUE	B	-9,361	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	40.00
41.00 MID LEVEL SALARIES	A	-2,794,091	CLINIC	90.00	0	41.00
42.00 MID LEVEL FRINGE BENEFITS	A	-838,227	CLINIC	90.00	0	42.00
43.00 E/R MID LEVEL	A	-277,178	EMERGENCY	91.00	0	43.00
44.00 E/R MID LEVEL FRINGES	A	-83,154	EMERGENCY	91.00	0	44.00
45.00		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-37,656,896				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 520028

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2013 9:26 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	91.00	EMERGENCY	1,316,069	1,316,069	0	0	0	1.00
2.00	91.00	EMERGENCY	144,357	144,357	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	519,356	519,356	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	696,907	696,907	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	1,943,197	1,943,197	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	195,616	195,616	0	0	0	6.00
7.00	60.00	LABORATORY	809,284	809,284	0	0	0	7.00
8.00	60.00	LABORATORY	77,271	77,271	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	1,397,269	1,397,269	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	154,351	154,351	0	0	0	10.00
11.00	90.00	CLINIC	19,023,109	19,023,109	0	0	0	11.00
12.00	90.00	CLINIC	2,480,143	2,480,143	0	0	0	12.00
13.00	91.00	EMERGENCY	231,952	231,952	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	473,819	473,819	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	275,738	275,738	0	0	0	15.00
16.00	90.00	CLINIC	13,037	13,037	0	0	0	16.00
200.00			29,751,475	29,751,475	0	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	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	91.00	EMERGENCY	0	0	0	0	0	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	0	0	0	0	7.00
8.00	60.00	LABORATORY	0	0	0	0	0	8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	90.00	CLINIC	0	0	0	0	0	12.00
13.00	91.00	EMERGENCY	0	0	0	0	0	13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	15.00
16.00	90.00	CLINIC	0	0	0	0	0	16.00
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	91.00	EMERGENCY	0	0	0	1,316,069		1.00
2.00	91.00	EMERGENCY	0	0	0	144,357		2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	519,356		3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	0	0	0	696,907		4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	1,943,197		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	195,616		6.00
7.00	60.00	LABORATORY	0	0	0	809,284		7.00
8.00	60.00	LABORATORY	0	0	0	77,271		8.00
9.00	30.00	ADULTS & PEDIATRICS	0	0	0	1,397,269		9.00
10.00	30.00	ADULTS & PEDIATRICS	0	0	0	154,351		10.00
11.00	90.00	CLINIC	0	0	0	19,023,109		11.00
12.00	90.00	CLINIC	0	0	0	2,480,143		12.00
13.00	91.00	EMERGENCY	0	0	0	231,952		13.00
14.00	53.00	ANESTHESIOLOGY	0	0	0	473,819		14.00
15.00	30.00	ADULTS & PEDIATRICS	0	0	0	275,738		15.00
16.00	90.00	CLINIC	0	0	0	13,037		16.00
200.00			0	0	0	29,751,475		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	3,703,152	3,703,152				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0			0		2.00
4.00 00400 EMPLOYEE BENEFITS	4,797,547	44,952		4,842,499		4.00
5.01 00520 DATA PROCESSING	8,998,867	30,311		202,026	9,231,204	5.01
5.02 00510 NONPATIENT TELEPHONES	516,751	3,023		9,524	50,721	5.02
5.03 00530 PURCHASING RECEIVING AND STORES	231,505	4,565		10,646	152,163	5.03
5.04 00540 ADMITTING	287,193	18,158		13,553	202,884	5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	1,351,850	18,390		45,230	608,651	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	13,893,568	128,639		331,223	1,521,627	5.06
6.00 00600 MAINTENANCE & REPAIRS	2,305,567	61,619		66,302	0	6.00
7.00 00700 OPERATION OF PLANT	1,687,511	1,551,009		16,032	101,442	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	319,180	54,243		10,197	0	8.00
9.00 00900 HOUSEKEEPING	1,061,621	31,641		39,013	101,442	9.00
10.00 01000 DIETARY	886,428	85,873		46,928	101,442	10.00
11.00 01100 CAFETERIA	0	0		0	0	11.00
13.00 01300 NURSING ADMINISTRATION	178,129	14,168		6,263	50,721	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	878,483	48,569		23,131	101,442	14.00
15.00 01500 PHARMACY	4,050,640	19,760		118,660	152,163	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	611,868	16,626		25,321	202,884	16.00
17.00 01700 SOCIAL SERVICE	162,779	7,477		8,082	50,721	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	50,969	0		0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,650,347	374,469		310,702	152,163	30.00
31.00 03100 INTENSIVE CARE UNIT	1,370,999	55,401		64,770	50,721	31.00
41.00 04100 SUBPROVIDER - I&R	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	541,751	7,920		24,978	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,810,055	148,137		91,413	202,884	50.00
51.00 05100 RECOVERY ROOM	387,121	20,828		19,690	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	631,476	16,929		30,145	0	52.00
53.00 05300 ANESTHESIOLOGY	183,377	0		128,613	50,721	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,850,349	97,703		87,937	202,884	54.00
57.00 05700 CT SCAN	656,345	16,284		18,444	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	753,821	48,852		14,481	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,004,543	37,717		32,065	101,442	59.00
60.00 06000 LABORATORY	5,473,716	104,475		192,407	507,209	60.00
60.01 06001 BLOOD LABORATORY	0	0		0	0	60.01
65.00 06500 RESPIRATORY THERAPY	789,784	8,908		34,942	50,721	65.00
66.00 06600 PHYSICAL THERAPY	1,060,388	52,258		52,590	101,442	66.00
67.00 06700 OCCUPATIONAL THERAPY	345,476	15,337		15,831	50,721	67.00
68.00 06800 SPEECH PATHOLOGY	214,750	6,530		0	50,721	68.00
69.00 06900 ELECTROCARDIOLOGY	288,622	0		12,743	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,014,932	0		0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	2,768,273	0		0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,318,300	70,718		64,447	50,721	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	642,207	19,387		24,952	50,721	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0		0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0	89.00
90.00 09000 CLINIC	28,153,858	0		2,197,285	3,499,736	90.00
91.00 09100 EMERGENCY	2,571,659	136,519		228,629	202,884	91.00
91.01 09101 CARDIAC REHAB	231,324	42,493		11,075	50,721	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0		0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	26,710	0		1,445	50,721	100.00
101.00 10100 HOME HEALTH AGENCY	1,930,376	92,232		86,787	101,442	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0		0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0		0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0		0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	1,185,033	1,995		40,425	101,442	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	113,829,200	3,514,115		4,758,927	9,028,320	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	430,244	20,828	0	8,435	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	56,429	0	0	0	192.00
194.00 07950 MONROE CLINIC INN	433	67,463	0	0	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	5,617,873	44,317	0	75,137	202,884	194.04
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)	119,877,750	3,703,152	0	4,842,499	9,231,204	202.00
Cost Center Description	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
	5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00520 DATA PROCESSING						5.01
5.02 00510 NONPATIENT TELEPHONES	580,019					5.02
5.03 00530 PURCHASING RECEIVING AND STORES	8,286	407,165				5.03
5.04 00540 ADMITTING	8,286	40	530,114			5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	33,144	180	0	2,057,445		5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	80,098	2,656	0	0	15,957,811	5.06
6.00 00600 MAINTENANCE & REPAIRS	8,286	3,633	0	0	2,445,407	6.00
7.00 00700 OPERATION OF PLANT	11,048	130	0	0	3,367,172	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	5,524	1,395	0	0	390,539	8.00
9.00 00900 HOUSEKEEPING	5,524	2,855	0	0	1,242,096	9.00
10.00 01000 DIETARY	8,286	1,111	0	0	1,130,068	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	19,334	45	0	0	268,660	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	5,524	7,719	0	0	1,064,868	14.00
15.00 01500 PHARMACY	11,048	29,719	0	0	4,381,990	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	24,858	44	0	0	881,601	16.00
17.00 01700 SOCIAL SERVICE	5,524	2	0	0	234,585	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	50,969	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	88,383	3,107	32,235	108,682	5,720,088	30.00
31.00 03100 INTENSIVE CARE UNIT	11,048	1,016	8,691	29,302	1,591,948	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	2,762	0	2,372	7,999	587,782	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	16,572	95,334	118,559	399,640	4,882,594	50.00
51.00 05100 RECOVERY ROOM	5,524	94	8,439	28,451	470,147	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,762	0	7,755	26,144	715,211	52.00
53.00 05300 ANESTHESIOLOGY	5,524	1,872	36,990	124,713	531,810	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	24,858	13,931	37,982	128,056	3,443,700	54.00
57.00 05700 CT SCAN	2,762	2,280	52,469	176,901	925,485	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	5,524	1,132	35,209	118,707	977,726	58.00
59.00 05900 CARDIAC CATHETERIZATION	11,048	24,741	20,667	69,678	1,301,901	59.00
60.00 06000 LABORATORY	33,144	2,350	39,067	389,308	6,741,676	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	11,048	1,372	18,540	62,506	977,821	65.00
66.00 06600 PHYSICAL THERAPY	16,572	689	15,689	64,215	1,363,843	66.00
67.00 06700 OCCUPATIONAL THERAPY	5,524	142	5,363	19,410	457,804	67.00
68.00 06800 SPEECH PATHOLOGY	2,762	10	3,202	10,797	288,772	68.00
69.00 06900 ELECTROCARDIOLOGY	5,524	216	15,561	52,465	375,131	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,014,932	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,768,273	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	5,524	569	11,421	38,507	1,560,207	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	2,762	3,657	0	0	743,686	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	116,836	0	0	33,967,715	90.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
91.00	09100	EMERGENCY	19,334	2,193	58,651	197,743	3,417,612	91.00
91.01	09101	CARDIAC REHAB	2,762	86	1,235	4,164	343,860	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	2,762	4	0	0	81,642	100.00
101.00	10100	HOME HEALTH AGENCY	11,048	1,336	0	0	2,223,221	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,762	1,920	0	0	1,333,577	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	533,065	324,416	530,097	2,057,388	113,223,930	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	5,524	3,920	0	0	468,951	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,762	0	0	0	59,191	192.00
194.00	07950	MONROE CLINIC INN	27,620	5	17	57	95,595	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	11,048	78,824	0	0	6,030,083	194.04
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)	580,019	407,165	530,114	2,057,445	119,877,750	202.00
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00520	DATA PROCESSING						5.01
5.02	00510	NONPATIENT TELEPHONES						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	15,957,811					5.06
6.00	00600	MAINTENANCE & REPAIRS	375,514	2,820,921				6.00
7.00	00700	OPERATION OF PLANT	517,060	1,738,470	5,622,702			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	59,971	95,259	165,532	711,301		8.00
9.00	00900	HOUSEKEEPING	190,735	61,149	96,558	19,545	1,610,083	9.00
10.00	01000	DIETARY	173,532	66,979	262,059	24,556	79,310	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	41,255	4,961	43,236	0	31,559	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	163,520	33,241	148,219	9,449	18,692	14.00
15.00	01500	PHARMACY	672,894	13,644	60,302	0	25,636	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	135,378	4,465	50,739	0	25,175	16.00
17.00	01700	SOCIAL SERVICE	36,023	248	22,817	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	7,827	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	878,371	47,009	1,142,763	343,066	571,885	30.00
31.00	03100	INTENSIVE CARE UNIT	244,458	33,613	169,068	44,776	69,174	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	90,259	0	24,170	1,350	48,277	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	749,766	59,041	452,068	23,222	157,862	50.00
51.00	05100	RECOVERY ROOM	72,195	5,582	63,562	63,080	38,042	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	109,827	0	51,661	0	49,067	52.00
53.00	05300	ANESTHESIOLOGY	81,664	248	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	528,811	992	298,160	16,214	142,231	54.00
57.00	05700	CT SCAN	142,117	1,116	49,693	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	150,139	3,845	149,080	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	199,919	5,085	115,100	9,019	0	59.00
60.00	06000	LABORATORY	1,035,245	55,692	318,825	4,843	71,806	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	150,153	3,473	27,184	6,727	56,405	65.00
66.00	06600	PHYSICAL THERAPY	209,430	16,621	159,474	22,492	34,916	66.00
67.00	06700	OCCUPATIONAL THERAPY	70,300	868	46,803	0	27,643	67.00
68.00	06800	SPEECH PATHOLOGY	44,344	0	19,927	0	0	68.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	6.00	7.00	8.00	9.00	
69.00	06900	ELECTROCARDIOLOGY	57,605	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	616,529	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	425,093	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	239,584	23,319	215,810	0	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	114,200	4,837	59,165	0	4,870	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	5,216,015	446,525	0	90,848	0	90.00
91.00	09100	EMERGENCY	524,805	42,544	416,613	32,945	113,205	91.00
91.01	09101	CARDIAC REHAB	52,803	10,791	129,676	0	4,377	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	12,537	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	341,396	13,272	281,463	0	24,221	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	204,783	2,977	6,089	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,936,057	2,795,866	5,045,816	703,113	1,594,353	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	72,012	4,465	63,562	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,089	0	172,205	0	0	192.00
194.00	07950	MONROE CLINIC INN	14,679	6,574	205,877	8,188	15,730	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	925,974	14,016	135,242	0	0	194.04
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	15,957,811	2,820,921	5,622,702	711,301	1,610,083	202.00
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00520	DATA PROCESSING						5.01
5.02	00510	NONPATIENT TELEPHONES						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	1,736,504					10.00
11.00	01100	CAFETERIA	1,418,673	1,418,673				11.00
13.00	01300	NURSING ADMINISTRATION	0	4,855	394,526			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	30,218	0	1,468,207		14.00
15.00	01500	PHARMACY	0	62,455	30,140	1,818	5,248,879	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	36,736	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	6,845	3,304	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	267,358	196,636	94,893	142,529	1,832	30.00
31.00	03100	INTENSIVE CARE UNIT	33,067	40,445	19,518	46,102	149	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	104	7,975	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	59,155	28,547	1,530	4,660	50.00
51.00	05100	RECOVERY ROOM	0	9,655	4,659	2,910	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	7,360	52.00
53.00	05300	ANESTHESIOLOGY	0	14,400	6,949	57,609	0	53.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,127	28,534	3,365	10,175	54.00
57.00	05700	CT SCAN	0	11,291	5,449	0	4,018	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	9,982	4,817	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	17,264	8,331	601	0	59.00
60.00	06000	LABORATORY	0	127,909	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	26,400	12,740	323	0	65.00
66.00	06600	PHYSICAL THERAPY	0	35,455	17,110	1,391	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,364	5,001	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	7,391	3,567	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,130,611	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,934,158	73.00
75.00	07500	ASC (NON-DISTINCT PART)	17,406	38,291	18,479	7,989	206	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	12,982	6,265	167	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	389,944	0	0	0	90.00
91.00	09100	EMERGENCY	0	109,445	52,817	49,481	2,183	91.00
91.01	09101	CARDIAC REHAB	0	8,345	4,027	699	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	764	369	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	56,264	27,152	11,664	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	24,573	11,858	1,453	276,163	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,736,504	1,407,191	394,526	1,460,346	5,248,879	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11,482	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	56	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	0	7,805	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,736,504	1,418,673	394,526	1,468,207	5,248,879	202.00
INTERNS & RESIDENTS								
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS	Subtotal		
		16.00	17.00	21.00	22.00	24.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00520	DATA PROCESSING					5.01	
5.02	00510	NONPATIENT TELEPHONES					5.02	
5.03	00530	PURCHASING RECEIVING AND STORES					5.03	
5.04	00540	ADMINISTRATION					5.04	
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00	
15.00	01500	PHARMACY					15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	1,134,094				16.00	
17.00	01700	SOCIAL SERVICE	7,019	310,841			17.00	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	58,796		21.00	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	345,944	264,215	58,796	0	10,075,385	30.00
31.00 03100 INTENSIVE CARE UNIT	34,093	31,084	0	0	2,357,495	31.00
41.00 04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	6,016	0	0	0	765,933	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	365,999	0	0	0	6,784,444	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	729,832	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	7,019	0	0	0	940,145	52.00
53.00 05300 ANESTHESIOLOGY	21,057	0	0	0	713,737	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	35,096	0	0	0	4,566,405	54.00
57.00 05700 CT SCAN	0	0	0	0	1,139,169	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	1,295,589	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	1,648,201	59.00
60.00 06000 LABORATORY	0	0	0	0	8,355,996	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	5,014	0	0	0	1,266,240	65.00
66.00 06600 PHYSICAL THERAPY	35,096	0	0	0	1,895,828	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	618,783	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	353,043	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	443,694	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	5,762,072	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	3,193,366	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	49,134	0	0	0	4,983,292	73.00
75.00 07500 ASC (NON-DISTINCT PART)	87,238	0	0	0	2,208,529	75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0	0	946,172	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	25,068	0	0	0	40,136,115	90.00
91.00 09100 EMERGENCY	110,301	15,542	0	0	4,887,493	91.00
91.01 09101 CARDIAC REHAB	0	0	0	0	554,578	91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	95,312	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	2,978,653	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00 11600 HOSPICE	0	0	0	0	1,861,473	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,134,094	310,841	58,796	0	111,556,974	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	620,472	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	240,485	192.00
194.00 07950 MONROE CLINIC INN	0	0	0	0	346,699	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	0	0	0	7,113,120	194.04
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	1,134,094	310,841	58,796	0	119,877,750	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00520	DATA PROCESSING		5.01
5.02	00510	NONPATIENT TELEPHONES		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-58,796	10,016,589
31.00	03100	INTENSIVE CARE UNIT	0	2,357,495
41.00	04100	SUBPROVIDER - I&R	0	0
42.00	04200	SUBPROVIDER	0	0
43.00	04300	NURSERY	0	765,933
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	6,784,444
51.00	05100	RECOVERY ROOM	0	729,832
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	940,145
53.00	05300	ANESTHESIOLOGY	0	713,737
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	4,566,405
57.00	05700	CT SCAN	0	1,139,169
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,295,589
59.00	05900	CARDIAC CATHETERIZATION	0	1,648,201
60.00	06000	LABORATORY	0	8,355,996
60.01	06001	BLOOD LABORATORY	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,266,240
66.00	06600	PHYSICAL THERAPY	0	1,895,828
67.00	06700	OCCUPATIONAL THERAPY	0	618,783
68.00	06800	SPEECH PATHOLOGY	0	353,043
69.00	06900	ELECTROCARDIOLOGY	0	443,694
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,762,072
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	3,193,366
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,983,292
75.00	07500	ASC (NON-DISTINCT PART)	0	2,208,529
75.01	07501	PROCTO/ENTERO/GASTRO	0	946,172
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
90.00	09000	CLINIC	0	40,136,115
91.00	09100	EMERGENCY	0	4,887,493
91.01	09101	CARDIAC REHAB	0	554,578
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	0
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	95,312
101.00	10100	HOME HEALTH AGENCY	0	2,978,653
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0
111.00	11100	ISLET ACQUISITION	0	0
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	1,861,473
118.00		SUBTOTALS (SUM OF LINES 1-117)	-58,796	111,498,178
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	620,472
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	240,485

