

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: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet S Parts I-III Date/Time Prepared: 9/26/2013 2:50 pm
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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: 9/26/2013 Time: 2:50 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by CGH MEDICAL CENTER (140043) for the cost reporting period beginning 05/01/2012 and ending 04/30/2013 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	851,065	51,044	1,419,820	0	1.00
2.00 Subprovider - IPF	0	0	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
9.00 HOME HEALTH AGENCY I	0	0	-79		0	9.00
200.00 Total	0	851,065	50,965	1,419,820	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part I Date/Time Prepared: 9/26/2013 2:47 pm
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1.00	Hospital and Hospital Health Care Complex Address:		2.00	3.00	4.00			1.00
2.00	Street: 100 EAST LEFEVRE ROAD	PO Box:	State: IL	Zip Code: 61081-1279	County: WHITESIDE			2.00
	City: STERLING							

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	CGH MEDICAL CENTER	140043	99914	1	07/01/1966	N	P	N	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	CGH MEDICAL CENTER	140043	99914		01/13/2004	N	P	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	CGH HOME NURSING	147562	99914		05/05/1994	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
20.00	Cost Reporting Period (mm/dd/yyyy)	1.00	2.00	
21.00	Type of Control (see instructions)	05/01/2012	04/30/2013	20.00
	Inpatient PPS Information	12		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,556	480	11	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.	2		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	2		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part I Date/Time Prepared: 9/26/2013 2:47 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	1				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.	05/01/2012	04/30/2013			38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-2
Part I
Date/Time Prepared:
9/26/2013 2:47 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			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: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part I Date/Time Prepared: 9/26/2013 2:47 pm					
		1.00	2.00	3.00					
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00			
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		71.00			
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00			
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00			
		1.00							
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00			
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00			
		V			XIX				
		1.00			2.00				
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00			
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00			
Rural Providers									
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		N		107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00			
		Physical		Occupational		Speech		Respiratory	
		1.00		2.00		3.00		4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N				109.00
		1.00			2.00			3.00	
Miscellaneous Cost Reporting Information									
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0				115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y							116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N							117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1							118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	808,368	129,992		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.		Y	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.		N		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.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

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								1.00	
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)							0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part II Date/Time Prepared: 9/26/2013 2:47 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	07/31/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet S-2 Part II Date/Time Prepared: 9/26/2013 2:47 pm	
	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.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KEVIN	WELLEN		41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	314-231-5544	KWELLEN@BKD.COM		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	07/31/2013	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.	SENIOR MANAGING CONSULTANT	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2013 2:47 pm

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	82	29,930	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)		82	29,930	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,920	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)		90	32,850	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		90				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2013 2:47 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	9,139	1,813	15,501			1.00
2.00 HMO	714	0				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)	9,139	1,813	15,501			7.00
8.00 INTENSIVE CARE UNIT	967	112	1,450			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		599	1,010			13.00
14.00 Total (see instructions)	10,106	2,524	17,961	0.00	1,043.08	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	5,959	0	9,643	0.00	15.49	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	1,058.57	27.00
28.00 Observation Bed Days		0	2,916			28.00
29.00 Ambulance Trips	2,293					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)		106	166			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
9/26/2013 2:47 pm

Component	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	2,784	1,161	5,642	1.00
2.00 HMO			207			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	2,784	1,161	5,642	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
9/26/2013 2:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	70,691,166	0	70,691,166	2,201,819.91	32.11
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		1,940,532	0	1,940,532	15,809.25	122.75
4.00	Physician-Part A - Administrative		112,825	0	112,825	752.17	150.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		18,926,516	0	18,926,516	105,928.76	178.67
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	0	0	0.00	0.00
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)		2,669,055	18,816	2,687,871	109,677.35	24.51
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		440,938	0	440,938	7,078.00	62.30
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		24,370,419	0	24,370,419		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		1,527,236	0	1,527,236		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		426,382	0	426,382		
22.00	Physician Part A - Administrative		22,898	0	22,898		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		3,535,864	0	3,535,864		
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	389,574	0	389,574	12,890.86	30.22
27.00	Administrative & General	5.00	11,029,510	-372,355	10,657,155	396,355.46	26.89
28.00	Administrative & General under contract (see inst.)		105,081	0	105,081	409.65	256.51
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	986,611	0	986,611	40,467.31	24.38
31.00	Laundry & Linen Service	8.00	270,775	0	270,775	21,962.70	12.33
32.00	Housekeeping	9.00	900,126	0	900,126	69,179.02	13.01
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	890,895	-650,037	240,858	17,314.80	13.91
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	650,037	650,037	46,729.77	13.91
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	996,650	-389,966	606,684	13,200.25	45.96
39.00	Central Services and Supply	14.00	316,486	0	316,486	18,386.09	17.21
40.00	Pharmacy	15.00	975,895	0	975,895	28,642.88	34.07
41.00	Medical Records & Medical Records Library	16.00	1,574,502	0	1,574,502	72,006.48	21.87

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
9/26/2013 2:47 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	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: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
9/26/2013 2:47 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	49,929,199	0	49,929,199	2,080,491.55	24.00	1.00
2.00	Excluded area salaries (see instructions)	2,669,055	18,816	2,687,871	109,677.35	24.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	47,260,144	-18,816	47,241,328	1,970,814.20	23.97	3.00
4.00	Subtotal other wages & related costs (see inst.)	440,938	0	440,938	7,078.00	62.30	4.00
5.00	Subtotal wage-related costs (see inst.)	24,393,317	0	24,393,317	0.00	51.64	5.00
6.00	Total (sum of lines 3 thru 5)	72,094,399	-18,816	72,075,583	1,977,892.20	36.44	6.00
7.00	Total overhead cost (see instructions)	18,436,105	-762,321	17,673,784	737,545.27	23.96	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 9/26/2013 2:47 pm
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		2,231,493	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		4,541,276	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)		18,363,543	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		102,501	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)		0	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		129,187	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,280,312	17.00
18.00	Medicare Taxes - Employers Portion Only		993,444	18.00
19.00	Unemployment Insurance		65,469	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		175,574	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		29,882,799	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: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet S-3
Part V
Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	558,514	0	1.00
2.00	Hospital	546,019	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	12,495	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140043 Component CCN: 147562		Period: From 05/01/2012 To 04/30/2013		Worksheet S-4 Date/Time Prepared: 9/26/2013 2:47 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			WHITESIDE		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	448	0	160	608 1.00	
2.00	Unduplicated Census Count (see instructions)	0.00	482.00	44.00	174.00	700.00 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		1.63	0.00	1.63 3.00	
4.00	Director(s) and Assistant Director(s)			0.86	0.00	0.86 4.00	
5.00	Other Administrative Personnel			0.00	0.00	0.00 5.00	
6.00	Direct Nursing Service			10.72	0.00	10.72 6.00	
7.00	Nursing Supervisor			0.00	0.00	0.00 7.00	
8.00	Physical Therapy Service			1.54	0.00	1.54 8.00	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00 9.00	
10.00	Occupational Therapy Service			0.00	0.07	0.07 10.00	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00 11.00	
12.00	Speech Pathology Service			0.03	0.00	0.03 12.00	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00 13.00	
14.00	Medical Social Service			0.00	0.00	0.00 14.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00 15.00	
16.00	Home Health Aide			0.71	0.00	0.71 16.00	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00 17.00	
18.00	Other (specify)			0.00	0.00	0.00 18.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1		19.00	
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			99914		20.00	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,668	148	222	233	4,271 21.00	
22.00	Skilled Nursing Visit Charges	692,655	27,084	35,502	42,639	797,880 22.00	
23.00	Physical Therapy Visits	1,070	10	20	14	1,114 23.00	
24.00	Physical Therapy Visit Charges	187,250	1,750	3,500	2,450	194,950 24.00	
25.00	Occupational Therapy Visits	101	0	0	2	103 25.00	
26.00	Occupational Therapy Visit Charges	17,675	0	0	350	18,025 26.00	
27.00	Speech Pathology Visits	23	0	0	0	23 27.00	
28.00	Speech Pathology Visit Charges	4,025	0	0	0	4,025 28.00	
29.00	Medical Social Service Visits	0	0	0	0	0 29.00	
30.00	Medical Social Service Visit Charges	0	0	0	0	0 30.00	
31.00	Home Health Aide Visits	416	0	0	32	448 31.00	
32.00	Home Health Aide Visit Charges	33,280	0	0	2,560	35,840 32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	5,278	158	242	281	5,959 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)	934,885	28,834	39,002	47,999	1,050,720 35.00	
36.00	Total Number of Episodes (standard/non outlier)	435		81	25	541 36.00	
37.00	Total Number of Outlier Episodes		3		0	3 37.00	
38.00	Total Non-Routine Medical Supply Charges	8,359	285	102	1,196	9,942 38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet S-10 Date/Time Prepared: 9/26/2013 2:47 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.234786		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		5,110,190		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,789,172		5.00
6.00	Medicaid charges		56,738,752		6.00
7.00	Medicaid cost (line 1 times line 6)		13,321,465		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)		3,422,103		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		48,662		9.00
10.00	Stand-alone SCHIP charges		592,209		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		139,042		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		90,380		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)		3,512,483		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,603,432	614,884	12,218,316	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,724,323	144,366	2,868,689	21.00
22.00	Partial payment by patients approved for charity care	1,794,973	0	1,794,973	22.00
23.00	Cost of charity care (line 21 minus line 22)	929,350	144,366	1,073,716	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N		24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0		25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)		9,177,509		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		822,889		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		8,354,620		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,961,548		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		3,035,264		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,547,747		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140043