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 520028

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.00	07950	MONROE CLINIC INN	0	346,699	194.00
194.01	07951	5 WEST	0	0	194.01
194.02	07952	LIFELINE	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	7,113,120	194.04
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	-58,796	119,818,954	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	44,952	0	44,952	4.00
5.01 00520	DATA PROCESSING	0	30,311	0	30,311	5.01
5.02 00510	NONPATIENT TELEPHONES	0	3,023	0	3,023	5.02
5.03 00530	PURCHASING RECEIVING AND STORES	0	4,565	0	4,565	5.03
5.04 00540	ADMITTING	0	18,158	0	18,158	5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	0	18,390	0	18,390	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	128,639	0	128,639	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	61,619	0	61,619	6.00
7.00 00700	OPERATION OF PLANT	0	1,551,009	0	1,551,009	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	54,243	0	54,243	8.00
9.00 00900	HOUSEKEEPING	0	31,641	0	31,641	9.00
10.00 01000	DIETARY	0	85,873	0	85,873	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	14,168	0	14,168	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	48,569	0	48,569	14.00
15.00 01500	PHARMACY	0	19,760	0	19,760	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	16,626	0	16,626	16.00
17.00 01700	SOCIAL SERVICE	0	7,477	0	7,477	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	374,469	0	374,469	30.00
31.00 03100	INTENSIVE CARE UNIT	0	55,401	0	55,401	31.00
41.00 04100	SUBPROVIDER - I&R	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	7,920	0	7,920	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	148,137	0	148,137	50.00
51.00 05100	RECOVERY ROOM	0	20,828	0	20,828	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	16,929	0	16,929	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	97,703	0	97,703	54.00
57.00 05700	CT SCAN	0	16,284	0	16,284	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	48,852	0	48,852	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	37,717	0	37,717	59.00
60.00 06000	LABORATORY	0	104,475	0	104,475	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	8,908	0	8,908	65.00
66.00 06600	PHYSICAL THERAPY	0	52,258	0	52,258	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	15,337	0	15,337	67.00
68.00 06800	SPEECH PATHOLOGY	0	6,530	0	6,530	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	70,718	0	70,718	75.00
75.01 07501	PROCTO/ENTERO/GASTRO	0	19,387	0	19,387	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	136,519	0	136,519	91.00
91.01 09101	CARDIAC REHAB	0	42,493	0	42,493	91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	0	0	100.00
101.00 10100	HOME HEALTH AGENCY	0	92,232	0	92,232	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	113.00
116.00 11600	HOSPICE	0	1,995	0	1,995	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	3,514,115	0	3,514,115	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	20,828	0	20,828	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	56,429	0	56,429	0	192.00
194.00 07950 MONROE CLINIC INN	0	67,463	0	67,463	0	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	0	44,317	0	44,317	698	194.04
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)	0	3,703,152	0	3,703,152	44,952	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 9:26 am	
Cost Center Description			DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00520	DATA PROCESSING	32,188					5.01
5.02	00510	NONPATIENT TELEPHONES	177	3,288				5.02
5.03	00530	PURCHASING RECEIVING AND STORES	531	47	5,242			5.03
5.04	00540	ADMINING	707	47	1	19,039		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	2,122	188	2	0	21,122	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	5,306	454	34	0	0	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	47	47	0	0	6.00
7.00	00700	OPERATION OF PLANT	354	63	2	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	31	18	0	0	8.00
9.00	00900	HOUSEKEEPING	354	31	37	0	0	9.00
10.00	01000	DIETARY	354	47	14	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	177	110	1	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	354	31	99	0	0	14.00
15.00	01500	PHARMACY	531	63	383	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	707	141	1	0	0	16.00
17.00	01700	SOCIAL SERVICE	177	31	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	531	497	40	1,154	1,120	30.00
31.00	03100	INTENSIVE CARE UNIT	177	63	13	311	302	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	16	0	85	82	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	707	94	1,228	4,302	4,040	50.00
51.00	05100	RECOVERY ROOM	0	31	1	302	293	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16	0	278	269	52.00
53.00	05300	ANESTHESIOLOGY	177	31	24	1,324	1,285	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	707	141	179	1,360	1,319	54.00
57.00	05700	CT SCAN	0	16	29	1,879	1,823	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	31	15	1,261	1,223	58.00
59.00	05900	CARDIAC CATHETERIZATION	354	63	319	740	718	59.00
60.00	06000	LABORATORY	1,769	188	30	1,399	4,011	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	177	63	18	664	644	65.00
66.00	06600	PHYSICAL THERAPY	354	94	9	562	662	66.00
67.00	06700	OCCUPATIONAL THERAPY	177	31	2	192	200	67.00
68.00	06800	SPEECH PATHOLOGY	177	16	0	115	111	68.00
69.00	06900	ELECTROCARDIOLOGY	0	31	3	557	541	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	177	31	7	409	397	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	177	16	47	0	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	12,200	0	1,503	0	0	90.00
91.00	09100	EMERGENCY	707	110	28	2,100	2,038	91.00
91.01	09101	CARDIAC REHAB	177	16	1	44	43	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	177	16	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	354	63	17	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	354	16	25	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	31,481	3,021	4,177	19,038	21,121	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31	50	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	16	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	157	0	1	1	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		DATA PROCESSING	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	707	63	1,015	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	32,188	3,288	5,242	19,039	21,122	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560	137,510					5.06
6.00	00600	3,235	65,564				6.00
7.00	00700	4,455	40,406	1,596,438			7.00
8.00	00800	517	2,214	46,999	104,117		8.00
9.00	00900	1,643	1,421	27,415	2,861	65,765	9.00
10.00	01000	1,495	1,557	74,406	3,594	3,239	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	355	115	12,276	0	1,289	13.00
14.00	01400	1,409	773	42,083	1,383	763	14.00
15.00	01500	5,797	317	17,122	0	1,047	15.00
16.00	01600	1,166	104	14,406	0	1,028	16.00
17.00	01700	310	6	6,478	0	0	17.00
21.00	02100	67	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,568	1,093	324,460	50,218	23,360	30.00
31.00	03100	2,106	781	48,003	6,554	2,825	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	778	0	6,863	198	1,972	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,460	1,372	128,355	3,399	6,448	50.00
51.00	05100	622	130	18,047	9,233	1,554	51.00
52.00	05200	946	0	14,668	0	2,004	52.00
53.00	05300	704	6	0	0	0	53.00
54.00	05400	4,556	23	84,656	2,373	5,810	54.00
57.00	05700	1,224	26	14,109	0	0	57.00
58.00	05800	1,294	89	42,328	0	0	58.00
59.00	05900	1,722	118	32,680	0	0	59.00
60.00	06000	8,919	1,294	90,523	709	2,933	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	1,294	81	7,718	985	2,304	65.00
66.00	06600	1,804	386	45,279	3,292	1,426	66.00
67.00	06700	606	20	13,289	0	1,129	67.00
68.00	06800	382	0	5,658	0	0	68.00
69.00	06900	496	0	0	0	0	69.00
71.00	07100	5,312	0	0	0	0	71.00
72.00	07200	3,662	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	2,064	542	61,274	0	0	75.00
75.01	07501	984	112	16,798	0	199	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	44,966	10,378	0	13,298	0	90.00
91.00	09100	4,522	989	118,288	4,822	4,624	91.00
91.01	09101	455	251	36,819	0	179	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	108	0	0	0	0	100.00
101.00	10100	2,941	308	79,915	0	989	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	1,764	69	1,729	0	0	116.00
118.00		128,708	64,981	1,432,644	102,919	65,122	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	620	104	18,047	0	0	190.00
192.00	19200	78	0	48,894	0	0	192.00
194.00	07950	126	153	58,454	1,198	643	194.00
194.01	07951	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028			Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 9:26 am	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	6.00	7.00	8.00	9.00		
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	7,978	326	38,399	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	137,510	65,564	1,596,438	104,117	65,765	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 9:26 am	
Cost Center Description			DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
			10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00520	DATA PROCESSING						5.01
5.02	00510	NONPATIENT TELEPHONES						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	171,015					10.00
11.00	01100	CAFETERIA	139,714					11.00
13.00	01300	NURSING ADMINISTRATION	0	478	29,027			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,976	0	98,655		14.00
15.00	01500	PHARMACY	0	6,151	2,218	122	54,613	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,618	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	674	243	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	26,330	19,365	6,983	9,577	19	30.00
31.00	03100	INTENSIVE CARE UNIT	3,257	3,983	1,436	3,098	2	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	7	83	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,826	2,100	103	48	50.00
51.00	05100	RECOVERY ROOM	0	951	343	196	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	77	52.00
53.00	05300	ANESTHESIOLOGY	0	1,418	511	3,871	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,823	2,099	226	106	54.00
57.00	05700	CT SCAN	0	1,112	401	0	42	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	983	354	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,700	613	40	0	59.00
60.00	06000	LABORATORY	0	12,597	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	2,600	937	22	0	65.00
66.00	06600	PHYSICAL THERAPY	0	3,492	1,259	93	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,021	368	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	728	262	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	75,970	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	51,338	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,714	3,771	1,360	537	2	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	1,278	461	11	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	38,402	0	0	0	90.00
91.00	09100	EMERGENCY	0	10,778	3,886	3,325	23	91.00
91.01	09101	CARDIAC REHAB	0	822	296	47	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	75	27	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	5,541	1,998	784	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	2,420	872	98	2,873	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	171,015	138,583	29,027	98,127	54,613	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,131	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00	07950	MONROE CLINIC INN	0	0	0	4	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028			Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 9:26 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
194.02	07952 LI FELINE	0	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	0	0	0	524	0	0	194.04
200.00	Cross Foot Adjustments							200.00
201.00	Negative Cost Centers	0	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	171,015	139,714	29,027	98,655	54,613	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 9:26 am
-------------------------------------	--	----------------------	---	--

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
			16.00	17.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.01 00520	DATA PROCESSING				5.01
5.02 00510	NONPATIENT TELEPHONES				5.02
5.03 00530	PURCHASING RECEIVING AND STORES				5.03
5.04 00540	ADMITTING				5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	38,032			16.00
17.00 01700	SOCIAL SERVICE	235	15,706		17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	67	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	11,601	13,350		874,622 30.00
31.00 03100	INTENSIVE CARE UNIT	1,143	1,571		131,628 31.00
41.00 04100	SUBPROVIDER - I&R	0	0		0 41.00
42.00 04200	SUBPROVIDER	0	0		0 42.00
43.00 04300	NURSERY	202	0		18,438 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	12,274	0		325,742 50.00
51.00 05100	RECOVERY ROOM	0	0		52,714 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	235	0		35,702 52.00
53.00 05300	ANESTHESIOLOGY	706	0		11,252 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,177	0		209,075 54.00
57.00 05700	CT SCAN	0	0		37,116 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		96,565 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0		77,082 59.00
60.00 06000	LABORATORY	0	0		230,635 60.00
60.01 06001	BLOOD LABORATORY	0	0		0 60.01
65.00 06500	RESPIRATORY THERAPY	168	0		26,908 65.00
66.00 06600	PHYSICAL THERAPY	1,177	0		112,636 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0		32,519 67.00
68.00 06800	SPEECH PATHOLOGY	0	0		12,989 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0		2,736 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		81,282 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0		3,662 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,648	0		52,986 73.00
75.00 07500	ASC (NON-DISTINCT PART)	2,926	0		146,528 75.00
75.01 07501	PROCTO/ENTERO/GASTRO	0	0		39,702 75.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800	RURAL HEALTH CLINIC	0	0		0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0 89.00
90.00 09000	CLINIC	841	0		141,965 90.00
91.00 09100	EMERGENCY	3,699	785		299,367 91.00
91.01 09101	CARDIAC REHAB	0	0		81,746 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910	CORF	0	0		0 99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0		416 100.00
101.00 10100	HOME HEALTH AGENCY	0	0		185,948 101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900	PANCREAS ACQUISITION	0	0		0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0		0 110.00
111.00 11100	ISLET ACQUISITION	0	0		0 111.00
113.00 11300	INTEREST EXPENSE				113.00
116.00 11600	HOSPICE	0	0		12,591 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,032	15,706	0	3,334,552 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		40,889 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0		105,417 192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
			16.00	17.00			21.00
194.00 07950 MONROE CLINIC INN	0	0			128,200	194.00	
194.01 07951 5 WEST	0	0			0	194.01	
194.02 07952 LIFELINE	0	0			0	194.02	
194.03 07953 PHARMACY NURSING HOME	0	0			0	194.03	
194.04 07954 FREESTANDING CLINIC	0	0			94,027	194.04	
200.00 Cross Foot Adjustments				67	0	67	200.00
201.00 Negative Cost Centers	0	0		0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	38,032	15,706	67	0	3,703,152	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 9:26 am
-------------------------------------	--	----------------------	---	--

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00520	DATA PROCESSING		5.01
5.02	00510	NONPATIENT TELEPHONES		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	874,622	30.00
31.00	03100	INTENSIVE CARE UNIT	131,628	31.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	18,438	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	325,742	50.00
51.00	05100	RECOVERY ROOM	52,714	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	35,702	52.00
53.00	05300	ANESTHESIOLOGY	11,252	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	209,075	54.00
57.00	05700	CT SCAN	37,116	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	96,565	58.00
59.00	05900	CARDIAC CATHETERIZATION	77,082	59.00
60.00	06000	LABORATORY	230,635	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
65.00	06500	RESPIRATORY THERAPY	26,908	65.00
66.00	06600	PHYSICAL THERAPY	112,636	66.00
67.00	06700	OCCUPATIONAL THERAPY	32,519	67.00
68.00	06800	SPEECH PATHOLOGY	12,989	68.00
69.00	06900	ELECTROCARDIOLOGY	2,736	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	81,282	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,662	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	52,986	73.00
75.00	07500	ASC (NON-DISTINCT PART)	146,528	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	39,702	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	141,965	90.00
91.00	09100	EMERGENCY	299,367	91.00
91.01	09101	CARDIAC REHAB	81,746	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910	CORF	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	416	100.00
101.00	10100	HOME HEALTH AGENCY	185,948	101.00
SPECIAL PURPOSE COST CENTERS				
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	12,591	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,334,552	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	40,889	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	105,417	192.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 520028