Period: From 05/01/2012 To 04/30/2013

Worksheet A
Date/Time Prepared: 9/26/2013 2:47 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		9,469,022	9,469,022	-3,133,440	6,335,582	1.00
2.00	00200		0	0	5,288,167	5,288,167	2.00
3.00	00300		0	0	0	0	3.00
4.00	00400	389,574	29,825,808	30,215,382	270,430	30,485,812	4.00
5.00	00500	11,029,510	8,280,230	19,309,740	-398,031	18,911,709	5.00
7.00	00700	986,611	2,337,421	3,324,032	-7,095	3,316,937	7.00
8.00	00800	270,775	99,142	369,917	0	369,917	8.00
9.00	00900	900,126	324,488	1,224,614	48,450	1,273,064	9.00
10.00	01000	890,895	909,112	1,800,007	-1,313,366	486,641	10.00
11.00	01100	0	0	0	1,313,366	1,313,366	11.00
13.00	01300	996,650	43,956	1,040,606	-390,338	650,268	13.00
14.00	01400	316,486	268,809	585,295	-187,186	398,109	14.00
15.00	01500	975,895	3,838,094	4,813,989	-3,409,762	1,404,227	15.00
16.00	01600	1,574,502	852,864	2,427,366	0	2,427,366	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	9,844,856	1,370,907	11,215,763	-696,937	10,518,826	30.00
31.00	03100	2,075,849	177,262	2,253,111	-830,276	1,422,835	31.00
43.00	04300	0	0	0	474,771	474,771	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,128,986	4,439,630	5,568,616	-4,002,432	1,566,184	50.00
51.00	05100	804,311	150,545	954,856	-119,251	835,605	51.00
52.00	05200	0	0	0	772,442	772,442	52.00
53.00	05300	1,940,532	507,185	2,447,717	-384,158	2,063,559	53.00
53.01	05301	70,053	35,423	105,476	-33,306	72,170	53.01
54.00	05400	1,001,503	1,447,251	2,448,754	410,475	2,859,229	54.00
54.01	05401	387,762	420,428	808,190	41,587	849,777	54.01
56.00	05600	260,505	826,979	1,087,484	-748,216	339,268	56.00
57.00	05700	547,382	1,623,322	2,170,704	-48,292	2,122,412	57.00
58.00	05800	261,143	698,660	959,803	-12,877	946,926	58.00
59.00	05900	684,009	3,035,901	3,719,910	-2,753,365	966,545	59.00
60.00	06000	2,526,048	4,162,060	6,688,108	-1,656,885	5,031,223	60.00
65.00	06500	838,683	244,746	1,083,429	-116,787	966,642	65.00
66.00	06600	547,288	26,685	573,973	-14,243	559,730	66.00
67.00	06700	69,566	4,453	74,019	-3,628	70,391	67.00
68.00	06800	88,074	2,678	90,752	0	90,752	68.00
69.00	06900	869,748	90,297	960,045	-13,366	946,679	69.00
70.00	07000	183,456	87,440	270,896	-17,507	253,389	70.00
71.00	07100	0	0	0	12,716,484	12,716,484	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	10,750,053	10,750,053	73.00
74.00	07400	0	73,547	73,547	-456	73,091	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	771,995	413,992	1,185,987	-322,170	863,817	75.01
76.00	03020	93,668	13,821	107,489	-5,016	102,473	76.00
76.01	03021	595,118	333,081	928,199	-95,816	832,383	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	21,481,446	10,267,485	31,748,931	-8,541,254	23,207,677	90.00
91.00	09100	2,619,106	5,094,027	7,713,133	-372,306	7,340,827	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	1,352,087	276,883	1,628,970	-166,696	1,462,274	95.00
98.00	09500	85,066	169,550	254,616	-42,812	211,804	98.00
101.00	10100	993,848	211,252	1,205,100	-72,648	1,132,452	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300		1,312,391	1,312,391	-1,312,391	0	113.00
118.00		70,453,112	93,766,827	164,219,939	863,916	165,083,855	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	11,621	34,507	46,128	0	46,128	190.00
192.00	19200	0	1,632,915	1,632,915	-862,213	770,702	192.00
194.00	07950	226,433	15,935	242,368	-1,703	240,665	194.00
200.00		70,691,166	95,450,184	166,141,350	0	166,141,350	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet A
Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-984,994	5,350,588	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-2,795	5,285,372	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-2,329,279	28,156,533	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-2,423,036	16,488,673	5.00
7.00	00700	OPERATION OF PLANT	-5,873	3,311,064	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	369,917	8.00
9.00	00900	HOUSEKEEPING	-856	1,272,208	9.00
10.00	01000	DIETARY	-6,558	480,083	10.00
11.00	01100	CAFETERIA	-715,251	598,115	11.00
13.00	01300	NURSING ADMINISTRATION	0	650,268	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-14,793	383,316	14.00
15.00	01500	PHARMACY	0	1,404,227	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-105,222	2,322,144	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,507,979	8,010,847	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,422,835	31.00
43.00	04300	NURSERY	0	474,771	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,566,184	50.00
51.00	05100	RECOVERY ROOM	0	835,605	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	772,442	52.00
53.00	05300	ANESTHESIOLOGY	-1,989,139	74,420	53.00
53.01	05301	PAIN MANAGEMENT	0	72,170	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,155,506	1,703,723	54.00
54.01	05401	ULTRASOUND	-378,025	471,752	54.01
56.00	05600	RADIOISOTOPE	-43,678	295,590	56.00
57.00	05700	CT SCAN	-1,346,743	775,669	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	-528,057	418,869	58.00
59.00	05900	CARDIAC CATHETERIZATION	-49,580	916,965	59.00
60.00	06000	LABORATORY	-647,936	4,383,287	60.00
65.00	06500	RESPIRATORY THERAPY	-2,702	963,940	65.00
66.00	06600	PHYSICAL THERAPY	0	559,730	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	70,391	67.00
68.00	06800	SPEECH PATHOLOGY	0	90,752	68.00
69.00	06900	ELECTROCARDIOLOGY	-50,711	895,968	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	253,389	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	12,716,484	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	10,750,053	73.00
74.00	07400	RENAL DIALYSIS	0	73,091	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501	GI LAB	0	863,817	75.01
76.00	03020	DIABETIC EDUCATION	-10,906	91,567	76.00
76.01	03021	WOUND CARE	-364,119	468,264	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-17,743,365	5,464,312	90.00
91.00	09100	EMERGENCY	-4,552,052	2,788,775	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-35,940	1,426,334	95.00
98.00	09500	HOME INFUSION	-2,769	209,035	98.00
101.00	10100	HOME HEALTH AGENCY	-1,260	1,131,192	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-37,999,124	127,084,731	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	46,128	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	-3,442	767,260	192.00
194.00	07950	COMMUNITY SERVICE	0	240,665	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-38,002,566	128,138,784	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - INTEREST EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,312,391	1.00
	TOTALS		0	1,312,391	
B - LABOR & DELIVERY & NURSERY					
1.00	NURSERY	43.00	444,613	22,876	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	723,374	37,220	2.00
	TOTALS		1,167,987	60,096	
C - OFFSITE BLDG SPACE					
1.00	OTHER CAP REL COSTS	3.00	0	6,213	1.00
2.00	OPERATION OF PLANT	7.00	0	150,551	2.00
3.00	HOUSEKEEPING	9.00	0	48,450	3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	262,916	4.00
5.00	CAP REL COSTS-BLDG & FIXT	1.00	0	824,329	5.00
6.00	CAP REL COSTS-BLDG & FIXT	1.00	0	94,984	6.00
	TOTALS		0	1,387,443	
D - EMPLOYEE BENEFITS - TUITION					
1.00	EMPLOYEE BENEFITS	4.00	0	175,574	1.00
	TOTALS		0	175,574	
E - ADMINISTRATIVE EXPENSES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	70,189	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	70,189	
F - BOND AMORTIZATION EXPENSE					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	31,076	1.00
	TOTALS		0	31,076	
G - CAFETERIA EXPENSE					
1.00	CAFETERIA	11.00	650,037	663,329	1.00
	TOTALS		650,037	663,329	
H - DRUGS CHARGED TO PATIENT EXPENSE					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,750,053	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	10,750,053	
I - MARKETING & ADVERTISING					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	45,527	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
	TOTALS		0	45,527	
J - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	219,616	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
	TOTALS		0	219,616	
K - PROPERTY INSURANCE					
1.00	OTHER CAP REL COSTS	3.00	0	148,650	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
	TOTALS		0	148,650	

RECLASSIFICATIONS

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
L - MALPRACTICE INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	17,200	1.00	
	TOTALS		0	17,200		
M - MEDICAL SUPPLIES CHARGED TO PATIENTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	12,716,484	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
31.00		0.00	0	0	31.00	
	TOTALS		0	12,716,484		
N - DAYCARE BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	124,422	1.00	
	TOTALS		0	124,422		
O - POST ICU						
1.00	ADULTS & PEDIATRICS	30.00	724,567	27,256	1.00	
	TOTALS		724,567	27,256		
P - MME DEPRECIATION						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	5,213,122	1.00	
	TOTALS		0	5,213,122		
Q - UTILITY EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	61,547	1.00	
	TOTALS		0	61,547		
R - NURSE FLOAT SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	189,792	0	1.00	
2.00	INTENSIVE CARE UNIT	31.00	20,722	0	2.00	
3.00	NURSERY	43.00	7,282	0	3.00	
4.00	OPERATING ROOM	50.00	20,894	0	4.00	
5.00	RECOVERY ROOM	51.00	15,526	0	5.00	
6.00	DELIVERY ROOM & LABOR ROOM	52.00	11,848	0	6.00	
7.00	PAIN MANAGEMENT	53.01	1,438	0	7.00	
8.00	CARDIAC CATHETERIZATION	59.00	12,881	0	8.00	
9.00	ELECTROCARDIOLOGY	69.00	20,346	0	9.00	
10.00	CLINIC	90.00	12,682	0	10.00	
11.00	EMERGENCY	91.00	57,739	0	11.00	
12.00	HOME INFUSION	98.00	1,400	0	12.00	
13.00	HOME HEALTH AGENCY	101.00	17,416	0	13.00	
	TOTALS		389,966	0		
T - RADIOLOGY MANAGEMENT						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	203,418	21,486	1.00	
2.00	ULTRASOUND	54.01	41,272	4,359	2.00	
3.00	RADIOISOTOPE	56.00	28,219	2,981	3.00	
4.00	CT SCAN	57.00	70,774	7,476	4.00	
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	28,672	3,028	5.00	
	TOTALS		372,355	39,330		

RECLASSIFICATIONS

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Increases					
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
U - CLINIC RADIOLOGY & RT EXPENSES					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	211,381	5,597	1.00
2.00	RESPIRATORY THERAPY	65.00	11,988	361	2.00
	TOTALS		223,369	5,958	
500.00	Grand Total: Increases		3,528,281	33,069,263	500.00