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
194.00	07950	MONROE CLINIC INN	0	128,200	194.00
194.01	07951	5 WEST	0	0	194.01
194.02	07952	LIFELINE	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	94,027	194.04
200.00		Cross Foot Adjustments	0	67	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	3,703,152	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	367,498				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS	4,461	0	74,608,405		4.00
5.01 00520	DATA PROCESSING	3,008	0	3,112,601	182	5.01
5.02 00510	NONPATIENT TELEPHONES	300	0	146,734	1	2,100 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	453	0	164,016	3	30 5.03
5.04 00540	ADMITTING	1,802	0	208,806	4	30 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	1,825	0	696,849	12	120 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	12,766	0	5,103,124	30	290 5.06
6.00 00600	MAINTENANCE & REPAIRS	6,115	0	1,021,515	0	30 6.00
7.00 00700	OPERATION OF PLANT	153,921	0	247,010	2	40 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	5,383	0	157,103	0	20 8.00
9.00 00900	HOUSEKEEPING	3,140	0	601,067	2	20 9.00
10.00 01000	DIETARY	8,522	0	723,019	2	30 10.00
11.00 01100	CAFETERIA	0	0	0	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,406	0	96,492	1	70 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	4,820	0	356,373	2	20 14.00
15.00 01500	PHARMACY	1,961	0	1,828,175	3	40 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,650	0	390,111	4	90 16.00
17.00 01700	SOCIAL SERVICE	742	0	124,526	1	20 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	37,162	0	4,786,961	3	320 30.00
31.00 03100	INTENSIVE CARE UNIT	5,498	0	997,912	1	40 31.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	786	0	384,829	0	10 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	14,701	0	1,408,386	4	60 50.00
51.00 05100	RECOVERY ROOM	2,067	0	303,358	0	20 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,680	0	464,448	0	10 52.00
53.00 05300	ANESTHESIOLOGY	0	0	1,981,524	1	20 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	9,696	0	1,354,834	4	90 54.00
57.00 05700	CT SCAN	1,616	0	284,160	0	10 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,848	0	223,111	0	20 58.00
59.00 05900	CARDIAC CATHETERIZATION	3,743	0	494,021	2	40 59.00
60.00 06000	LABORATORY	10,368	0	2,964,393	10	120 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	884	0	538,346	1	40 65.00
66.00 06600	PHYSICAL THERAPY	5,186	0	810,251	2	60 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,522	0	243,903	1	20 67.00
68.00 06800	SPEECH PATHOLOGY	648	0	0	1	10 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	196,326	0	20 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
75.00 07500	ASC (NON-DISTINCT PART)	7,018	0	992,926	1	20 75.00
75.01 07501	PROCTO/ENTERO/GASTRO	1,924	0	384,426	1	10 75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	33,853,897	69	0 90.00
91.00 09100	EMERGENCY	13,548	0	3,522,466	4	70 91.00
91.01 09101	CARDIAC REHAB	4,217	0	170,635	1	10 91.01
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
100.00 10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0	22,266	1	10 100.00
101.00 10100	HOME HEALTH AGENCY	9,153	0	1,337,111	2	40 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	198	0	622,817	2	10 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	348,738	0	73,320,828	178	1,930 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,067	0	129,950	0	20 190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
192.00 19200 PHYSICIANS' PRIVATE OFFICES	5,600	0	0	0	10	192.00
194.00 07950 MONROE CLINIC INN	6,695	0	0	0	100	194.00
194.01 07951 5 WEST	0	0	0	0	0	194.01
194.02 07952 LIFELINE	0	0	0	0	0	194.02
194.03 07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04 07954 FREESTANDING CLINIC	4,398	0	1,157,627	4	40	194.04
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	3,703,152	0	4,842,499	9,231,204	580,019	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.076659	0.000000	0.064906	50,720.901099	276.199524	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			44,952	32,188	3,288	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000603	176.857143	1.565714	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00520 DATA PROCESSING						5.01
5.02	00510 NONPATIENT TELEPHONES						5.02
5.03	00530 PURCHASING RECEIVING AND STORES	20,979,338					5.03
5.04	00540 ADMITTING	2,043	187,914,443				5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE	9,270	0	216,328,211			5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	136,856	0	0	-15,957,811	103,919,939	5.06
6.00	00600 MAINTENANCE & REPAIRS	187,193	0	0	0	2,445,407	6.00
7.00	00700 OPERATION OF PLANT	6,722	0	0	0	3,367,172	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	71,859	0	0	0	390,539	8.00
9.00	00900 HOUSEKEEPING	147,123	0	0	0	1,242,096	9.00
10.00	01000 DIETARY	57,254	0	0	0	1,130,068	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	2,308	0	0	0	268,660	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	397,723	0	0	0	1,064,868	14.00
15.00	01500 PHARMACY	1,531,271	0	0	0	4,381,990	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	2,289	0	0	0	881,601	16.00
17.00	01700 SOCIAL SERVICE	113	0	0	0	234,585	17.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	50,969	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	160,087	11,426,938	11,426,938	0	5,720,088	30.00
31.00	03100 INTENSIVE CARE UNIT	52,349	3,080,843	3,080,843	0	1,591,948	31.00
41.00	04100 SUBPROVIDER - I&R	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	840,976	840,976	0	587,782	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,912,076	42,024,334	42,024,334	0	4,882,594	50.00
51.00	05100 RECOVERY ROOM	4,843	2,991,349	2,991,349	0	470,147	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,748,862	2,748,862	0	715,211	52.00
53.00	05300 ANESTHESIOLOGY	96,454	13,112,512	13,112,512	0	531,810	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	717,820	13,463,955	13,463,955	0	3,443,700	54.00
57.00	05700 CT SCAN	117,474	18,599,603	18,599,603	0	925,485	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	58,320	12,481,052	12,481,052	0	977,726	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,274,781	7,326,059	7,326,059	0	1,301,901	59.00
60.00	06000 LABORATORY	121,100	13,848,670	40,932,431	0	6,741,676	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	70,713	6,571,970	6,571,970	0	977,821	65.00
66.00	06600 PHYSICAL THERAPY	35,479	5,561,404	6,751,672	0	1,363,843	66.00
67.00	06700 OCCUPATIONAL THERAPY	7,291	1,901,011	2,040,750	0	457,804	67.00
68.00	06800 SPEECH PATHOLOGY	519	1,135,189	1,135,189	0	288,772	68.00
69.00	06900 ELECTROCARDIOLOGY	11,121	5,516,269	5,516,269	0	375,131	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,014,932	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,768,273	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	29,318	4,048,672	4,048,672	0	1,560,207	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	188,440	0	0	0	743,686	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	6,020,159	0	0	0	33,967,715	90.00
91.00	09100 EMERGENCY	112,987	20,790,934	20,790,934	0	3,417,612	91.00
91.01	09101 CARDIAC REHAB	4,430	437,859	437,859	0	343,860	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES - NOT APPRVD. PRGM.	192	0	0	0	81,642	100.00
101.00	10100 HOME HEALTH AGENCY	68,831	0	0	0	2,223,221	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600 HOSPICE	98,903	0	0	0	1,333,577	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	16,715,711	187,908,461	216,322,229	-15,957,811	97,266,119	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	201,962	0	0	0	468,951	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	59,191	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description			PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
194.00	07950	MONROE CLINIC INN	245	5,982	5,982	0	95,595	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	4,061,420	0	0	0	6,030,083	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	407,165	530,114	2,057,445		15,957,811	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.019408	0.002821	0.009511		0.153559	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	5,242	19,039	21,122		137,510	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000250	0.000101	0.000098		0.001323	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		MAINTENANCE & REPAIRS (HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600	22,743					6.00
7.00	00700	14,016	182,847				7.00
8.00	00800	768	5,383	530,461			8.00
9.00	00900	493	3,140	14,576	48,926		9.00
10.00	01000	540	8,522	18,313	2,410	219,877	10.00
11.00	01100	0	0	0	0	179,633	11.00
13.00	01300	40	1,406	0	959	0	13.00
14.00	01400	268	4,820	7,047	568	0	14.00
15.00	01500	110	1,961	0	779	0	15.00
16.00	01600	36	1,650	0	765	0	16.00
17.00	01700	2	742	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	379	37,162	255,844	17,378	33,853	30.00
31.00	03100	271	5,498	33,392	2,102	4,187	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	786	1,007	1,467	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	476	14,701	17,318	4,797	0	50.00
51.00	05100	45	2,067	47,043	1,156	0	51.00
52.00	05200	0	1,680	0	1,491	0	52.00
53.00	05300	2	0	0	0	0	53.00
54.00	05400	8	9,696	12,092	4,322	0	54.00
57.00	05700	9	1,616	0	0	0	57.00
58.00	05800	31	4,848	0	0	0	58.00
59.00	05900	41	3,743	0	0	0	59.00
60.00	06000	449	10,368	3,612	2,182	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	28	884	5,017	1,714	0	65.00
66.00	06600	134	5,186	16,774	1,061	0	66.00
67.00	06700	7	1,522	0	840	0	67.00
68.00	06800	0	648	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	188	7,018	0	0	2,204	75.00
75.01	07501	39	1,924	0	148	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	3,600	0	67,751	0	0	90.00
91.00	09100	343	13,548	24,569	3,440	0	91.00
91.01	09101	87	4,217	0	133	0	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	0	0	0	0	0	100.00
101.00	10100	107	9,153	0	736	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	24	198	0	0	0	116.00
118.00		22,541	164,087	524,355	48,448	219,877	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	36	2,067	0	0	0	190.00
192.00	19200	0	5,600	0	0	0	192.00
194.00	07950	53	6,695	6,106	478	0	194.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
194.01	07951 5 WEST	0	0	0	0	0	194.01
194.02	07952 LIFELINE	0	0	0	0	0	194.02
194.03	07953 PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954 FREESTANDING CLINIC	113	4,398	0	0	0	194.04
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,820,921	5,622,702	711,301	1,610,083	1,736,504	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	124.034692	30.750857	1.340911	32.908535	7.897615	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	65,564	1,596,438	104,117	65,765	171,015	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.882821	8.731005	0.196276	1.344173	0.777776	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & 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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00520						5.01
5.02	00510						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	52,018					11.00
13.00	01300	178	29,976				13.00
14.00	01400	1,108	0	422,325			14.00
15.00	01500	2,290	2,290	523	1,553,266		15.00
16.00	01600	1,347	0	0	0	1,131	16.00
17.00	01700	251	251	0	0	7	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,210	7,210	40,998	542	345	30.00
31.00	03100	1,483	1,483	13,261	44	34	31.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	30	2,360	6	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,169	2,169	440	1,379	365	50.00
51.00	05100	354	354	837	0	0	51.00
52.00	05200	0	0	0	2,178	7	52.00
53.00	05300	528	528	16,571	0	21	53.00
54.00	05400	2,168	2,168	968	3,011	35	54.00
57.00	05700	414	414	0	1,189	0	57.00
58.00	05800	366	366	0	0	0	58.00
59.00	05900	633	633	173	0	0	59.00
60.00	06000	4,690	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	968	968	93	0	5	65.00
66.00	06600	1,300	1,300	400	0	35	66.00
67.00	06700	380	380	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	271	271	0	0	0	69.00
71.00	07100	0	0	325,217	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	1,460,133	49	73.00
75.00	07500	1,404	1,404	2,298	61	87	75.00
75.01	07501	476	476	48	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	14,298	0	0	0	25	90.00
91.00	09100	4,013	4,013	14,233	646	110	91.00
91.01	09101	306	306	201	0	0	91.01
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
100.00	10000	28	28	0	0	0	100.00
101.00	10100	2,063	2,063	3,355	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
116.00	11600	901	901	418	81,723	0	116.00
118.00		51,597	29,976	420,064	1,553,266	1,131	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	421	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description			CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
			11.00	13.00	14.00	15.00	16.00	
194.00	07950	MONROE CLINIC INN	0	0	16	0	0	194.00
194.01	07951	5 WEST	0	0	0	0	0	194.01
194.02	07952	LIFELINE	0	0	0	0	0	194.02
194.03	07953	PHARMACY NURSING HOME	0	0	0	0	0	194.03
194.04	07954	FREESTANDING CLINIC	0	0	2,245	0	0	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	1,418,673	394,526	1,468,207	5,248,879	1,134,094	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	27.272733	13.161396	3.476486	3.379253	1,002.735632	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	139,714	29,027	98,655	54,613	38,032	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	2.685878	0.968341	0.233600	0.035160	33.626879	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00520 DATA PROCESSING					5.01
5.02 00510 NONPATIENT TELEPHONES					5.02
5.03 00530 PURCHASING RECEIVING AND STORES					5.03
5.04 00540 ADMITTING					5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	1,000				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	85			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0		0		22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	850	85	0		30.00
31.00 03100 INTENSIVE CARE UNIT	100	0	0		31.00
41.00 04100 SUBPROVIDER - I RF	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
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
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01 07501 PROCTO/ENTERO/GASTRO	0	0	0		75.01
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
91.00 09100 EMERGENCY	50	0	0		91.00
91.01 09101 CARDIAC REHAB	0	0	0		91.01
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS					
99.10 09910 CORF	0	0	0		99.10
100.00 10000 I&R SERVICES - NOT APPRVD. PRGM.	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
116.00 11600 HOSPICE	0	0	0		116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	1,000	85	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS				
		(TIME SPENT)	SERVICES-SALARY & FRINGES			SERVICES-OTHER
			(ASSIGNED TIME)			PRGM COSTS (ACCUM. COST)
	17.00	21.00	22.00			
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00	
194.00 07950 MONROE CLINIC INN	0	0	0		194.00	
194.01 07951 5 WEST	0	0	0		194.01	
194.02 07952 LIFELINE	0	0	0		194.02	
194.03 07953 PHARMACY NURSING HOME	0	0	0		194.03	
194.04 07954 FREESTANDING CLINIC	0	0	0		194.04	
200.00 Cross Foot Adjustments					200.00	
201.00 Negative Cost Centers					201.00	
202.00 Cost to be allocated (per Wkst. B, Part I)	310,841	58,796	0		202.00	
203.00 Unit cost multiplier (Wkst. B, Part I)	310.841000	691.717647	0.000000		203.00	
204.00 Cost to be allocated (per Wkst. B, Part II)	15,706	67	0		204.00	
205.00 Unit cost multiplier (Wkst. B, Part II)	15.706000	0.788235	0.000000		205.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:26 am