RECLASSIFICATIONS

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Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	1,312,391		11	1.00
	TOTALS		0	1,312,391			
B - LABOR & DELIVERY & NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,167,987	60,096		0	1.00
2.00		0.00	0	0		0	2.00
	TOTALS		1,167,987	60,096			
C - OFFSITE BLDG SPACE							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	262,916		9	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,124,527		0	2.00
3.00		0.00	0	0		0	3.00
4.00		0.00	0	0		0	4.00
5.00		0.00	0	0		10	5.00
6.00		0.00	0	0		13	6.00
	TOTALS		0	1,387,443			
D - EMPLOYEE BENEFITS - TUITION							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	175,574		0	1.00
	TOTALS		0	175,574			
E - ADMINISTRATIVE EXPENSES							
1.00	CLINIC	90.00	0	3,744		0	1.00
2.00	AMBULANCE SERVICES	95.00	0	40,104		0	2.00
3.00	HOME INFUSION	98.00	0	8,682		0	3.00
4.00	HOME HEALTH AGENCY	101.00	0	17,659		0	4.00
	TOTALS		0	70,189			
F - BOND AMORTIZATION EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	31,076		14	1.00
	TOTALS		0	31,076			
G - CAFETERIA EXPENSE							
1.00	DIETARY	10.00	650,037	663,329		0	1.00
	TOTALS		650,037	663,329			
H - DRUGS CHARGED TO PATIENT EXPENSE							
1.00	CLINIC	90.00	0	7,414,617		0	1.00
2.00	PHARMACY	15.00	0	3,335,436		0	2.00
	TOTALS		0	10,750,053			
I - MARKETING & ADVERTISING							
1.00	NURSING ADMINISTRATION	13.00	0	372		0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	3,643		0	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,457		0	3.00
4.00	CT SCAN	57.00	0	726		0	4.00
5.00	CARDIAC CATHETERIZATION	59.00	0	240		0	5.00
6.00	ELECTROCARDIOLOGY	69.00	0	3,034		0	6.00
7.00	WOUND CARE	76.01	0	1,427		0	7.00
8.00	CLINIC	90.00	0	900		0	8.00
9.00	HOME HEALTH AGENCY	101.00	0	33,728		0	9.00
	TOTALS		0	45,527			
J - TELEPHONE EXPENSE							
1.00	OPERATION OF PLANT	7.00	0	110,969		0	1.00
2.00	PHARMACY	15.00	0	429		0	2.00
3.00	ADULTS & PEDIATRICS	30.00	0	4,819		0	3.00
4.00	INTENSIVE CARE UNIT	31.00	0	60		0	4.00
5.00	OPERATING ROOM	50.00	0	2,247		0	5.00
6.00	ANESTHESIOLOGY	53.00	0	2,437		0	6.00
7.00	RADIOLOGY-DIAGNOSTIC	54.00	0	278		0	7.00
8.00	ULTRASOUND	54.01	0	13		0	8.00
9.00	RADIOISOTOPE	56.00	0	13		0	9.00
10.00	CT SCAN	57.00	0	13		0	10.00
11.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	13		0	11.00
12.00	LABORATORY	60.00	0	2,201		0	12.00
13.00	ELECTROCARDIOLOGY	69.00	0	373		0	13.00
14.00	DIABETIC EDUCATION	76.00	0	447		0	14.00
15.00	CLINIC	90.00	0	80,596		0	15.00
16.00	EMERGENCY	91.00	0	454		0	16.00
17.00	AMBULANCE SERVICES	95.00	0	7,348		0	17.00
18.00	HOME HEALTH AGENCY	101.00	0	4,870		0	18.00
19.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	602		0	19.00
20.00	COMMUNITY SERVICE	194.00	0	1,434		0	20.00
	TOTALS		0	219,616			
K - PROPERTY INSURANCE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	7,806		0	1.00
2.00	OPERATION OF PLANT	7.00	0	108,224		0	2.00
3.00	LABORATORY	60.00	0	690		0	3.00
4.00	AMBULANCE SERVICES	95.00	0	20,890		0	4.00
5.00	HOME HEALTH AGENCY	101.00	0	11,040		0	5.00

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	TOTALS		0	148,650			
	L - MALPRACTICE INSURANCE						
1.00	AMBULANCE SERVICES	95.00	0	17,200	0		1.00
	TOTALS		0	17,200			
	M - MEDICAL SUPPLIES CHARGED TO PATIENTS						
1.00	EMPLOYEE BENEFITS	4.00	0	29,566	0		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	187,186	0		2.00
3.00	PHARMACY	15.00	0	73,897	0		3.00
4.00	ADULTS & PEDIATRICS	30.00	0	402,007	0		4.00
5.00	INTENSIVE CARE UNIT	31.00	0	99,115	0		5.00
6.00	OPERATING ROOM	50.00	0	4,021,079	0		6.00
7.00	RECOVERY ROOM	51.00	0	134,777	0		7.00
8.00	ANESTHESIOLOGY	53.00	0	381,721	0		8.00
9.00	PAIN MANAGEMENT	53.01	0	34,744	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	29,672	0		10.00
11.00	ULTRASOUND	54.01	0	4,031	0		11.00
12.00	RADIOISOTOPE	56.00	0	779,403	0		12.00
13.00	CT SCAN	57.00	0	125,803	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	44,564	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	2,766,006	0		15.00
16.00	LABORATORY	60.00	0	1,653,994	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	129,136	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	14,243	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	3,628	0		19.00
20.00	ELECTROCARDIOLOGY	69.00	0	30,305	0		20.00
21.00	ELECTROENCEPHALOGRAPHY	70.00	0	17,507	0		21.00
22.00	RENAL DIALYSIS	74.00	0	456	0		22.00
23.00	GI LAB	75.01	0	322,170	0		23.00
24.00	DIABETIC EDUCATION	76.00	0	4,569	0		24.00
25.00	WOUND CARE	76.01	0	94,389	0		25.00
26.00	CLINIC	90.00	0	824,752	0		26.00
27.00	EMERGENCY	91.00	0	429,591	0		27.00
28.00	AMBULANCE SERVICES	95.00	0	19,607	0		28.00
29.00	HOME INFUSION	98.00	0	35,530	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	22,767	0		30.00
31.00	COMMUNITY SERVICE	194.00	0	269	0		31.00
	TOTALS		0	12,716,484			
	N - DAYCARE BENEFITS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	124,422	0		1.00
	TOTALS		0	124,422			
	O - POST ICU						
1.00	INTENSIVE CARE UNIT	31.00	724,567	27,256	0		1.00
	TOTALS		724,567	27,256			
	P - MME DEPRECIATION						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,213,122	9		1.00
	TOTALS		0	5,213,122			
	Q - UTILITY EXPENSE						
1.00	AMBULANCE SERVICES	95.00	0	61,547	0		1.00
	TOTALS		0	61,547			
	R - NURSE FLOAT SALARIES						
1.00	NURSING ADMINISTRATION	13.00	389,966	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
12.00		0.00	0	0	0		12.00
13.00		0.00	0	0	0		13.00
	TOTALS		389,966	0	0		
	T - RADIOLOGY MANAGEMENT						
1.00	ADMINISTRATIVE & GENERAL	5.00	372,355	39,330	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
	TOTALS		372,355	39,330	0		

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Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
U - CLINIC RADIOLOGY & RT EXPENSES						
1.00	CLINIC	90.00	223,369	5,958	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		223,369	5,958		
500.00	Grand Total: Decreases		3,528,281	33,069,263		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
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	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,550,502	42,654	0	42,654	0 1.00
2.00	Land Improvements	2,016,761	51,443	111,429	162,872	0 2.00
3.00	Buildings and Fixtures	78,168,960	2,783,814	-3,829,795	-1,045,981	3,971 3.00
4.00	Building Improvements	9,336,658	663,616	4,004,506	4,668,122	0 4.00
5.00	Fixed Equipment	454,770	26,282	0	26,282	31,536 5.00
6.00	Movable Equipment	55,615,025	9,182,326	-286,140	8,896,186	1,970,443 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	148,142,676	12,750,135	0	12,750,135	2,005,950 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	148,142,676	12,750,135	0	12,750,135	2,005,950 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	2,593,156	0			0 1.00
2.00	Land Improvements	2,179,633	0			0 2.00
3.00	Buildings and Fixtures	77,119,008	0			0 3.00
4.00	Building Improvements	14,004,780	0			0 4.00
5.00	Fixed Equipment	449,516	0			0 5.00
6.00	Movable Equipment	62,540,768	0			0 6.00
7.00	HIT designated Assets	0	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	158,886,861	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	158,886,861	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	9,469,022	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,469,022	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	9,469,022				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	9,469,022				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140043

Period:
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To 04/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	81,891,797	0	81,891,797	0.515409	79,818	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	76,995,064	0	76,995,064	0.484591	75,045	2.00
3.00	Total (sum of lines 1-2)	158,886,861	0	158,886,861	1.000000	154,863	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	79,818	3,992,984	824,329	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	75,045	5,210,327	0	2.00
3.00	Total (sum of lines 1-2)	0	0	154,863	9,203,311	824,329	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 col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	327,397	79,818	94,984	31,076	5,350,588	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	75,045	0	0	5,285,372	2.00
3.00	Total (sum of lines 1-2)	327,397	154,863	94,984	31,076	10,635,960	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8

Date/Time Prepared:
9/26/2013 2:47 pm

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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-984,994	CAP REL COSTS-BLDG & FIXT	1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)		0		0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-120	ADMINISTRATIVE & GENERAL	5.00	0 7.00
8.00 Television and radio service (chapter 21)		0		0.00	0 8.00
9.00 Parking lot (chapter 21)		0		0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-29,365,507			0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			0 12.00
13.00 Laundry and linen service		0		0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-711,938	CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others		0		0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	0 16.00
17.00 Sale of drugs to other than patients		0		0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-60,590	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	-3,313	CAFETERIA	11.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	0 32.00
33.00 DAYCARE RENT	B	-18,000	ADMINISTRATIVE & GENERAL	5.00	0 33.00
33.01 DIETARY CATERING REVENUE	B	-6,558	DIETARY	10.00	0 33.01
33.02 RENTAL INCOME	B	-960	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 MISCELLANEOUS INCOME	B	-8,172	EMPLOYEE BENEFITS	4.00	0 33.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8

Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
33.04	MI SCCELLANEOUS INCOME	B	-221,059	ADMINISTRATIVE & GENERAL	5.00	0	33.04
33.05	MI SCCELLANEOUS INCOME	B	-2,702	RESPIRATORY THERAPY	65.00	0	33.05
33.06	LIFESTYLE MEDICINE INCOME	B	-27,050	ELECTROCARDIOLOGY	69.00	0	33.06
33.07	CARDIAC REHAB PHASE III REVENUE	B	-23,661	ELECTROCARDIOLOGY	69.00	0	33.07
33.08	MI SCCELLANEOUS INCOME	B	-12,320	CT SCAN	57.00	0	33.08
33.09	BLOOD DRAW INCOME	B	-2,305	HOME INFUSION	98.00	0	33.09
33.10	OUTSIDE TRANSCRIPTION REVENUE	B	-153	MEDICAL RECORDS & LIBRARY	16.00	0	33.10
33.11	DIABETIC EDUCATION REVENUE	B	-10,906	DIABETIC EDUCATION	76.00	0	33.11
33.12	HOUSEKEEPING REVENUE	B	-856	HOUSEKEEPING	9.00	0	33.12
33.13	PATIENT ACCOUNTING REVENUE	B	-65,584	ADMINISTRATIVE & GENERAL	5.00	0	33.13
33.14	DAYCARE REVENUE	B	-520,621	ADMINISTRATIVE & GENERAL	5.00	0	33.14
33.15	DAYCARE DISCOUNT EXPENSE ELIMINATION	A	-32,467	EMPLOYEE BENEFITS	4.00	0	33.15
33.16	DONATION EXPENSE	A	-287,859	ADMINISTRATIVE & GENERAL	5.00	0	33.16
33.17	DONATION EXPENSE	A	-250	CLINIC	90.00	0	33.17
33.18	LOBBYING EXPENSE	A	-89,943	ADMINISTRATIVE & GENERAL	5.00	0	33.18
33.19	PHYSICIAN RECRUITMENT SALARIES	A	-61,791	ADMINISTRATIVE & GENERAL	5.00	0	33.19
33.20	PHYSICIAN RECRUITMENT OTHER	A	-331,682	ADMINISTRATIVE & GENERAL	5.00	0	33.20
33.21	PHYSICIAN RECRUITMENT BENEFITS	A	-43,821	EMPLOYEE BENEFITS	4.00	0	33.21
33.22	MARKETING SALARIES	A	-204,401	ADMINISTRATIVE & GENERAL	5.00	0	33.22
33.23	MARKETING OTHER EXPENSES	A	-486,732	ADMINISTRATIVE & GENERAL	5.00	0	33.23
33.24	MARKETING DEPRECIATION	A	-2,795	CAP REL COSTS-MVBLE EQUIP	2.00	9	33.24
33.25	MARKETING BENEFITS	A	-105,686	EMPLOYEE BENEFITS	4.00	0	33.25
33.26	CABLE TELEVISION	A	-14,793	CENTRAL SERVICES & SUPPLY	14.00	0	33.26
33.27	CABLE TELEVISION	A	-24,900	ADMINISTRATIVE & GENERAL	5.00	0	33.27
33.28	CABLE TELEVISION	A	-1,819	OPERATION OF PLANT	7.00	0	33.28
33.29	CABLE TELEVISION	A	-3,442	PHYSICIANS' PRIVATE OFFICES	192.00	0	33.29
33.30	CABLE TELEVISION	A	-1,384	WOUND CARE	76.01	0	33.30
33.31	PHYSICIAN BENEFITS	A	-1,873,983	EMPLOYEE BENEFITS	4.00	0	33.31
33.32	CRNA PHYSICIAN CME EXPENSE	A	-16,369	ANESTHESIOLOGY	53.00	0	33.32
33.33	CRNA FICA TAXES	A	-53,490	EMPLOYEE BENEFITS	4.00	0	33.33
33.34	CRNA MEDICARE TAXES	A	-27,800	EMPLOYEE BENEFITS	4.00	0	33.34
33.35	CRNA BENEFIT OFFSET	A	-183,860	EMPLOYEE BENEFITS	4.00	0	33.35
33.36	CRNA SALARIES	A	-1,940,532	ANESTHESIOLOGY	53.00	0	33.36
33.37	CRNA MALPRACTICE INSURANCE	A	-32,238	ANESTHESIOLOGY	53.00	0	33.37
33.38	ALCOHOLIC BEVERAGES	A	-6,033	ADMINISTRATIVE & GENERAL	5.00	0	33.38
33.39	MRI JOINT VENTURE EXPENSE	A	-26,017	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	33.39
33.40	MI SCCELLANEOUS INCOME	B	-611	HOME HEALTH AGENCY	101.00	0	33.40
33.41	MI SCCELLANEOUS INCOME	B	-14,913	RADIOLOGY-DIAGNOSTIC	54.00	0	33.41
33.42	MI SCCELLANEOUS INCOME	B	-35,940	AMBULANCE SERVICES	95.00	0	33.42
33.43	MI SCCELLANEOUS INCOME	B	-464	HOME INFUSION	98.00	0	33.43
33.44	MI SCCELLANEOUS INCOME	B	-4,054	OPERATION OF PLANT	7.00	0	33.44
33.45	SRFC MEDICAL RECORDS	B	-44,322	MEDICAL RECORDS & LIBRARY	16.00	0	33.45
33.46	SRFC TRANSCRIPTION	B	-157	MEDICAL RECORDS & LIBRARY	16.00	0	33.46
33.47	HOME NURSING INCOME	B	-649	HOME HEALTH AGENCY	101.00	0	33.47
33.48			0		0.00	0	33.48
33.49			0		0.00	0	33.49
33.50			0		0.00	0	33.50
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,002,566				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet A-8-2

Date/Time Prepared:
9/26/2013 2:47 pm

1.00	Wkst. A Line #	Cost Center/Physician Identifier	2.00	3.00	4.00	5.00	6.00	7.00	8.00
1.00	5.00	ADMINISTRATIVE & GENERAL	161,125	48,300	112,825	159,800	752	1.00	
2.00	30.00	ADULTS & PEDIATRICS	2,507,979	2,507,979	0	0	0	2.00	
3.00	54.00	RADIOLOGY-DIAGNOSTIC	1,140,593	1,140,593	0	0	0	3.00	
4.00	54.01	ULTRASOUND	378,025	378,025	0	0	0	4.00	
5.00	56.00	RADIOISOTOPE	43,678	43,678	0	0	0	5.00	
6.00	57.00	CT SCAN	1,334,423	1,334,423	0	0	0	6.00	
7.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	502,040	502,040	0	0	0	7.00	
8.00	59.00	CARDIAC CATHETERIZATION	49,580	49,580	0	0	0	8.00	
9.00	60.00	LABORATORY	647,936	647,936	0	0	0	9.00	
10.00	76.01	WOUND CARE	362,735	362,735	0	0	0	10.00	
11.00	90.00	CLINIC	17,743,115	17,743,115	0	0	0	11.00	
12.00	91.00	EMERGENCY	4,552,052	4,552,052	0	0	0	12.00	
200.00			29,423,281	29,310,456	112,825		752	200.00	

1.00	Wkst. A Line #	Cost Center/Physician Identifier	8.00	9.00	12.00	13.00	14.00	15.00
1.00	5.00	ADMINISTRATIVE & GENERAL	57,774	2,889	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	54.01	ULTRASOUND	0	0	0	0	0	4.00
5.00	56.00	RADIOISOTOPE	0	0	0	0	0	5.00
6.00	57.00	CT SCAN	0	0	0	0	0	6.00
7.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	0	0	0	0	0	9.00
10.00	76.01	WOUND CARE	0	0	0	0	0	10.00
11.00	90.00	CLINIC	0	0	0	0	0	11.00
12.00	91.00	EMERGENCY	0	0	0	0	0	12.00
200.00			57,774	2,889	0	0	0	200.00

1.00	Wkst. A Line #	Cost Center/Physician Identifier	15.00	16.00	17.00	18.00	19.00
1.00	5.00	ADMINISTRATIVE & GENERAL	0	57,774	55,051	103,351	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,507,979	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,140,593	3.00
4.00	54.01	ULTRASOUND	0	0	0	378,025	4.00
5.00	56.00	RADIOISOTOPE	0	0	0	43,678	5.00
6.00	57.00	CT SCAN	0	0	0	1,334,423	6.00
7.00	58.00	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	502,040	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	49,580	8.00
9.00	60.00	LABORATORY	0	0	0	647,936	9.00
10.00	76.01	WOUND CARE	0	0	0	362,735	10.00
11.00	90.00	CLINIC	0	0	0	17,743,115	11.00
12.00	91.00	EMERGENCY	0	0	0	4,552,052	12.00
200.00			0	57,774	55,051	29,365,507	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	5,350,588	5,350,588			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	5,285,372		5,285,372		2.00
4.00 00400	EMPLOYEE BENEFITS	28,156,533	12,669	4,856	28,174,058	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	16,488,673	1,096,733	2,086,900	5,926,475	5.00
7.00 00700	OPERATION OF PLANT	3,311,064	205,209	281,921	565,340	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	369,917	84,980	24,004	155,157	8.00
9.00 00900	HOUSEKEEPING	1,272,208	8,836	1,344	515,783	9.00
10.00 01000	DIETARY	480,083	29,863	58,419	138,015	10.00
11.00 01100	CAFETERIA	598,115	80,586	0	372,479	11.00
13.00 01300	NURSING ADMINISTRATION	650,268	2,388	29,372	347,637	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	383,316	96,061	71,674	181,350	14.00
15.00 01500	PHARMACY	1,404,227	21,541	26,899	559,200	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,322,144	64,968	56,803	902,209	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	8,010,847	576,976	308,027	4,484,498	30.00
31.00 03100	INTENSIVE CARE UNIT	1,422,835	117,148	36,248	786,175	31.00
43.00 04300	NURSERY	474,771	102,927	24,844	258,941	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,566,184	377,498	283,947	658,895	50.00
51.00 05100	RECOVERY ROOM	835,605	161,292	47,643	469,776	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	772,442	117,984	40,317	421,291	52.00
53.00 05300	ANESTHESIOLOGY	74,420	7,642	21,134	0	53.00
53.01 05301	PAIN MANAGEMENT	72,170	18,627	8,062	40,965	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,703,723	212,194	309,141	811,558	54.00
54.01 05401	ULTRASOUND	471,752	34,890	100,317	245,842	54.01
56.00 05600	RADIOISOTOPE	295,590	50,007	161,034	165,442	56.00
57.00 05700	CT SCAN	775,669	22,591	57,252	354,211	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	418,869	47,965	44,887	166,067	58.00
59.00 05900	CARDIAC CATHETERIZATION	916,965	46,078	450,228	399,326	59.00
60.00 06000	LABORATORY	4,383,287	145,328	193,269	1,228,853	60.00
65.00 06500	RESPIRATORY THERAPY	963,940	62,258	32,979	487,445	65.00
66.00 06600	PHYSICAL THERAPY	559,730	11,749	3,316	313,603	66.00
67.00 06700	OCCUPATIONAL THERAPY	70,391	4,788	0	39,862	67.00
68.00 06800	SPEECH PATHOLOGY	90,752	1,433	0	50,467	68.00
69.00 06900	ELECTROCARDIOLOGY	895,968	48,263	171,441	510,035	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	253,389	8,740	12,152	105,122	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,716,484	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,750,053	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	73,091	3,009	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	GI LAB	863,817	42,019	20,437	442,362	75.01
76.00 03020	DIABETIC EDUCATION	91,567	8,931	287	53,673	76.00
76.01 03021	WOUND CARE	468,264	26,508	2,403	148,671	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	5,464,312	1,191,792	205,906	2,793,287	90.00
91.00 09100	EMERGENCY	2,788,775	94,772	34,934	1,533,864	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,426,334	37,433	50,490	774,762	95.00
98.00 05950	HOME INFUSION	209,035	2,508	0	49,546	98.00
101.00 10100	HOME HEALTH AGENCY	1,131,192	24,227	17,546	579,466	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	127,084,731	5,311,411	5,280,433	28,037,650	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	46,128	15,129	0	6,659	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	767,260	0	0	0	192.00
194.00 07950	COMMUNITY SERVICE	240,665	24,048	4,939	129,749	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	128,138,784	5,350,588	5,285,372	28,174,058	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	25,598,781				5.00
7.00	00700	OPERATION OF PLANT	1,089,343	5,452,877			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	158,291	114,814	907,163		8.00
9.00	00900	HOUSEKEEPING	448,908	11,938	50,421	2,309,438	9.00
10.00	01000	DIETARY	176,346	40,347	26,736	17,495	967,304
11.00	01100	CAFETERIA	262,424	108,878	0	47,210	0
13.00	01300	NURSING ADMINISTRATION	257,053	3,226	0	1,399	0
14.00	01400	CENTRAL SERVICES & SUPPLY	182,842	129,785	0	56,276	0
15.00	01500	PHARMACY	502,257	29,103	0	12,619	0
16.00	01600	MEDICAL RECORDS & LIBRARY	835,350	87,776	0	38,060	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,340,336	779,533	433,994	338,010	887,685
31.00	03100	INTENSIVE CARE UNIT	589,768	158,275	31,498	68,629	63,557
43.00	04300	NURSERY	215,067	139,061	6,805	60,298	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	720,612	510,026	39,846	221,150	0
51.00	05100	RECOVERY ROOM	378,044	217,916	17,411	94,490	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	337,531	159,404	11,043	69,119	0
53.00	05300	ANESTHESIOLOGY	25,763	10,325	0	4,477	0
53.01	05301	PAIN MANAGEMENT	34,907	25,167	0	10,912	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	758,082	286,689	43,427	124,310	0
54.01	05401	ULTRASOUND	212,899	47,139	0	20,440	0
56.00	05600	RADIO SOTOPE	167,781	67,562	0	29,295	0
57.00	05700	CT SCAN	302,004	30,522	0	13,235	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	169,208	64,804	0	28,099	0
59.00	05900	CARDIAC CATHETERIZATION	452,509	62,255	14,644	26,994	8,115
60.00	06000	LABORATORY	1,485,584	196,347	286	85,137	0
65.00	06500	RESPIRATORY THERAPY	386,110	84,114	31	36,472	0
66.00	06600	PHYSICAL THERAPY	221,786	15,874	14,662	6,883	0
67.00	06700	OCCUPATIONAL THERAPY	28,720	6,469	0	2,805	0
68.00	06800	SPEECH PATHOLOGY	35,613	1,936	0	839	0
69.00	06900	ELECTROCARDIOLOGY	405,853	65,207	24,774	28,274	0
70.00	07000	ELECTROENCEPHALOGRAPHY	94,717	11,809	7,618	5,120	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,174,632	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,683,718	0	0	0	0
74.00	07400	RENAL DIALYSIS	18,998	4,065	0	1,763	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	GI LAB	341,676	56,770	48,922	24,616	0
76.00	03020	DIABETIC EDUCATION	38,560	12,067	0	5,232	0
76.01	03021	WOUND CARE	161,234	35,814	5,692	15,529	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	2,410,416	1,610,190	28,296	698,188	0
91.00	09100	EMERGENCY	1,111,515	128,043	70,422	55,520	7,947
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	571,447	50,575	27,833	21,930	0
98.00	09500	HOME INFUSION	65,180	3,388	0	1,469	0
101.00	10100	HOME HEALTH AGENCY	437,489	32,733	0	14,193	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,290,573	5,399,946	904,361	2,286,487	967,304
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	16,955	20,440	0	8,863	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	191,544	0	2,802	0	0
194.00	07950	COMMUNITY SERVICE	99,709	32,491	0	14,088	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	25,598,781	5,452,877	907,163	2,309,438	967,304