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,016,589		10,016,589	0	10,016,589	9,804,010	30.00
31.00	03100	INTENSIVE CARE UNIT	2,357,495		2,357,495	0	2,357,495	3,018,540	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	765,933		765,933	0	765,933	813,214	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,784,444		6,784,444	0	6,784,444	8,028,888	50.00
51.00	05100	RECOVERY ROOM	729,832		729,832	0	729,832	840,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	940,145		940,145	0	940,145	2,300,400	52.00
53.00	05300	ANESTHESIOLOGY	713,737		713,737	0	713,737	693,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,566,405		4,566,405	0	4,566,405	2,309,862	54.00
57.00	05700	CT SCAN	1,139,169		1,139,169	0	1,139,169	6,237,377	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,295,589		1,295,589	0	1,295,589	972,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,648,201		1,648,201	0	1,648,201	1,425,198	59.00
60.00	06000	LABORATORY	8,355,996		8,355,996	0	8,355,996	7,371,184	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,266,240	0	1,266,240	0	1,266,240	2,690,914	65.00
66.00	06600	PHYSICAL THERAPY	1,895,828	0	1,895,828	0	1,895,828	1,258,981	66.00
67.00	06700	OCCUPATIONAL THERAPY	618,783	0	618,783	0	618,783	899,025	67.00
68.00	06800	SPEECH PATHOLOGY	353,043	0	353,043	0	353,043	109,553	68.00
69.00	06900	ELECTROCARDIOLOGY	443,694		443,694	0	443,694	1,724,208	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,762,072		5,762,072	0	5,762,072	8,750,971	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,193,366		3,193,366	0	3,193,366	2,433,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,983,292		4,983,292	0	4,983,292	17,301,801	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,208,529		2,208,529	0	2,208,529	25,462	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	946,172		946,172	0	946,172	288,395	75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	40,136,115		40,136,115	0	40,136,115	204,995	90.00
91.00	09100	EMERGENCY	4,887,493		4,887,493	0	4,887,493	2,332,484	91.00
91.01	09101	CARDIAC REHAB	554,578		554,578	0	554,578	23,449	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	515,078		515,078		515,078	76,467	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	95,312		95,312		95,312	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,978,653		2,978,653		2,978,653	0	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	0	111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	1,861,473		1,861,473		1,861,473	0	116.00
200.00		Subtotal (see instructions)	112,013,256	0	112,013,256	0	112,013,256	81,935,218	200.00
201.00		Less Observation Beds	515,078		515,078		515,078		201.00
202.00		Total (see instructions)	111,498,178	0	111,498,178	0	111,498,178	81,935,218	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
		Outpatient	Total (col. 6 + col. 7)						
		7.00	8.00						
		9.00	10.00	11.00					
Title XVIII									
Hospital									
PPS									
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		9,804,010					30.00
31.00	03100	INTENSIVE CARE UNIT		3,018,540					31.00
41.00	04100	SUBPROVIDER - IRF		0					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		813,214					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	23,249,192	31,278,080	0.216907	0.000000	0.216907		50.00
51.00	05100	RECOVERY ROOM	2,139,037	2,979,562	0.244946	0.000000	0.244946		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	448,462	2,748,862	0.342012	0.000000	0.342012		52.00
53.00	05300	ANESTHESIOLOGY	1,868,750	2,562,658	0.278514	0.000000	0.278514		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,320,320	12,630,182	0.361547	0.000000	0.361547		54.00
57.00	05700	CT SCAN	12,359,314	18,596,691	0.061257	0.000000	0.061257		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,508,951	12,481,052	0.103804	0.000000	0.103804		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,916,480	5,341,678	0.308555	0.000000	0.308555		59.00
60.00	06000	LABORATORY	31,808,313	39,179,497	0.213275	0.000000	0.213275		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	1,872,056	4,562,970	0.277503	0.000000	0.277503		65.00
66.00	06600	PHYSICAL THERAPY	4,219,495	5,478,476	0.346050	0.000000	0.346050		66.00
67.00	06700	OCCUPATIONAL THERAPY	915,270	1,814,295	0.341060	0.000000	0.341060		67.00
68.00	06800	SPEECH PATHOLOGY	647,870	757,423	0.466111	0.000000	0.466111		68.00
69.00	06900	ELECTROCARDIOLOGY	3,792,061	5,516,269	0.080434	0.000000	0.080434		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,597,473	20,348,444	0.283170	0.000000	0.283170		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,890,295	5,323,601	0.599851	0.000000	0.599851		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,570,692	29,872,493	0.166819	0.000000	0.166819		73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,023,210	4,048,672	0.545495	0.000000	0.545495		75.00
75.01	07501	PROCTO/ENTERO/GASTRO	4,871,242	5,159,637	0.183380	0.000000	0.183380		75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	50,022,158	50,227,153	0.799092	0.000000	0.799092		90.00
91.00	09100	EMERGENCY	9,854,960	12,187,444	0.401027	0.000000	0.401027		91.00
91.01	09101	CARDIAC REHAB	414,410	437,859	1.266568	0.000000	1.266568		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	674,239	750,706	0.686125	0.000000	0.686125		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0					99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	2,209,019	2,209,019					101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	1,900,026	1,900,026					116.00
200.00		Subtotal (see instructions)	210,093,295	292,028,513					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	210,093,295	292,028,513					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/28/2013 9:26 am				
			Title XIX	Hospital	Cost				
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
	1.00	2.00	3.00	4.00	5.00	6.00			
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,016,589		10,016,589	0	0	9,804,010	30.00
31.00	03100	INTENSIVE CARE UNIT	2,357,495		2,357,495	0	0	3,018,540	31.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	765,933		765,933	0	0	813,214	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	6,784,444		6,784,444	0	0	8,028,888	50.00
51.00	05100	RECOVERY ROOM	729,832		729,832	0	0	840,525	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	940,145		940,145	0	0	2,300,400	52.00
53.00	05300	ANESTHESIOLOGY	713,737		713,737	0	0	693,908	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,566,405		4,566,405	0	0	2,309,862	54.00
57.00	05700	CT SCAN	1,139,169		1,139,169	0	0	6,237,377	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,295,589		1,295,589	0	0	972,101	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,648,201		1,648,201	0	0	1,425,198	59.00
60.00	06000	LABORATORY	8,355,996		8,355,996	0	0	7,371,184	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,266,240	0	1,266,240	0	0	2,690,914	65.00
66.00	06600	PHYSICAL THERAPY	1,895,828	0	1,895,828	0	0	1,258,981	66.00
67.00	06700	OCCUPATIONAL THERAPY	618,783	0	618,783	0	0	899,025	67.00
68.00	06800	SPEECH PATHOLOGY	353,043	0	353,043	0	0	109,553	68.00
69.00	06900	ELECTROCARDIOLOGY	443,694		443,694	0	0	1,724,208	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,762,072		5,762,072	0	0	8,750,971	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	3,193,366		3,193,366	0	0	2,433,306	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,983,292		4,983,292	0	0	17,301,801	73.00
75.00	07500	ASC (NON-DISTINCT PART)	2,208,529		2,208,529	0	0	25,462	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	946,172		946,172	0	0	288,395	75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	40,136,115		40,136,115	0	0	204,995	90.00
91.00	09100	EMERGENCY	4,887,493		4,887,493	0	0	2,332,484	91.00
91.01	09101	CARDIAC REHAB	554,578		554,578	0	0	23,449	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	515,078		515,078	0	0	76,467	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	0	99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	95,312		95,312		0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,978,653		2,978,653		0	0	101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0		0		0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	0	111.00
113.00	11300	INTEREST EXPENSE	0		0		0	0	113.00
116.00	11600	HOSPICE	1,861,473		1,861,473		0	0	116.00
200.00		Subtotal (see instructions)	112,013,256	0	112,013,256	0	0	81,935,218	200.00
201.00		Less Observation Beds	515,078		515,078		0	0	201.00
202.00		Total (see instructions)	111,498,178	0	111,498,178	0	0	81,935,218	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 520028

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital	Cost	
		Outpatient	Total (col. 6 + col. 7)						
		7.00	8.00						
		9.00	10.00	11.00					
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		9,804,010					30.00
31.00	03100	INTENSIVE CARE UNIT		3,018,540					31.00
41.00	04100	SUBPROVIDER - IRF		0					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		813,214					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	23,249,192	31,278,080	0.216907	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,139,037	2,979,562	0.244946	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	448,462	2,748,862	0.342012	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	1,868,750	2,562,658	0.278514	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,320,320	12,630,182	0.361547	0.000000	0.000000		54.00
57.00	05700	CT SCAN	12,359,314	18,596,691	0.061257	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,508,951	12,481,052	0.103804	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	3,916,480	5,341,678	0.308555	0.000000	0.000000		59.00
60.00	06000	LABORATORY	31,808,313	39,179,497	0.213275	0.000000	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	1,872,056	4,562,970	0.277503	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	4,219,495	5,478,476	0.346050	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	915,270	1,814,295	0.341060	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	647,870	757,423	0.466111	0.000000	0.000000		68.00
69.00	06900	ELECTROCARDIOLOGY	3,792,061	5,516,269	0.080434	0.000000	0.000000		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,597,473	20,348,444	0.283170	0.000000	0.000000		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,890,295	5,323,601	0.599851	0.000000	0.000000		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	12,570,692	29,872,493	0.166819	0.000000	0.000000		73.00
75.00	07500	ASC (NON-DISTINCT PART)	4,023,210	4,048,672	0.545495	0.000000	0.000000		75.00
75.01	07501	PROCTO/ENTERO/GASTRO	4,871,242	5,159,637	0.183380	0.000000	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00
90.00	09000	CLINIC	50,022,158	50,227,153	0.799092	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	9,854,960	12,187,444	0.401027	0.000000	0.000000		91.00
91.01	09101	CARDIAC REHAB	414,410	437,859	1.266568	0.000000	0.000000		91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	674,239	750,706	0.686125	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0					99.10
100.00	10000	I&R SERVICES - NOT APPRVD. PRGM.	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	2,209,019	2,209,019					101.00
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	1,900,026	1,900,026					116.00
200.00		Subtotal (see instructions)	210,093,295	292,028,513					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	210,093,295	292,028,513					202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 520028

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

Worksheet D
Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	874,622	0	874,622	9,315	93.89	30.00
31.00	INTENSIVE CARE UNIT	131,628		131,628	1,281	102.75	31.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	18,438		18,438	1,030	17.90	43.00
200.00	Total (lines 30-199)	1,024,688		1,024,688	11,626		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	4,728	443,912				
31.00	INTENSIVE CARE UNIT	769	79,015				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	5,497	522,927				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/28/2013 9:26 am
--	--	----------------------	---	--

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	325,742	31,278,080	0.010414	7,573,452	78,870	50.00
51.00	05100 RECOVERY ROOM	52,714	2,979,562	0.017692	367,492	6,502	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	35,702	2,748,862	0.012988	14,581	189	52.00
53.00	05300 ANESTHESIOLOGY	11,252	2,562,658	0.004391	641,433	2,817	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	209,075	12,630,182	0.016554	2,219,282	36,738	54.00
57.00	05700 CT SCAN	37,116	18,596,691	0.001996	5,824,129	11,625	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	96,565	12,481,052	0.007737	839,962	6,499	58.00
59.00	05900 CARDIAC CATHETERIZATION	77,082	5,341,678	0.014430	1,396,630	20,153	59.00
60.00	06000 LABORATORY	230,635	39,179,497	0.005887	3,914,456	23,044	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	26,908	4,562,970	0.005897	1,743,124	10,279	65.00
66.00	06600 PHYSICAL THERAPY	112,636	5,478,476	0.020560	855,247	17,584	66.00
67.00	06700 OCCUPATIONAL THERAPY	32,519	1,814,295	0.017924	648,025	11,615	67.00
68.00	06800 SPEECH PATHOLOGY	12,989	757,423	0.017149	90,258	1,548	68.00
69.00	06900 ELECTROCARDIOLOGY	2,736	5,516,269	0.000496	356,442	177	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	81,282	20,348,444	0.003995	1,188,346	4,747	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	3,662	5,323,601	0.000688	684,288	471	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	52,986	29,872,493	0.001774	4,432,788	7,864	73.00
75.00	07500 ASC (NON-DISTINCT PART)	146,528	4,048,672	0.036192	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	39,702	5,159,637	0.007695	166,092	1,278	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	141,965	50,227,153	0.002826	1,981	6	90.00
91.00	09100 EMERGENCY	299,367	12,187,444	0.024564	1,321,956	32,473	91.00
91.01	09101 CARDIAC REHAB	81,746	437,859	0.186695	13,925	2,600	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	44,975	750,706	0.059910	55,118	3,302	92.00
200.00	Total (lines 50-199)	2,155,884	274,283,704		34,349,007	280,381	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/28/2013 9:26 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
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	9,315	0.00	4,728	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,281	0.00	769	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	1,030	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	11,626		5,497	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520028

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	PROCTO/ENTERO/GASTRO	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
91.01	09101	CARDIAC REHAB	0	0	0	0	91.01
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:26 am
--	----------------------	---------------------------------------	---

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	31,278,080	0.000000	0.000000	7,573,452	50.00
51.00	05100 RECOVERY ROOM	0	2,979,562	0.000000	0.000000	367,492	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,748,862	0.000000	0.000000	14,581	52.00
53.00	05300 ANESTHESIOLOGY	0	2,562,658	0.000000	0.000000	641,433	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	12,630,182	0.000000	0.000000	2,219,282	54.00
57.00	05700 CT SCAN	0	18,596,691	0.000000	0.000000	5,824,129	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	12,481,052	0.000000	0.000000	839,962	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,341,678	0.000000	0.000000	1,396,630	59.00
60.00	06000 LABORATORY	0	39,179,497	0.000000	0.000000	3,914,456	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	4,562,970	0.000000	0.000000	1,743,124	65.00
66.00	06600 PHYSICAL THERAPY	0	5,478,476	0.000000	0.000000	855,247	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,814,295	0.000000	0.000000	648,025	67.00
68.00	06800 SPEECH PATHOLOGY	0	757,423	0.000000	0.000000	90,258	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,516,269	0.000000	0.000000	356,442	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,348,444	0.000000	0.000000	1,188,346	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	5,323,601	0.000000	0.000000	684,288	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	29,872,493	0.000000	0.000000	4,432,788	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	4,048,672	0.000000	0.000000	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	5,159,637	0.000000	0.000000	166,092	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	50,227,153	0.000000	0.000000	1,981	90.00
91.00	09100 EMERGENCY	0	12,187,444	0.000000	0.000000	1,321,956	91.00
91.01	09101 CARDIAC REHAB	0	437,859	0.000000	0.000000	13,925	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	750,706	0.000000	0.000000	55,118	92.00
200.00	Total (Lines 50-199)	0	274,283,704			34,349,007	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 520028

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 9:26 am

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)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	6,264,297	0		50.00
51.00	05100 RECOVERY ROOM	0	443,420	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	1,574,790	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,999,758	0		54.00
57.00	05700 CT SCAN	0	5,034,539	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,961,461	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	3,691,848	0		59.00
60.00	06000 LABORATORY	0	941,320	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	142,236	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	980,882	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	668,440	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,801,753	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,248,391	0		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	3,690,606	0		75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	1,698,371	0		75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	16,265,522	0		90.00
91.00	09100 EMERGENCY	0	2,978,637	0		91.00
91.01	09101 CARDIAC REHAB	0	243,598	0		91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	577,899	0		92.00
200.00	Total (lines 50-199)	0	58,207,768	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:26 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.216907	6,264,297	0	0	1,358,770 50.00
51.00	05100 RECOVERY ROOM	0.244946	443,420	0	0	108,614 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342012	0	0	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.278514	1,574,790	0	0	438,601 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.361547	4,999,758	0	0	1,807,648 54.00
57.00	05700 CT SCAN	0.061257	5,034,539	0	0	308,401 57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.103804	2,961,461	0	0	307,411 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.308555	3,691,848	0	0	1,139,138 59.00
60.00	06000 LABORATORY	0.213275	941,320	0	0	200,760 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
65.00	06500 RESPIRATORY THERAPY	0.277503	142,236	0	0	39,471 65.00
66.00	06600 PHYSICAL THERAPY	0.346050	0	0	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.341060	0	0	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	0.466111	0	0	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	0.080434	980,882	0	0	78,896 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.283170	668,440	1,917	0	189,282 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.599851	1,801,753	0	0	1,080,783 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166819	3,248,391	8,680	129,470	541,893 73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.545495	3,690,606	0	0	2,013,207 75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.183380	1,698,371	0	0	311,447 75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000				0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
90.00	09000 CLINIC	0.799092	16,265,522	0	0	12,997,649 90.00
91.00	09100 EMERGENCY	0.401027	2,978,637	0	0	1,194,514 91.00
91.01	09101 CARDIAC REHAB	1.266568	243,598	0	0	308,533 91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.686125	577,899	0	0	396,511 92.00
200.00	Subtotal (see instructions)		58,207,768	10,597	129,470	24,821,529 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		58,207,768	10,597	129,470	24,821,529 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:26 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
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
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	543	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,448	21,598	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0	0	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	0	91.00
91.01	09101 CARDIAC REHAB	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	1,991	21,598	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,991	21,598	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:26 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.216907	0	525,457	0	0	50.00
51.00	05100 RECOVERY ROOM	0.244946	0	60,729	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342012	0	2,460	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.278514	0	158,620	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.361547	0	368,071	0	0	54.00
57.00	05700 CT SCAN	0.061257	0	385,286	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.103804	0	233,017	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.308555	0	96,110	0	0	59.00
60.00	06000 LABORATORY	0.213275	0	202,392	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.277503	0	12,913	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.346050	0	112,471	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.341060	0	13,905	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.466111	0	423,695	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.080434	0	22,989	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.283170	0	51,203	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.599851	0	6,306	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166819	0	228,358	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.545495	0	272,877	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.183380	0	98,058	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00	09000 CLINIC	0.799092	0	211,885	0	0	90.00
91.00	09100 EMERGENCY	0.401027	0	479,142	0	0	91.00
91.01	09101 CARDIAC REHAB	1.266568	0	23,032	0	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.686125	0	42,791	0	0	92.00
200.00	Subtotal (see instructions)		0	4,031,767	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	4,031,767	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:26 am
	Title XIX	Hospital	Cost

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	113,975	0	50.00
51.00	05100 RECOVERY ROOM	14,875	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	841	0	52.00
53.00	05300 ANESTHESIOLOGY	44,178	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	133,075	0	54.00
57.00	05700 CT SCAN	23,601	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	24,188	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	29,655	0	59.00
60.00	06000 LABORATORY	43,165	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	3,583	0	65.00
66.00	06600 PHYSICAL THERAPY	38,921	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	4,742	0	67.00
68.00	06800 SPEECH PATHOLOGY	197,489	0	68.00
69.00	06900 ELECTROCARDIOLOGY	1,849	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	14,499	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	3,783	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	38,094	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	148,853	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	17,982	0	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	169,316	0	90.00
91.00	09100 EMERGENCY	192,149	0	91.00
91.01	09101 CARDIAC REHAB	29,172	0	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	29,360	0	92.00
200.00	Subtotal (see instructions)	1,317,345	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	1,317,345	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2013 9:26 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,315	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,315	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)		8,836	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)		4,728	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)		10,016,589	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)		10,016,589	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,803,957	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,803,957	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.137737	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)		996.37	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)		10,016,589	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)		1,075.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,084,113	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,084,113	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2013 9:26 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)		
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	2,357,495	1,281	1,840.36	769	1,415,237		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)					7,604,033		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					14,103,383		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)					522,927		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					280,381		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					803,308		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,300,075		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)					479		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,075.32		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					515,078		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 9:26 am	
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	874,622	10,016,589	0.087317	515,078	44,975	90.00
91.00	Nursing School cost	0	10,016,589	0.000000	515,078	0	91.00
92.00	Allied health cost	0	10,016,589	0.000000	515,078	0	92.00
93.00	All other Medical Education	0	10,016,589	0.000000	515,078	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX		Hospital
				Date/Time Prepared: 5/28/2013 9:26 am
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,315	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,315	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)		8,836	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)		205	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)		1,030	15.00
16.00	Nursery days (title V or XIX only)		67	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)		10,016,589	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)		10,016,589	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		8,803,957	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		8,803,957	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.137737	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)		996.37	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)		10,016,589	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)		1,075.32	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		220,441	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)		220,441	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XIX		Hospital		Cost		Date/Time Prepared: 5/28/2013 9:26 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)		
42.00 NURSERY (title V & XIX only)	765,933	1,030	743.62	67	49,823		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,357,495	1,281	1,840.36	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					442,789		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					713,053		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)						479	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						1,075.32	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						515,078	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 520028		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 9:26 am	
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: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 9:26 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		5,169,323		30.00
31.00	03100 INTENSIVE CARE UNIT		1,890,269		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.216907	7,573,452	1,642,735	50.00
51.00	05100 RECOVERY ROOM	0.244946	367,492	90,016	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342012	14,581	4,987	52.00
53.00	05300 ANESTHESIOLOGY	0.278514	641,433	178,648	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.361547	2,219,282	802,375	54.00
57.00	05700 CT SCAN	0.061257	5,824,129	356,769	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.103804	839,962	87,191	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.308555	1,396,630	430,937	59.00
60.00	06000 LABORATORY	0.213275	3,914,456	834,856	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.277503	1,743,124	483,722	65.00
66.00	06600 PHYSICAL THERAPY	0.346050	855,247	295,958	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.341060	648,025	221,015	67.00
68.00	06800 SPEECH PATHOLOGY	0.466111	90,258	42,070	68.00
69.00	06900 ELECTROCARDIOLOGY	0.080434	356,442	28,670	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.283170	1,188,346	336,504	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.599851	684,288	410,471	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166819	4,432,788	739,473	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.545495	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.183380	166,092	30,458	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.799092	1,981	1,583	90.00
91.00	09100 EMERGENCY	0.401027	1,321,956	530,140	91.00
91.01	09101 CARDIAC REHAB	1.266568	13,925	17,637	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.686125	55,118	37,818	92.00
200.00	Total (sum of lines 50-94 and 96-98)		34,349,007	7,604,033	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		34,349,007		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 9:26 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		244,598		30.00
31.00	03100 INTENSIVE CARE UNIT		60,296		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.216907	406,183	88,104	50.00
51.00	05100 RECOVERY ROOM	0.244946	25,022	6,129	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.342012	73,682	25,200	52.00
53.00	05300 ANESTHESIOLOGY	0.278514	45,549	12,686	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.361547	66,740	24,130	54.00
57.00	05700 CT SCAN	0.061257	51,111	3,131	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.103804	6,826	709	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.308555	15,722	4,851	59.00
60.00	06000 LABORATORY	0.213275	161,685	34,483	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.277503	57,552	15,971	65.00
66.00	06600 PHYSICAL THERAPY	0.346050	18,653	6,455	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.341060	8,460	2,885	67.00
68.00	06800 SPEECH PATHOLOGY	0.466111	546	254	68.00
69.00	06900 ELECTROCARDIOLOGY	0.080434	6,873	553	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.283170	37,187	10,530	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.599851	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.166819	160,149	26,716	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.545495	0	0	75.00
75.01	07501 PROCTO/ENTERO/GASTRO	0.183380	4,417	810	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.799092	201,827	161,278	90.00
91.00	09100 EMERGENCY	0.401027	41,807	16,766	91.00
91.01	09101 CARDIAC REHAB	1.266568	393	498	91.01
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.686125	948	650	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,391,332	442,789	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		1,391,332		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 9:26 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		10,858,906	1.00
2.00	Outlier payments for discharges. (see instructions)		257,504	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		85.69	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)		1.13	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)		1.13	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.85	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)		0.85	12.00
13.00	Total allowable FTE count for the prior year.		1.13	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.		1.18	14.00
15.00	Sum of lines 12 through 14 divided by 3.		1.05	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		1.05	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.012253	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.011382	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.011382	21.00
22.00	IME payment adjustment (see instructions)		67,347	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)		67,347	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		0.00	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		0.00	31.00
32.00	Sum of lines 30 and 31		0.00	32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00	33.00
34.00	Disproportionate share adjustment (see instructions)		0	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		11,183,757	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)		11,183,757	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		883,182	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		12,385	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 9:26 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)			12,079,324 59.00
60.00	Primary payer payments			0 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			12,079,324 61.00
62.00	Deductibles billed to program beneficiaries			1,209,008 62.00
63.00	Coinurance billed to program beneficiaries			23,987 63.00
64.00	Allowable bad debts (see instructions)			99,051 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			69,336 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			81,283 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			10,915,665 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)			7,553 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			208,739 70.96
70.97	Low Volume Payment-2			121,352 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)			11,253,309 71.00
72.00	Interim payments			11,070,287 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)			183,022 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 9:26 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		23,589	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		24,821,529	2.00
3.00	PPS payments		17,156,647	3.00
4.00	Outlier payment (see instructions)		1,579,618	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.791	5.00
6.00	Line 2 times line 5		19,633,829	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		95.43	7.00
8.00	Transitional corridor payment (see instructions)		762,929	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)		23,589	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		140,067	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)		140,067	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		140,067	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		116,478	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)		23,589	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)		19,499,194	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		386	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		3,937,206	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)		15,585,191	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		21,816	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)		15,607,007	30.00
31.00	Primary payer payments		1,322	31.00
32.00	Subtotal (line 30 minus line 31)		15,605,685	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)		206,048	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		144,234	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		185,522	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		15,749,919	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-45	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)		15,749,964	40.00
41.00	Interim payments		16,897,660	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)		-1,147,696	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: 520028

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 9:26 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		11,070,287		16,897,660	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)		11,070,287		16,897,660	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		183,022		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		1,147,696	6.02	
7.00	Total Medicare program liability (see instructions)		11,253,309		15,749,964	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/28/2013 9:26 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			2,945 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			5,497 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			697 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			10,117 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			292,028,513 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			8,796,888 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			1,489,287 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,458,658 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			30,629 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 9:26 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		713,053		1.00
2.00	Medical and other services			1,317,345	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		713,053	1,317,345	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)		713,053	1,317,345	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		1,391,332	4,031,767	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)		1,391,332	4,031,767	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)		1,391,332	4,031,767	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		678,279	2,714,422	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)		713,053	1,317,345	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)		713,053	1,317,345	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)		713,053	1,317,345	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		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)		713,053	1,317,345	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		713,053	1,317,345	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)		713,053	1,317,345	40.00
41.00	Interim payments		667,126	796,677	41.00
42.00	Balance due provider/program (line 40 minus 41)		45,927	520,668	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 9:26 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			1.10	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			1.10	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			0.00	6.00
7.00	Enter the lesser of line 5 or line 6			0.00	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.85	0.00	0.85	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.85	0.00	0.85	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.85	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	1.24	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	1.18	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	1.09	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	1.09	0.00		17.00
18.00	Per resident amount	52,078.39	0.00		18.00
19.00	Approved amount for resident costs	56,765	0	56,765	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			52,078.39	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			56,765	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	5,497	697		26.00
27.00	Total Inpatient Days (see instructions)	10,117	10,117		27.00
28.00	Ratio of inpatient days to total inpatient days	0.543343	0.068894		28.00
29.00	Program direct GME amount	30,843	3,911		29.00
30.00	Reduction for direct GME payments for Medicare managed care		553		30.00
31.00	Net Program direct GME amount			34,201	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 9:26 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		14,103,383	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		14,103,383	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		24,845,118	42.00
43.00	Primary payer payments (see instructions)		1,322	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		24,843,796	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		38,947,179	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.362116	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.637884	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		34,201	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		12,385	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		21,816	50.00

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

Provider CCN: 520028

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

Worksheet G

Date/Time Prepared:
5/28/2013 9:26 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	35,998,462	0	0	0	1.00
2.00	Temporary investments	965,944	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	57,160,781	0	0	0	4.00
5.00	Other receivable	1,099,297	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-36,374,501	0	0	0	6.00
7.00	Inventory	2,808,434	0	0	0	7.00
8.00	Prepaid expenses	2,542,393	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)	64,200,810	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,294,964	0	0	0	12.00
13.00	Land improvements	6,130,014	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	139,792,923	0	0	0	15.00
16.00	Accumulated depreciation	-105,238,224	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	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	75,627,818	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	117,607,495	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	56,795,758	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	5,946,092	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	62,741,850	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	244,550,155	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,497,012	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,323,875	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	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	5,413,489	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	21,234,376	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	80,166,367	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,466,397	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	86,632,764	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	107,867,140	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	136,683,015				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)	136,683,015	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	244,550,155	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 520028

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

Worksheet G-1

Date/Time Prepared:
5/28/2013 9:26 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		128,973,234		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,089,698			2.00
3.00	Total (sum of line 1 and line 2)		133,062,932		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHGS IN UNREALIZED GAIN/LOSSES	3,620,083		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		3,620,083		0	10.00
11.00	Subtotal (line 3 plus line 10)		136,683,015		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	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)		136,683,015		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	CHGS IN UNREALIZED GAIN/LOSSES		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			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: 520028

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	8,803,957		8,803,957	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	8,803,957		8,803,957	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,538,618		2,538,618	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,538,618		2,538,618	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	11,342,575		11,342,575	17.00
18.00	Ancillary services	62,078,441	138,323,027	200,401,468	18.00
19.00	Outpatient services	0	13,783,181	13,783,181	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		2,114,571	2,114,571	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	8,623,364	37,943,171	46,566,535	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1	2,046,707	2,046,708	26.00
27.00	CLINIC OUTPATIENT	0	115,038,623	115,038,623	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	82,044,381	309,249,280	391,293,661	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		157,534,646		29.00
30.00		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	ROUNDING	2			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)		2		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		157,534,644		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 520028