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period: From 05/01/2012 To 04/30/2013

Worksheet B Part I Date/Time Prepared: 9/26/2013 2:47 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,469,692					11.00
13.00	01300		1,304,795				13.00
14.00	01400	18,727	0	1,120,031			14.00
15.00	01500	29,171	0	0	2,585,017		15.00
16.00	01600	73,342	0	0	0	4,380,652	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	347,219	472,140	558	0	282,803	30.00
31.00	03100	39,043	53,084	0	0	52,871	31.00
43.00	04300	13,728	18,655	0	0	21,622	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,361	53,524	1,847	0	251,594	50.00
51.00	05100	29,256	39,775	0	0	39,031	51.00
52.00	05200	22,329	30,353	0	0	35,178	52.00
53.00	05300	0	0	191	0	78,187	53.00
53.01	05301	2,712	3,683	0	0	19,998	53.01
54.00	05400	62,876	0	25	0	151,323	54.00
54.01	05401	12,753	0	71	0	92,543	54.01
56.00	05600	8,728	0	0	0	93,417	56.00
57.00	05700	21,884	0	0	0	402,223	57.00
58.00	05800	8,855	0	0	0	120,540	58.00
59.00	05900	24,257	32,997	111	0	266,338	59.00
60.00	06000	100,437	0	230	0	741,265	60.00
65.00	06500	31,226	0	466	0	33,909	65.00
66.00	06600	18,791	0	159	0	19,172	66.00
67.00	06700	1,695	0	0	0	2,164	67.00
68.00	06800	1,991	0	0	0	2,089	68.00
69.00	06900	38,323	52,121	0	0	175,523	69.00
70.00	07000	8,919	0	0	0	45,519	70.00
71.00	07100	0	0	1,114,488	0	160,939	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	2,585,017	526,577	73.00
74.00	07400	0	0	0	0	2,293	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	25,295	0	0	0	83,200	75.01
76.00	03020	4,851	0	0	0	1,948	76.00
76.01	03021	12,753	0	0	0	22,090	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	270,042	352,348	1,404	0	229,018	90.00
91.00	09100	108,784	147,913	0	0	365,546	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	65,800	0	300	0	40,809	95.00
98.00	05950	2,627	3,586	0	0	6,328	98.00
101.00	10100	0	44,616	0	0	14,595	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		1,459,227	1,304,795	1,119,850	2,585,017	4,380,652	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,356	0	181	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	9,109	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,469,692	1,304,795	1,120,031	2,585,017	4,380,652	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	20,262,626	0	20,262,626
31.00	03100	INTENSIVE CARE UNIT	3,419,131	0	3,419,131
43.00	04300	NURSERY	1,336,719	0	1,336,719
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	4,724,484	0	4,724,484
51.00	05100	RECOVERY ROOM	2,330,239	0	2,330,239
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,016,991	0	2,016,991
53.00	05300	ANESTHESIOLOGY	222,139	0	222,139
53.01	05301	PAIN MANAGEMENT	237,203	0	237,203
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,463,348	0	4,463,348
54.01	05401	ULTRASOUND	1,238,646	0	1,238,646
56.00	05600	RADIOISOTOPE	1,038,856	0	1,038,856
57.00	05700	CT SCAN	1,979,591	0	1,979,591
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,069,294	0	1,069,294
59.00	05900	CARDIAC CATHETERIZATION	2,700,817	0	2,700,817
60.00	06000	LABORATORY	8,560,023	0	8,560,023
65.00	06500	RESPIRATORY THERAPY	2,118,950	0	2,118,950
66.00	06600	PHYSICAL THERAPY	1,185,725	0	1,185,725
67.00	06700	OCCUPATIONAL THERAPY	156,894	0	156,894
68.00	06800	SPEECH PATHOLOGY	185,120	0	185,120
69.00	06900	ELECTROCARDIOLOGY	2,415,782	0	2,415,782
70.00	07000	ELECTROENCEPHALOGRAPHY	553,105	0	553,105
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	17,166,543	0	17,166,543
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	16,545,365	0	16,545,365
74.00	07400	RENAL DIALYSIS	103,219	0	103,219
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0
75.01	07501	GI LAB	1,949,114	0	1,949,114
76.00	03020	DIABETIC EDUCATION	217,116	0	217,116
76.01	03021	WOUND CARE	898,958	0	898,958
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	15,255,199	0	15,255,199
91.00	09100	EMERGENCY	6,448,035	0	6,448,035
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	3,067,713	0	3,067,713
98.00	05950	HOME INFUSION	343,667	0	343,667
101.00	10100	HOME HEALTH AGENCY	2,296,057	0	2,296,057
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	126,506,669	0	126,506,669
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	115,711	0	115,711
192.00	19200	PHYSICIANS' PRIVATE OFFICES	961,606	0	961,606
194.00	07950	COMMUNITY SERVICE	554,798	0	554,798
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)	128,138,784	0	128,138,784