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

Worksheet G-3

Date/Time Prepared:
5/28/2013 9:26 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	391,293,661	1.00
2.00	Less contractual allowances and discounts on patients' accounts	237,200,395	2.00
3.00	Net patient revenues (line 1 minus line 2)	154,093,266	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	157,534,644	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,441,378	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	9,280,402	24.00
24.01	INVESTMENT INCOME	346,898	24.01
24.02	EQUITY IN EARNINGS OF FTD	497,153	24.02
24.03	EQUITY IN EARNINGS OF AFFILIATES	126,464	24.03
25.00	Total other income (sum of lines 6-24)	10,250,917	25.00
26.00	Total (line 5 plus line 25)	6,809,539	26.00
27.00	LOSS ON DISPOSAL OF EQUIPMENT	80,157	27.00
27.01	OTHER LOSS	164,640	27.01
27.02	LOSS ON EXTINGUISHMENT OF DEBT	2,475,044	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	2,719,841	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	4,089,698	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 520028

Period: From 01/01/2012

Worksheet H

HHA CCN: 527157

To 12/31/2012

Date/Time Prepared: 5/28/2013 9:26 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	154,690	47,695	0	0	37,348	239,733	5.00
HHA REIMBURSABLE SERVICES							
6.00	835,510	187,953	68,855	0	130,552	1,222,870	6.00
7.00	203,242	45,628	16,699	0	0	265,569	7.00
8.00	76,588	17,192	6,292	0	0	100,072	8.00
9.00	0	0	0	0	0	0	9.00
10.00	1,434	321	118	0	0	1,873	10.00
11.00	50,780	21,552	9,643	0	18,284	100,259	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,322,244	320,341	101,607	0	186,184	1,930,376	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0	0	0	1.00
2.00	0	0	0	0	0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	0	239,733	0	239,733	0	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,222,870	0	1,222,870	0	0	6.00
7.00	0	265,569	0	265,569	0	0	7.00
8.00	0	100,072	0	100,072	0	0	8.00
9.00	0	0	0	0	0	0	9.00
10.00	0	1,873	0	1,873	0	0	10.00
11.00	0	100,259	0	100,259	0	0	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	0	1,930,376	0	1,930,376	0	0	24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/28/2013 9:26 am
		HHA CCN: 527157	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	239,733	0	0	0	239,733	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,222,870	0	0	0	1,222,870	6.00	
7.00	Physical Therapy	265,569	0	0	0	265,569	7.00	
8.00	Occupational Therapy	100,072	0	0	0	100,072	8.00	
9.00	Speech Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	1,873	0	0	0	1,873	10.00	
11.00	Home Health Aide	100,259	0	0	0	100,259	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,930,376	0	0	0	1,930,376	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	239,733					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	173,402	1,396,272				6.00	
7.00	Physical Therapy	37,658	303,227				7.00	
8.00	Occupational Therapy	14,190	114,262				8.00	
9.00	Speech Pathology	0	0				9.00	
10.00	Medical Social Services	266	2,139				10.00	
11.00	Home Health Aide	14,217	114,476				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,930,376				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 520028
HHA CCN: 527157

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

Worksheet H-1
Part II
Date/Time Prepared:
5/28/2013 9:26 am
PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-239,733	1,690,643
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,222,870
7.00	Physical Therapy	0	0	0	0	0	265,569
8.00	Occupational Therapy	0	0	0	0	0	100,072
9.00	Speech Pathology	0	0	0	0	0	0
10.00	Medical Social Services	0	0	0	0	0	1,873
11.00	Home Health Aide	0	0	0	0	0	100,259
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-239,733	1,690,643
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		239,733
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.141800

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028
HHA CCN: 527157

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

Worksheet H-2 Part I
Date/Time Prepared: 5/28/2013 9:26 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	DATA PROCESSING	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		1.00	2.00					
1.00 Administrative and General	0	92,232	0	0	101,442	0	1.00	
2.00 Skilled Nursing Care	1,396,272	0	0	86,787	0	11,048	2.00	
3.00 Physical Therapy	303,227	0	0	0	0	0	3.00	
4.00 Occupational Therapy	114,262	0	0	0	0	0	4.00	
5.00 Speech Pathology	0	0	0	0	0	0	5.00	
6.00 Medical Social Services	2,139	0	0	0	0	0	6.00	
7.00 Home Health Aide	114,476	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)	1,930,376	92,232	0	86,787	101,442	11,048	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	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	
	5.03	5.04	5.05	5A.05	5.06	6.00	
1.00 Administrative and General	0	0	0	193,674	29,740	13,272	1.00
2.00 Skilled Nursing Care	1,336	0	0	1,495,443	229,640	0	2.00
3.00 Physical Therapy	0	0	0	303,227	46,563	0	3.00
4.00 Occupational Therapy	0	0	0	114,262	17,546	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	2,139	328	0	6.00
7.00 Home Health Aide	0	0	0	114,476	17,579	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)	1,336	0	0	2,223,221	341,396	13,272	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 520028

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

Worksheet H-2 Part I

HHA CCN: 527157

Date/Time Prepared: 5/28/2013 9:26 am

Home Health Agency I

PPS

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	
		7.00	8.00	9.00	10.00	11.00	13.00	
1.00	Administrative and General	281,463	0	24,221	0	56,264	27,152	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	281,463	0	24,221	0	56,264	27,152	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 SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICES	INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS	
		14.00	15.00	16.00	17.00	21.00	22.00		
1.00	Administrative and General	11,664	0	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	11,664	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.								21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS				Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part I Date/Time Prepared: 5/28/2013 9:26 am
				HHA CCN: 527157	Home Health Agency I	PPS
Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs	
	24.00	25.00	26.00	27.00	28.00	
1.00 Administrative and General	637,450	0	637,450			1.00
2.00 Skilled Nursing Care	1,725,083	0	1,725,083	469,696	2,194,779	2.00
3.00 Physical Therapy	349,790	0	349,790	95,239	445,029	3.00
4.00 Occupational Therapy	131,808	0	131,808	35,888	167,696	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	2,467	0	2,467	672	3,139	6.00
7.00 Home Health Aide	132,055	0	132,055	35,955	168,010	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,978,653	0	2,978,653	637,450	2,978,653	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.				0.272275		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: 520028 HHA CCN: 527157	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/28/2013 9:26 am
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	PURCHASING RECEIVING AND STORES (SUPPLY COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	9,153	0	0	2	0	0	1.00
2.00 Skilled Nursing Care	0	0	1,337,111	0	40	68,831	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)	9,153	0	1,337,111	2	40	68,831	20.00
21.00 Total cost to be allocated	92,232	0	86,787	101,442	11,048	1,336	21.00
22.00 Unit cost multiplier	10.076696	0.000000	0.064906	50,721.000000	276.200000	0.019410	22.00
Cost Center Description	ADMITTING (GROSS REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	
	5.04	5.05	5A.06	5.06	6.00	7.00	
1.00 Administrative and General	0	0	0	193,674	107	9,153	1.00
2.00 Skilled Nursing Care	0	0	0	1,495,443	0	0	2.00
3.00 Physical Therapy	0	0	0	303,227	0	0	3.00
4.00 Occupational Therapy	0	0	0	114,262	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	2,139	0	0	6.00
7.00 Home Health Aide	0	0	0	114,476	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	2,223,221	107	9,153	20.00
21.00 Total cost to be allocated	0	0	0	341,396	13,272	281,463	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.153559	124.037383	30.750901	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 520028
HHA CCN: 527157

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

Worksheet H-2 Part II
Date/Time Prepared: 5/28/2013 9:26 am

Home Health Agency I

PPS

Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	736	0	2,063	2,063	3,355	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	736	0	2,063	2,063	3,355	20.00
21.00 Total cost to be allocated	0	24,221	0	56,264	27,152	11,664	21.00
22.00 Unit cost multiplier	0.000000	32.908967	0.000000	27.272904	13.161415	3.476602	22.00
Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
	15.00	16.00	17.00	SERVICES-SALARIES & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)	21.00	22.00
1.00 Administrative and General	0	0	0	0	0		1.00
2.00 Skilled Nursing Care	0	0	0	0	0		2.00
3.00 Physical Therapy	0	0	0	0	0		3.00
4.00 Occupational Therapy	0	0	0	0	0		4.00
5.00 Speech Pathology	0	0	0	0	0		5.00
6.00 Medical Social Services	0	0	0	0	0		6.00
7.00 Home Health Aide	0	0	0	0	0		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0		20.00
21.00 Total cost to be allocated	0	0	0	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/28/2013 9:26 am		
				Title XVIII	Home Health Agency I	PPS		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,194,779		2,194,779	6,937	316.39	1.00
2.00	Physical Therapy	3.00	445,029	0	445,029	1,994	223.18	2.00
3.00	Occupational Therapy	4.00	167,696	0	167,696	794	211.20	3.00
4.00	Speech Pathology	5.00	0	0	0	97	0.00	4.00
5.00	Medical Social Services	6.00	3,139		3,139	42	74.74	5.00
6.00	Home Health Aide	7.00	168,010		168,010	1,077	156.00	6.00
7.00	Total (sum of lines 1-6)		2,978,653	0	2,978,653	10,941		7.00
Program Visits								
Part B								
Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles			
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		99952	2,441	2,108			8.00
8.01	Skilled Nursing Care		27500	16	31			8.01
8.02	Skilled Nursing Care		31540	24	11			8.02
9.00	Physical Therapy		99952	765	605			9.00
9.01	Physical Therapy		27500	17	0			9.01
9.02	Physical Therapy		31540	1	15			9.02
10.00	Occupational Therapy		99952	326	253			10.00
10.01	Occupational Therapy		27500	3	0			10.01
10.02	Occupational Therapy		31540	0	4			10.02
11.00	Speech Pathology		99952	50	19			11.00
11.01	Speech Pathology		27500	0	0			11.01
11.02	Speech Pathology		31540	7	0			11.02
12.00	Medical Social Services		99952	12	24			12.00
12.01	Medical Social Services		27500	0	0			12.01
12.02	Medical Social Services		31540	0	0			12.02
13.00	Home Health Aide		99952	348	540			13.00
13.01	Home Health Aide		27500	2	37			13.01
13.02	Home Health Aide		31540	0	8			13.02
14.00	Total (sum of lines 8-13)			4,012	3,655			14.00
Cost Center Description								
From Wkst. H-2	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0.000000	16.00	
Program Visits								
Cost of Services								
Cost Center Description	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	Part A	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,481	2,150		784,964	680,239	1.00	
2.00	Physical Therapy	783	620		174,750	138,372	2.00	
3.00	Occupational Therapy	329	257		69,485	54,278	3.00	
4.00	Speech Pathology	57	19		0	0	4.00	
5.00	Medical Social Services	12	24		897	1,794	5.00	
6.00	Home Health Aide	350	585		54,600	91,260	6.00	
7.00	Total (sum of lines 1-6)	4,012	3,655		1,084,696	965,943	7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 520028	Period: From 01/01/2012	Worksheet H-3
		HHA CCN: 527157	To 12/31/2012	Part I Date/Time Prepared: 5/28/2013 9:26 am
		Title XVII I	Home Health Agency I	PPS

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
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
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		0	0		0		15.00
16.00	Cost of Drugs						0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	1,465,203						1.00
2.00	Physical Therapy	313,122						2.00
3.00	Occupational Therapy	123,763						3.00
4.00	Speech Pathology	0						4.00
5.00	Medical Social Services	2,691						5.00
6.00	Home Health Aide	145,860						6.00
7.00	Total (sum of lines 1-6)	2,050,639						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 520028

Period:

Worksheet H-3

HHA CCN: 527157

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

Part II
Date/Time Prepared:
5/28/2013 9:26 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	0.346050	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.341060	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.466111	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.283170	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.166819	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2013 9:26 am	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)	0	0	0	1.00
2.00	Total charges	0	0	0	2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)	0	0	0	3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)	0	0	0	4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)	0	0	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	0	0	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		662,024	607,377	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		4,469	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		11,309	14,075	13.00
14.00	Total PPS Reimbursement - PEP Episodes		3,661	2,109	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		369	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		681,832	623,561	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		681,832	623,561	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		681,832	623,561	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: 520028 HHA CCN: 527157	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2013 9:26 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)		681,832	623,561	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		681,832	623,561	31.00
32.00	Interim payments (see instructions)		681,832	623,561	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5
	HHA CCN: 527157		Date/Time Prepared: 5/28/2013 9:26 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		681,832		623,561	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)		681,832		623,561	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)		681,832		623,561	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 520028 HHA CCN: 527157	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/28/2013 9:26 am PPS
			Home Health Agency I	
			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: 520028