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				Subtotal	EMPLOYEE BENEFITS	
	Directly Assigned New Capital Related Costs	BLDG & FIXT	MVBLE EQUIP				
		0	1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400	EMPLOYEE BENEFITS	0	12,669	4,856	17,525	17,525	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	14,817	1,096,733	2,086,900	3,198,450	3,706	5.00
7.00 00700	OPERATION OF PLANT	1,885	205,209	281,921	489,015	351	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	84,980	24,004	108,984	96	8.00
9.00 00900	HOUSEKEEPING	0	8,836	1,344	10,180	320	9.00
10.00 01000	DIETARY	0	29,863	58,419	88,282	86	10.00
11.00 01100	CAFETERIA	0	80,586	0	80,586	231	11.00
13.00 01300	NURSING ADMINISTRATION	0	2,388	29,372	31,760	216	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	96,061	71,674	167,735	113	14.00
15.00 01500	PHARMACY	0	21,541	26,899	48,440	347	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	64,968	56,803	121,771	561	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	0	576,976	308,027	885,003	2,786	30.00
31.00 03100	INTENSIVE CARE UNIT	0	117,148	36,248	153,396	488	31.00
43.00 04300	NURSERY	0	102,927	24,844	127,771	161	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	11,203	377,498	283,947	672,648	409	50.00
51.00 05100	RECOVERY ROOM	0	161,292	47,643	208,935	292	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	117,984	40,317	158,301	262	52.00
53.00 05300	ANESTHESIOLOGY	0	7,642	21,134	28,776	0	53.00
53.01 05301	PAIN MANAGEMENT	0	18,627	8,062	26,689	25	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	212,194	309,141	521,335	504	54.00
54.01 05401	ULTRASOUND	0	34,890	100,317	135,207	153	54.01
56.00 05600	RADIO SOTOPE	0	50,007	161,034	211,041	103	56.00
57.00 05700	CT SCAN	0	22,591	57,252	79,843	220	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	47,965	44,887	92,852	103	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	46,078	450,228	496,306	248	59.00
60.00 06000	LABORATORY	0	145,328	193,269	338,597	763	60.00
65.00 06500	RESPIRATORY THERAPY	0	62,258	32,979	95,237	303	65.00
66.00 06600	PHYSICAL THERAPY	0	11,749	3,316	15,065	195	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	4,788	0	4,788	25	67.00
68.00 06800	SPEECH PATHOLOGY	0	1,433	0	1,433	31	68.00
69.00 06900	ELECTROCARDIOLOGY	0	48,263	171,441	219,704	317	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,236	8,740	12,152	22,128	65	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	3,009	0	3,009	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501	GI LAB	0	42,019	20,437	62,456	275	75.01
76.00 03020	DIABETIC EDUCATION	0	8,931	287	9,218	33	76.00
76.01 03021	WOUND CARE	31,446	26,508	2,403	60,357	92	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	2,100	1,191,792	205,906	1,399,798	1,735	90.00
91.00 09100	EMERGENCY	0	94,772	34,934	129,706	953	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	37,433	50,490	87,923	481	95.00
98.00 05950	HOME INFUSION	0	2,508	0	2,508	31	98.00
101.00 10100	HOME HEALTH AGENCY	0	24,227	17,546	41,773	360	101.00
SPECIAL PURPOSE COST CENTERS							
113.00 11300	INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	62,687	5,311,411	5,280,433	10,654,531	17,440	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	15,129	0	15,129	4	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	681,231	0	0	681,231	0	192.00
194.00 07950	COMMUNITY SERVICE	0	24,048	4,939	28,987	81	194.00
200.00	Cross Foot Adjustments				0		200.00
201.00	Negative Cost Centers		0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	743,918	5,350,588	5,285,372	11,379,878	17,525	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet B Part II Date/Time Prepared: 9/26/2013 2:47 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	3,202,156				5.00	
7.00	00700	OPERATION OF PLANT	136,264	625,630			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	19,800	13,173	142,053		8.00	
9.00	00900	HOUSEKEEPING	56,153	1,370	7,895	75,918	9.00	
10.00	01000	DIETARY	22,059	4,629	4,187	575	119,818	10.00
11.00	01100	CAFETERIA	32,826	12,492	0	1,552	0	11.00
13.00	01300	NURSING ADMINISTRATION	32,154	370	0	46	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	22,871	14,891	0	1,850	0	14.00
15.00	01500	PHARMACY	62,827	3,339	0	415	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	104,493	10,071	0	1,251	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	417,882	89,439	67,961	11,111	109,956	30.00
31.00	03100	INTENSIVE CARE UNIT	73,773	18,160	4,932	2,256	7,873	31.00
43.00	04300	NURSERY	26,902	15,955	1,066	1,982	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	90,140	58,517	6,239	7,270	0	50.00
51.00	05100	RECOVERY ROOM	47,289	25,002	2,726	3,106	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	42,221	18,289	1,729	2,272	0	52.00
53.00	05300	ANESTHESIOLOGY	3,223	1,185	0	147	0	53.00
53.01	05301	PAIN MANAGEMENT	4,366	2,887	0	359	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	94,827	32,893	6,800	4,086	0	54.00
54.01	05401	ULTRASOUND	26,631	5,408	0	672	0	54.01
56.00	05600	RADIO SOTOP	20,987	7,752	0	963	0	56.00
57.00	05700	CT SCAN	37,777	3,502	0	435	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,166	7,435	0	924	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	56,604	7,143	2,293	887	1,005	59.00
60.00	06000	LABORATORY	185,830	22,528	45	2,799	0	60.00
65.00	06500	RESPIRATORY THERAPY	48,298	9,651	5	1,199	0	65.00
66.00	06600	PHYSICAL THERAPY	27,743	1,821	2,296	226	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,593	742	0	92	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,455	222	0	28	0	68.00
69.00	06900	ELECTROCARDIOLOGY	50,768	7,481	3,879	929	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	11,848	1,355	1,193	168	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	397,110	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	335,703	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,376	466	0	58	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	42,740	6,513	7,661	809	0	75.01
76.00	03020	DIABETIC EDUCATION	4,823	1,384	0	172	0	76.00
76.01	03021	WOUND CARE	20,168	4,109	891	510	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	301,516	184,744	4,431	22,954	0	90.00
91.00	09100	EMERGENCY	139,038	14,691	11,027	1,825	984	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	71,481	5,803	4,358	721	0	95.00
98.00	09500	HOME INFUSION	8,153	389	0	48	0	98.00
101.00	10100	HOME HEALTH AGENCY	54,725	3,756	0	467	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,163,603	619,557	141,614	75,164	119,818	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,121	2,345	0	291	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,960	0	439	0	0	192.00
194.00	07950	COMMUNITY SERVICE	12,472	3,728	0	463	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,202,156	625,630	142,053	75,918	119,818	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet B Part II Date/Time Prepared: 9/26/2013 2:47 pm
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	127,687					11.00
13.00	01300	1,169	65,715				13.00
14.00	01400	1,627	0	209,087			14.00
15.00	01500	2,534	0	0	117,902		15.00
16.00	01600	6,372	0	0	0	244,519	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	30,166	23,777	104	0	15,792	30.00
31.00	03100	3,392	2,674	0	0	2,952	31.00
43.00	04300	1,193	940	0	0	1,207	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	3,420	2,696	345	0	14,050	50.00
51.00	05100	2,542	2,003	0	0	2,180	51.00
52.00	05200	1,940	1,529	0	0	1,964	52.00
53.00	05300	0	0	36	0	4,366	53.00
53.01	05301	236	185	0	0	1,117	53.01
54.00	05400	5,463	0	5	0	8,450	54.00
54.01	05401	1,108	0	13	0	5,168	54.01
56.00	05600	758	0	0	0	5,217	56.00
57.00	05700	1,901	0	0	0	22,461	57.00
58.00	05800	769	0	0	0	6,731	58.00
59.00	05900	2,107	1,662	21	0	14,873	59.00
60.00	06000	8,726	0	43	0	41,286	60.00
65.00	06500	2,713	0	87	0	1,894	65.00
66.00	06600	1,633	0	30	0	1,071	66.00
67.00	06700	147	0	0	0	121	67.00
68.00	06800	173	0	0	0	117	68.00
69.00	06900	3,330	2,625	0	0	9,802	69.00
70.00	07000	775	0	0	0	2,542	70.00
71.00	07100	0	0	208,051	0	8,987	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	117,902	29,405	73.00
74.00	07400	0	0	0	0	128	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	2,198	0	0	0	4,646	75.01
76.00	03020	421	0	0	0	109	76.00
76.01	03021	1,108	0	0	0	1,234	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	23,461	17,746	262	0	12,789	90.00
91.00	09100	9,451	7,450	0	0	20,413	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	5,717	0	56	0	2,279	95.00
98.00	05950	228	181	0	0	353	98.00
101.00	10100	0	2,247	0	0	815	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00		126,778	65,715	209,053	117,902	244,519	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	118	0	34	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
194.00	07950	791	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		127,687	65,715	209,087	117,902	244,519	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet B Part II Date/Time Prepared: 9/26/2013 2:47 pm
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Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.00	00500	ADMINISTRATIVE & GENERAL			5.00
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	1,653,977	0	1,653,977
31.00	03100	INTENSIVE CARE UNIT	269,896	0	269,896
43.00	04300	NURSERY	177,177	0	177,177
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	855,734	0	855,734
51.00	05100	RECOVERY ROOM	294,075	0	294,075
52.00	05200	DELIVERY ROOM & LABOR ROOM	228,507	0	228,507
53.00	05300	ANESTHESIOLOGY	37,733	0	37,733
53.01	05301	PAIN MANAGEMENT	35,864	0	35,864
54.00	05400	RADIOLOGY-DIAGNOSTIC	674,363	0	674,363
54.01	05401	ULTRASOUND	174,360	0	174,360
56.00	05600	RADIOISOTOPE	246,821	0	246,821
57.00	05700	CT SCAN	146,139	0	146,139
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	129,980	0	129,980
59.00	05900	CARDIAC CATHETERIZATION	583,149	0	583,149
60.00	06000	LABORATORY	600,617	0	600,617
65.00	06500	RESPIRATORY THERAPY	159,387	0	159,387
66.00	06600	PHYSICAL THERAPY	50,080	0	50,080
67.00	06700	OCCUPATIONAL THERAPY	9,508	0	9,508
68.00	06800	SPEECH PATHOLOGY	6,459	0	6,459
69.00	06900	ELECTROCARDIOLOGY	298,835	0	298,835
70.00	07000	ELECTROENCEPHALOGRAPHY	40,074	0	40,074
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	614,148	0	614,148
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	483,010	0	483,010
74.00	07400	RENAL DIALYSIS	6,037	0	6,037
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0
75.01	07501	GI LAB	127,298	0	127,298
76.00	03020	DIABETIC EDUCATION	16,160	0	16,160
76.01	03021	WOUND CARE	88,469	0	88,469
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	1,969,436	0	1,969,436
91.00	09100	EMERGENCY	335,538	0	335,538
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)		0	
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	178,819	0	178,819
98.00	05950	HOME INFUSION	11,891	0	11,891
101.00	10100	HOME HEALTH AGENCY	104,143	0	104,143
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,607,684	0	10,607,684
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	20,042	0	20,042
192.00	19200	PHYSICIANS' PRIVATE OFFICES	705,630	0	705,630
194.00	07950	COMMUNITY SERVICE	46,522	0	46,522
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)	11,379,878	0	11,379,878