Period: From 01/01/2012

Worksheet K

Hospice CCN: 521523

To 12/31/2012

Date/Time Prepared: 5/28/2013 9:26 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	20,105	0	0	0	0	5.00
6.00	Administrative and General	72,783	17,991	0	0	17,174	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	25,348	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	420,171	96,274	23,191	202,656	47,141	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	47,171	13,604	3,491	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	21,771	0	3,270	0	0	18.00
19.00	Home Health Aide and Homemaker	0	1,554	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	81,723	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	500	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	465	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	47,171	13,604	3,582	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	4,293	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)	629,172	143,027	33,999	228,504	150,331	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 520028

Period: From 01/01/2012

Worksheet K

Hospice CCN: 521523

To 12/31/2012

Date/Time Prepared: 5/28/2013 9:26 am

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I 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	20,105	0	20,105	0	20,105	5.00
6.00	Administrative and General	107,948	0	107,948	0	107,948	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	25,348	0	25,348	0	25,348	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	789,433	0	789,433	0	789,433	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	64,266	0	64,266	0	64,266	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	25,041	0	25,041	0	25,041	18.00
19.00	Home Health Aide and Homemaker	1,554	0	1,554	0	1,554	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	81,723	0	81,723	0	81,723	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	500	0	500	0	500	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	465	0	465	0	465	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	64,357	0	64,357	0	64,357	35.00
36.00	Volunteer Program Costs	4,293	0	4,293	0	4,293	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,185,033	0	1,185,033	0	1,185,033	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 521523

To 12/31/2012

Date/Time Prepared: 5/28/2013 9:26 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	52,678	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	81,114	339,057	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	52,678	0	81,114	339,057	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 520028

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 521523

To 12/31/2012

Date/Time Prepared: 5/28/2013 9:26 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	20,105	20,105	5.00
6.00	Administrative and General		0	20,105	72,783	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	420,171	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	47,171	47,171	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		21,771	0	21,771	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	47,171	47,171	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	21,771	134,552	629,172	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 520028	Period: From 01/01/2012	Worksheet K-2
		Hospice CCN: 521523	To 12/31/2012	Date/Time Prepared: 5/28/2013 9:26 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	13,997	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	18,586	77,688	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	13,997	0	18,586	77,688	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)		Provider CCN: 520028	Period:	Worksheet K-2	
		Hospice CCN: 521523	From 01/01/2012 To 12/31/2012	Date/Time Prepared: 5/28/2013 9:26 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	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	3,994	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	13,604	15.00
16.00	Spiritual Counseling		0	0	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		1,554	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	13,604	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,554	31,202	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 520028	Period: From 01/01/2012	Worksheet K-3
		Hospice CCN: 521523	To 12/31/2012	Date/Time Prepared: 5/28/2013 9:26 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: 520028	Period: From 01/01/2012	Worksheet K-3
		Hospice CCN: 521523	To 12/31/2012	Date/Time Prepared: 5/28/2013 9:26 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	25,348	25,348	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	202,656	202,656	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	500	500	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	228,504	228,504	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 520028
 Hospice CCN: 521523

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/28/2013 9:26 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	20,105	0	0	0	0	5.00
6.00	Administrative and General	107,948	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	25,348	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	789,433	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	64,266	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	25,041	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	1,554	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	81,723	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	500	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	465	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	64,357	0	0	0	0	35.00
36.00	Volunteer Program Costs	4,293	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,185,033	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 520028	Period: From 01/01/2012	Worksheet K-4
		Hospice CCN: 521523	To 12/31/2012	Part I
				Date/Time Prepared: 5/28/2013 9:26 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
		5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance					3.00
4.00	Transportation - Staff					4.00
5.00	Volunteer Service Coordination	20,105				5.00
6.00	Administrative and General	20,105	128,053	128,053		6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	25,348	3,071	28,419	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	0	789,433	95,639	885,072	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	64,266	7,786	72,052	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	25,041	3,034	28,075	18.00
19.00	Home Health Aide and Homemaker	0	1,554	188	1,742	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	81,723	9,901	91,624	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	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	500	61	561	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	465	56	521	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	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	64,357	7,797	72,154	35.00
36.00	Volunteer Program Costs	0	4,293	520	4,813	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	20,105	1,185,033		1,185,033	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 520028

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 521523

To 12/31/2012

Part II
Date/Time Prepared:
5/28/2013 9:26 am

		CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
		BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	198					1.00
2.00	Capital Related Costs-Movable Equip.	0	232				2.00
3.00	Plant Operation and Maintenance	0	0	0			3.00
4.00	Transportation - Staff	0	0	0	15,815		4.00
5.00	Volunteer Service Coordination	0	0	0	533	100	5.00
6.00	Administrative and General	198	232	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	8,820	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	2,456	0	15.00
16.00	Spiritual Counseling	0	0	0	375	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	3,601	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	30	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	20,105	39.00
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	201.050000	40.00

COST ALLOCATION - STATISTICAL BASIS	Provider CCN: 520028	Period:	Worksheet K-4
	Hospice CCN: 521523	From 01/01/2012 To 12/31/2012	Part II Date/Time Prepared: 5/28/2013 9:26 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	0	5.00
6.00	Administrative and General	-128,053	6.00
INPATIENT CARE SERVICE			
7.00	Inpatient - General Care	0	7.00
8.00	Inpatient - Respite Care	0	8.00
VISITING SERVICES			
9.00	Physician Services	0	9.00
10.00	Nursing Care	0	10.00
11.00	Nursing Care-Continuous Home Care	789,433	11.00
12.00	Physical Therapy	0	12.00
13.00	Occupational Therapy	0	13.00
14.00	Speech/ Language Pathology	0	14.00
15.00	Medical Social Services	0	15.00
16.00	Spiritual Counseling	64,266	16.00
17.00	Dietary Counseling	0	17.00
18.00	Counseling - Other	0	18.00
19.00	Home Health Aide and Homemaker	25,041	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	1,554	20.00
21.00	Other	0	21.00
OTHER HOSPICE SERVICE COSTS			
22.00	Drugs, Biological and Infusion Therapy	0	22.00
23.00	Analgesics	81,723	23.00
24.00	Sedatives / Hypnotics	0	24.00
25.00	Other - Specify	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	26.00
27.00	Patient Transportation	0	27.00
28.00	Imaging Services	500	28.00
29.00	Labs and Diagnostics	0	29.00
30.00	Medical Supplies	465	30.00
31.00	Outpatient Services (including E/R Dept.)	0	31.00
32.00	Radiation Therapy	0	32.00
33.00	Chemotherapy	0	33.00
34.00	Other	0	34.00
HOSPICE NONREIMBURSABLE SERVICE			
35.00	Bereavement Program Costs	0	35.00
36.00	Volunteer Program Costs	64,357	36.00
37.00	Fundraising	4,293	37.00
38.00	Other Program Costs	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	39.00
40.00	Unit Cost Multiplier	128,053	40.00
		0.121150	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I
Date/Time Prepared:
5/28/2013 9:26 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General	0	1,995	0	0	0	1.00
2.00 Inpatient - General Care	28,419	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	885,072	0	0	40,425	101,442	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	72,052	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	28,075	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	1,742	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	91,624	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	561	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	521	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	72,154	0	0	0	0	30.00
31.00 Volunteer Program Costs	4,813	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)	1,185,033	1,995	0	40,425	101,442	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 521523

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Hospice I				Subtotal	
		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	0	0	0	1,995	1.00
2.00	Inpatient - General Care	0	0	0	0	28,419	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	2,762	1,920	0	0	1,031,621	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	72,052	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	28,075	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	1,742	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	91,624	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	561	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	521	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	72,154	30.00
31.00	Volunteer Program Costs	0	0	0	0	4,813	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,762	1,920	0	0	1,333,577	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.06	6.00	7.00	8.00	9.00	
1.00	Administrative and General	306	2,977	6,089	0	0	1.00
2.00	Inpatient - General Care	4,364	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	158,416	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	11,064	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	4,311	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	267	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	14,070	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	86	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	80	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	11,080	0	0	0	0	30.00
31.00	Volunteer Program Costs	739	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)	204,783	2,977	6,089	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 521523

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description	Hospice I					
	DIETARY 10.00	CAFETERIA 11.00	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	
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	24,573	11,858	1,453	276,163	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	24,573	11,858	1,453	276,163	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

From 01/01/2012

Part I

To 12/31/2012

Date/Time Prepared:
5/28/2013 9:26 am

Hospice I

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		Subtotal (col s. 4A-23)	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS		
			16.00	17.00		
1.00 Administrative and General	0	0	0	0	11,367	1.00
2.00 Inpatient - General Care	0	0	0	0	32,783	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	1,504,084	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	83,116	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	32,386	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	2,009	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	105,694	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	647	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	601	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	83,234	30.00
31.00 Volunteer Program Costs	0	0	0	0	5,552	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	0	1,861,473	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 520028

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 521523

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	32,783	201	32,984		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,504,084	9,242	1,513,326		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	83,116	511	83,627		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	32,386	199	32,585		13.00
14.00	Home Health Aide and Homemaker	0	2,009	12	2,021		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	105,694	649	106,343		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	647	4	651		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	601	4	605		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	83,234	511	83,745		30.00
31.00	Volunteer Program Costs	0	5,552	34	5,586		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	1,861,473		1,861,473		34.00
35.00	Unit Cost Multiplier (see instructions)			0.006144			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028
Hospice CCN: 521523

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (NO OF CRTS)	NONPATIENT TELEPHONES (NO OF EXTENSIONS)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
1.00	Administrative and General	198	232	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	624,166	2	10	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)	198	232	624,166	2	10	34.00
35.00	Total cost to be allocated	1,995	0	40,425	101,442	2,762	35.00
36.00	Unit Cost Multiplier (see instructions)	10.075758	0.000000	0.064766	50,721.000000	276.200000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028
Hospice CCN: 521523

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Hospice I					
		PURCHASING RECEIVING AND STORES (SUPPLY COST)	ADMITTING (GROSS REVENUE)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS REVENUE)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	0	0	0	0	1,995	1.00
2.00	Inpatient - General Care	0	0	0	0	28,419	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	109,370	0	0	0	1,031,621	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	72,052	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	28,075	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	1,742	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	91,624	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	561	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	521	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	72,154	30.00
31.00	Volunteer Program Costs	0	0	0	0	4,813	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)	109,370	0	0		1,333,577	34.00
35.00	Total cost to be allocated	1,920	0	0		204,783	35.00
36.00	Unit Cost Multiplier (see instructions)	0.017555	0.000000	0.000000		0.153559	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028
Hospice CCN: 521523

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Hospice I					
		MAINTENANCE & REPAIRS (MAINT HOURS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
1.00	Administrative and General	18	198	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)	18	198	0	0	0	34.00
35.00	Total cost to be allocated	2,977	6,089	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	165.388889	30.752525	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028
Hospice CCN: 521523

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 9:26 am

Cost Center Description		Hospice I					
		CAFETERIA (NO OF FTE'S)	NURSING ADMINISTRATION (NURSING FTES)	CENTRAL SERVICES & 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	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	910	910	418	93,488	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)	910	910	418	93,488	0	34.00
35.00	Total cost to be allocated	24,573	11,858	1,453	276,163	0	35.00
36.00	Unit Cost Multiplier (see instructions)	27.003297	13.030769	3.476077	2.953994	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 520028

Period:

Worksheet K-5

Hospice CCN: 521523

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

Part II
Date/Time Prepared:
5/28/2013 9:26 am

Hospice I

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS			
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ACCUM. COST)		
		17.00	21.00		
1.00 Administrative and General	0	0	0		1.00
2.00 Inpatient - General Care	0	0	0		2.00
3.00 Inpatient - Respite Care	0	0	0		3.00
4.00 Physician Services	0	0	0		4.00
5.00 Nursing Care	0	0	0		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	0	0	0		10.00
11.00 Spiritual Counseling	0	0	0		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	0	0	0		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	0	0	0		21.00
22.00 Patient Transportation	0	0	0		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	0	0	0		29.00
30.00 Bereavement Program Costs	0	0	0		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	0	0	0		33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0		34.00
35.00 Total cost to be allocated	0	0	0		35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000		36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 520028 Hospice CCN: 521523	Period: From 01/01/2012 To 12/31/2012	Worksheet K-5 Part III Date/Time Prepared: 5/28/2013 9:26 am	
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
ANCI LLARY SERVI CE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.346050	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.341060	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.466111	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.166819	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.213275	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.283170	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	OTHER ANCI LLARY SERVI CE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 520028

Period: From 01/01/2012

Worksheet K-6

Hospice CCN: 521523

To 12/31/2012

Date/Time Prepared: 5/28/2013 9:26 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				1,861,473	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				9,613	2.00
3.00	Average cost per diem (line 1 divided by line 2)				193.64	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	8,928				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,728,818				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		42			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		8,133			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	2,125				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	411,485				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			643		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			124,511		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 520028	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 9:26 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		873,746	1.00
2.00	Capital DRG outlier payments		0	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		27.64	3.00
4.00	Number of interns & residents (see instructions)		1.05	4.00
5.00	Indirect medical education percentage (see instructions)		1.08	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		9,436	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)		883,182	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00