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1
Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	448,105				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		5,883,880			2.00
4.00 00400	EMPLOYEE BENEFITS	1,061	5,406	49,168,352		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	91,850	2,323,219	10,342,663	-25,598,781	5.00
7.00 00700	OPERATION OF PLANT	17,186	313,845	986,611	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,117	26,722	270,775	0	8.00
9.00 00900	HOUSEKEEPING	740	1,496	900,126	0	9.00
10.00 01000	DIETARY	2,501	65,034	240,858	0	10.00
11.00 01100	CAFETERIA	6,749	0	650,037	0	11.00
13.00 01300	NURSING ADMINISTRATION	200	32,698	606,684	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,045	79,790	316,486	0	14.00
15.00 01500	PHARMACY	1,804	29,945	975,895	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,441	63,235	1,574,502	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	48,321	342,908	7,826,186	0	30.00
31.00 03100	INTENSIVE CARE UNIT	9,811	40,353	1,372,004	0	31.00
43.00 04300	NURSERY	8,620	27,657	451,895	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	31,615	316,101	1,149,880	0	50.00
51.00 05100	RECOVERY ROOM	13,508	53,038	819,837	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	9,881	44,882	735,222	0	52.00
53.00 05300	ANESTHESIOLOGY	640	23,527	0	0	53.00
53.01 05301	PAIN MANAGEMENT	1,560	8,975	71,491	0	53.01
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,771	344,148	1,416,302	0	54.00
54.01 05401	ULTRASOUND	2,922	111,677	429,034	0	54.01
56.00 05600	RADIO SOTOPE	4,188	179,269	288,724	0	56.00
57.00 05700	CT SCAN	1,892	63,735	618,156	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,017	49,970	289,815	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,859	501,211	696,890	0	59.00
60.00 06000	LABORATORY	12,171	215,155	2,144,550	0	60.00
65.00 06500	RESPIRATORY THERAPY	5,214	36,713	850,671	0	65.00
66.00 06600	PHYSICAL THERAPY	984	3,692	547,288	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	401	0	69,566	0	67.00
68.00 06800	SPEECH PATHOLOGY	120	0	88,074	0	68.00
69.00 06900	ELECTROCARDIOLOGY	4,042	190,855	890,094	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	732	13,528	183,456	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	252	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	GI LAB	3,519	22,751	771,995	0	75.01
76.00 03020	DIABETIC EDUCATION	748	319	93,668	0	76.00
76.01 03021	WOUND CARE	2,220	2,675	259,456	0	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	99,811	229,223	4,874,745	0	90.00
91.00 09100	EMERGENCY	7,937	38,890	2,676,845	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	3,135	56,207	1,352,087	0	95.00
98.00 05950	HOME INFUSION	210	0	86,466	0	98.00
101.00 10100	HOME HEALTH AGENCY	2,029	19,533	1,011,264	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	444,824	5,878,382	48,930,298	-25,598,781	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	11,621	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	COMMUNITY SERVICE	2,014	5,498	226,433	0	194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	5,350,588	5,285,372	28,174,058	25,598,781	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.940478	0.898280	0.573012	0.249647	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			17,525	3,202,156	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000356	0.031228	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	338,008				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	7,117	1,022,737			8.00	
9.00	00900	HOUSEKEEPING	740	56,845	330,151		9.00	
10.00	01000	DIETARY	2,501	30,142	2,501	63,298	10.00	
11.00	01100	CAFETERIA	6,749	0	6,749	0	69,375	11.00
13.00	01300	NURSING ADMINISTRATION	200	0	200	0	635	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	8,045	0	8,045	0	884	14.00
15.00	01500	PHARMACY	1,804	0	1,804	0	1,377	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,441	0	5,441	0	3,462	16.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	48,321	489,284	48,321	58,088	16,390	30.00
31.00	03100	INTENSIVE CARE UNIT	9,811	35,511	9,811	4,159	1,843	31.00
43.00	04300	NURSERY	8,620	7,672	8,620	0	648	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,615	44,922	31,615	0	1,858	50.00
51.00	05100	RECOVERY ROOM	13,508	19,629	13,508	0	1,381	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,881	12,450	9,881	0	1,054	52.00
53.00	05300	ANESTHESIOLOGY	640	0	640	0	0	53.00
53.01	05301	PAIN MANAGEMENT	1,560	0	1,560	0	128	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,771	48,960	17,771	0	2,968	54.00
54.01	05401	ULTRASOUND	2,922	0	2,922	0	602	54.01
56.00	05600	RADIOISOTOPE	4,188	0	4,188	0	412	56.00
57.00	05700	CT SCAN	1,892	0	1,892	0	1,033	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,017	0	4,017	0	418	58.00
59.00	05900	CARDIAC CATHETERIZATION	3,859	16,510	3,859	531	1,145	59.00
60.00	06000	LABORATORY	12,171	323	12,171	0	4,741	60.00
65.00	06500	RESPIRATORY THERAPY	5,214	35	5,214	0	1,474	65.00
66.00	06600	PHYSICAL THERAPY	984	16,530	984	0	887	66.00
67.00	06700	OCCUPATIONAL THERAPY	401	0	401	0	80	67.00
68.00	06800	SPEECH PATHOLOGY	120	0	120	0	94	68.00
69.00	06900	ELECTROCARDIOLOGY	4,042	27,930	4,042	0	1,809	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	732	8,589	732	0	421	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	252	0	252	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	3,519	55,155	3,519	0	1,194	75.01
76.00	03020	DIABETIC EDUCATION	748	0	748	0	229	76.00
76.01	03021	WOUND CARE	2,220	6,417	2,220	0	602	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	99,811	31,901	99,811	0	12,747	90.00
91.00	09100	EMERGENCY	7,937	79,394	7,937	520	5,135	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,135	31,379	3,135	0	3,106	95.00
98.00	05950	HOME INFUSION	210	0	210	0	124	98.00
101.00	10100	HOME HEALTH AGENCY	2,029	0	2,029	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	334,727	1,019,578	326,870	63,298	68,881	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,267	0	1,267	0	64	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	3,159	0	0	0	192.00
194.00	07950	COMMUNITY SERVICE	2,014	0	2,014	0	430	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,452,877	907,163	2,309,438	967,304	1,469,692	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	16.132390	0.886995	6.995096	15.281747	21.184750	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	625,630	142,053	75,918	119,818	127,687	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	1.850933	0.138895	0.229949	1.892919	1.840533	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet B-1

Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		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
5.00	00500					5.00
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300	942,120				13.00
14.00	01400	0	12,779,745			14.00
15.00	01500	0	0	10,750,053		15.00
16.00	01600	0	0	0	538,817,594	16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	340,906	6,372	0	34,785,131	30.00
31.00	03100	38,329	0	0	6,503,210	31.00
43.00	04300	13,470	0	0	2,659,490	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	38,647	21,080	0	30,946,321	50.00
51.00	05100	28,719	0	0	4,800,860	51.00
52.00	05200	21,916	0	0	4,326,924	52.00
53.00	05300	0	2,180	0	9,617,045	53.00
53.01	05301	2,659	0	0	2,459,789	53.01
54.00	05400	0	285	0	18,612,924	54.00
54.01	05401	0	810	0	11,382,939	54.01
56.00	05600	0	0	0	11,490,444	56.00
57.00	05700	0	0	0	49,473,942	57.00
58.00	05800	0	0	0	14,826,584	58.00
59.00	05900	23,825	1,265	0	32,759,954	59.00
60.00	06000	0	2,620	0	91,168,457	60.00
65.00	06500	0	5,320	0	4,170,850	65.00
66.00	06600	0	1,815	0	2,358,205	66.00
67.00	06700	0	0	0	266,176	67.00
68.00	06800	0	0	0	256,892	68.00
69.00	06900	37,634	0	0	21,589,503	69.00
70.00	07000	0	0	0	5,598,942	70.00
71.00	07100	0	12,716,496	0	19,795,676	71.00
72.00	07200	0	0	0	0	72.00
73.00	07300	0	0	10,750,053	64,769,627	73.00
74.00	07400	0	0	0	282,071	74.00
75.00	07500	0	0	0	0	75.00
75.01	07501	0	0	0	10,233,653	75.01
76.00	03020	0	0	0	239,588	76.00
76.01	03021	0	0	0	2,717,146	76.01
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	254,411	16,023	0	28,169,456	90.00
91.00	09100	106,800	0	0	44,962,653	91.00
92.00	09200					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	0	3,418	0	5,019,552	95.00
98.00	05950	2,589	0	0	778,344	98.00
101.00	10100	32,215	0	0	1,795,246	101.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300					113.00
118.00		942,120	12,777,684	10,750,053	538,817,594	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	2,061	0	0	190.00
192.00	19200	0	0	0	0	192.00
194.00	07950	0	0	0	0	194.00
200.00						200.00
201.00						201.00
202.00		1,304,795	1,120,031	2,585,017	4,380,652	202.00
203.00		1.384956	0.087641	0.240466	0.008130	203.00
204.00		65,715	209,087	117,902	244,519	204.00
205.00		0.069752	0.016361	0.010968	0.000454	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provi der CCN: 140043		Period: From 05/01/2012 To 04/30/2013		Worksheet C Part I Date/Time Prepared: 9/26/2013 2:47 pm	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
				Total Costs	RCE Disallowance	Total Costs	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	20,262,626		20,262,626	0	20,262,626	30.00
31.00	03100 INTENSIVE CARE UNIT	3,419,131		3,419,131	0	3,419,131	31.00
43.00	04300 NURSERY	1,336,719		1,336,719	0	1,336,719	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	4,724,484		4,724,484	0	4,724,484	50.00
51.00	05100 RECOVERY ROOM	2,330,239		2,330,239	0	2,330,239	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,016,991		2,016,991	0	2,016,991	52.00
53.00	05300 ANESTHESIOLOGY	222,139		222,139	0	222,139	53.00
53.01	05301 PAIN MANAGEMENT	237,203		237,203	0	237,203	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,463,348		4,463,348	0	4,463,348	54.00
54.01	05401 ULTRASOUND	1,238,646		1,238,646	0	1,238,646	54.01
56.00	05600 RADIOISOTOPE	1,038,856		1,038,856	0	1,038,856	56.00
57.00	05700 CT SCAN	1,979,591		1,979,591	0	1,979,591	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,069,294		1,069,294	0	1,069,294	58.00
59.00	05900 CARDIAC CATHETERIZATION	2,700,817		2,700,817	0	2,700,817	59.00
60.00	06000 LABORATORY	8,560,023		8,560,023	0	8,560,023	60.00
65.00	06500 RESPIRATORY THERAPY	2,118,950	0	2,118,950	0	2,118,950	65.00
66.00	06600 PHYSICAL THERAPY	1,185,725	0	1,185,725	0	1,185,725	66.00
67.00	06700 OCCUPATIONAL THERAPY	156,894	0	156,894	0	156,894	67.00
68.00	06800 SPEECH PATHOLOGY	185,120	0	185,120	0	185,120	68.00
69.00	06900 ELECTROCARDIOLOGY	2,415,782		2,415,782	0	2,415,782	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	553,105		553,105	0	553,105	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	17,166,543		17,166,543	0	17,166,543	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0		0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,545,365		16,545,365	0	16,545,365	73.00
74.00	07400 RENAL DIALYSIS	103,219		103,219	0	103,219	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0		0	0	0	75.00
75.01	07501 GI LAB	1,949,114		1,949,114	0	1,949,114	75.01
76.00	03020 DIABETIC EDUCATION	217,116		217,116	0	217,116	76.00
76.01	03021 WOUND CARE	898,958		898,958	0	898,958	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	15,255,199		15,255,199	0	15,255,199	90.00
91.00	09100 EMERGENCY	6,448,035		6,448,035	0	6,448,035	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	3,208,212		3,208,212	0	3,208,212	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	3,067,713		3,067,713	0	3,067,713	95.00
98.00	05950 HOME INFUSION	343,667		343,667	0	343,667	98.00
101.00	10100 HOME HEALTH AGENCY	2,296,057		2,296,057	0	2,296,057	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
200.00	Subtotal (see instructions)	129,714,881	0	129,714,881	0	129,714,881	200.00
201.00	Less Observation Beds	3,208,212		3,208,212		3,208,212	201.00
202.00	Total (see instructions)	126,506,669	0	126,506,669	0	126,506,669	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140043		Period: From 05/01/2012 To 04/30/2013		Worksheet C Part I Date/Time Prepared: 9/26/2013 2:47 pm	
			Title XVII I		Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient	Total (col. 6 + col. 7)					
	6.00	7.00	8.00				9.00	10.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	30,204,329		30,204,329			30.00
31.00	03100	INTENSIVE CARE UNIT	6,503,210		6,503,210			31.00
43.00	04300	NURSERY	2,659,490		2,659,490			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,901,323	19,044,998	30,946,321	0.152667	0.000000	50.00
51.00	05100	RECOVERY ROOM	1,079,579	3,721,281	4,800,860	0.485379	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,912,240	1,414,684	4,326,924	0.466149	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	4,465,646	5,151,399	9,617,045	0.023098	0.000000	53.00
53.01	05301	PAIN MANAGEMENT	9,628	2,450,161	2,459,789	0.096432	0.000000	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,982,072	15,630,852	18,612,924	0.239798	0.000000	54.00
54.01	05401	ULTRASOUND	1,382,671	10,000,268	11,382,939	0.108816	0.000000	54.01
56.00	05600	RADIOISOTOPE	1,476,663	10,013,781	11,490,444	0.090410	0.000000	56.00
57.00	05700	CT SCAN	12,902,991	36,570,951	49,473,942	0.040013	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,740,834	13,085,750	14,826,584	0.072120	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	15,153,185	17,606,769	32,759,954	0.082443	0.000000	59.00
60.00	06000	LABORATORY	25,827,548	65,340,909	91,168,457	0.093892	0.000000	60.00
65.00	06500	RESPIRATORY THERAPY	3,141,345	1,029,505	4,170,850	0.508038	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	970,140	1,388,065	2,358,205	0.502808	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	102,970	163,206	266,176	0.589437	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	95,326	161,566	256,892	0.720614	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,433,966	17,155,537	21,589,503	0.111896	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	119,354	5,479,588	5,598,942	0.098787	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	10,986,755	8,808,921	19,795,676	0.867187	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,720,939	44,048,688	64,769,627	0.255449	0.000000	73.00
74.00	07400	RENAL DIALYSIS	254,344	27,727	282,071	0.365933	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00
75.01	07501	GI LAB	1,155,369	9,078,284	10,233,653	0.190461	0.000000	75.01
76.00	03020	DIABETIC EDUCATION	1,129	238,459	239,588	0.906206	0.000000	76.00
76.01	03021	WOUND CARE	10,228	2,706,918	2,717,146	0.330846	0.000000	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	67,787	28,101,669	28,169,456	0.541551	0.000000	90.00
91.00	09100	EMERGENCY	12,178,766	32,783,887	44,962,653	0.143409	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,196,183	3,384,619	4,580,802	0.700360	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,614	5,016,938	5,019,552	0.611153	0.000000	95.00
98.00	05950	HOME INFUSION	0	778,344	778,344	0.441536	0.000000	98.00
101.00	10100	HOME HEALTH AGENCY	0	1,795,246	1,795,246			101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	176,638,624	362,178,970	538,817,594			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	176,638,624	362,178,970	538,817,594			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet C Part I Date/Time Prepared: 9/26/2013 2:47 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.152667		50.00
51.00	05100 RECOVERY ROOM	0.485379		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.466149		52.00
53.00	05300 ANESTHESIOLOGY	0.023098		53.00
53.01	05301 PAIN MANAGEMENT	0.096432		53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239798		54.00
54.01	05401 ULTRASOUND	0.108816		54.01
56.00	05600 RADIOISOTOPE	0.090410		56.00
57.00	05700 CT SCAN	0.040013		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072120		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082443		59.00
60.00	06000 LABORATORY	0.093892		60.00
65.00	06500 RESPIRATORY THERAPY	0.508038		65.00
66.00	06600 PHYSICAL THERAPY	0.502808		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.589437		67.00
68.00	06800 SPEECH PATHOLOGY	0.720614		68.00
69.00	06900 ELECTROCARDIOLOGY	0.111896		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.098787		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.867187		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.255449		73.00
74.00	07400 RENAL DIALYSIS	0.365933		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000		75.00
75.01	07501 GI LAB	0.190461		75.01
76.00	03020 DIABETIC EDUCATION	0.906206		76.00
76.01	03021 WOUND CARE	0.330846		76.01
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.541551		90.00
91.00	09100 EMERGENCY	0.143409		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.700360		92.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.611153		95.00
98.00	05950 HOME INFUSION	0.441536		98.00
101.00	10100 HOME HEALTH AGENCY			101.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140043		Period: From 05/01/2012 To 04/30/2013		Worksheet D Part I Date/Time Prepared: 9/26/2013 2:47 pm	
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)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	1,653,977	0	1,653,977	18,417	89.81	30.00
31.00	INTENSIVE CARE UNIT	269,896		269,896	1,450	186.14	31.00
43.00	NURSERY	177,177		177,177	1,010	175.42	43.00
200.00	Total (Lines 30-199)	2,101,050		2,101,050	20,877		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	9,139	820,774				
31.00	INTENSIVE CARE UNIT	967	179,997				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	10,106	1,000,771				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part II Date/Time Prepared: 9/26/2013 2:47 pm
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Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	855,734	30,946,321	0.027652	5,403,539	149,419	50.00
51.00	05100	RECOVERY ROOM	294,075	4,800,860	0.061255	489,369	29,976	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	228,507	4,326,924	0.052810	78,071	4,123	52.00
53.00	05300	ANESTHESIOLOGY	37,733	9,617,045	0.003924	2,035,527	7,987	53.00
53.01	05301	PAIN MANAGEMENT	35,864	2,459,789	0.014580	8,055	117	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	674,363	18,612,924	0.036231	1,869,069	67,718	54.00
54.01	05401	ULTRASOUND	174,360	11,382,939	0.015318	764,317	11,708	54.01
56.00	05600	RADIOISOTOPE	246,821	11,490,444	0.021481	806,115	17,316	56.00
57.00	05700	CT SCAN	146,139	49,473,942	0.002954	7,217,479	21,320	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	129,980	14,826,584	0.008767	995,986	8,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	583,149	32,759,954	0.017801	7,818,368	139,175	59.00
60.00	06000	LABORATORY	600,617	91,168,457	0.006588	15,802,731	104,108	60.00
65.00	06500	RESPIRATORY THERAPY	159,387	4,170,850	0.038215	2,252,886	86,094	65.00
66.00	06600	PHYSICAL THERAPY	50,080	2,358,205	0.021236	718,303	15,254	66.00
67.00	06700	OCCUPATIONAL THERAPY	9,508	266,176	0.035721	68,712	2,454	67.00
68.00	06800	SPEECH PATHOLOGY	6,459	256,892	0.025143	78,088	1,963	68.00
69.00	06900	ELECTROCARDIOLOGY	298,835	21,589,503	0.013842	2,853,920	39,504	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	40,074	5,598,942	0.007157	85,614	613	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	614,148	19,795,676	0.031024	6,379,388	197,914	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	483,010	64,769,627	0.007457	12,042,057	89,798	73.00
74.00	07400	RENAL DIALYSIS	6,037	282,071	0.021402	202,244	4,328	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501	GI LAB	127,298	10,233,653	0.012439	648,337	8,065	75.01
76.00	03020	DIABETIC EDUCATION	16,160	239,588	0.067449	914	62	76.00
76.01	03021	WOUND CARE	88,469	2,717,146	0.032560	8,557	279	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,969,436	28,169,456	0.069914	64,993	4,544	90.00
91.00	09100	EMERGENCY	335,538	44,962,653	0.007463	6,946,069	51,839	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	261,877	4,580,802	0.057168	683,856	39,095	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	05950	HOME INFUSION	11,891	778,344	0.015277	0	0	98.00
200.00		Total (Lines 50-199)	8,485,549	492,635,767		76,322,564	1,103,505	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140043		Period: From 05/01/2012 To 04/30/2013		Worksheet D Part III Date/Time Prepared: 9/26/2013 2:47 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
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	18,417	0.00	9,139	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,450	0.00	967	0		31.00
43.00	04300	NURSERY	1,010	0.00	0	0		43.00
200.00		Total (lines 30-199)	20,877		10,106	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/26/2013 2:47 pm

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
53.01	05301	PAIN MANAGEMENT	0	0	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	GI LAB	0	0	0	0	75.01
76.00	03020	DIABETIC EDUCATION	0	0	0	0	76.00
76.01	03021	WOUND CARE	0	0	0	0	76.01
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
98.00	05950	HOME INFUSION	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part IV Date/Time Prepared: 9/26/2013 2:47 pm
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Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30,946,321	0.000000	0.000000	5,403,539	50.00
51.00	05100	RECOVERY ROOM	0	4,800,860	0.000000	0.000000	489,369	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,326,924	0.000000	0.000000	78,071	52.00
53.00	05300	ANESTHESIOLOGY	0	9,617,045	0.000000	0.000000	2,035,527	53.00
53.01	05301	PAIN MANAGEMENT	0	2,459,789	0.000000	0.000000	8,055	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	18,612,924	0.000000	0.000000	1,869,069	54.00
54.01	05401	ULTRASOUND	0	11,382,939	0.000000	0.000000	764,317	54.01
56.00	05600	RADIOISOTOPE	0	11,490,444	0.000000	0.000000	806,115	56.00
57.00	05700	CT SCAN	0	49,473,942	0.000000	0.000000	7,217,479	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	14,826,584	0.000000	0.000000	995,986	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	32,759,954	0.000000	0.000000	7,818,368	59.00
60.00	06000	LABORATORY	0	91,168,457	0.000000	0.000000	15,802,731	60.00
65.00	06500	RESPIRATORY THERAPY	0	4,170,850	0.000000	0.000000	2,252,886	65.00
66.00	06600	PHYSICAL THERAPY	0	2,358,205	0.000000	0.000000	718,303	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	266,176	0.000000	0.000000	68,712	67.00
68.00	06800	SPEECH PATHOLOGY	0	256,892	0.000000	0.000000	78,088	68.00
69.00	06900	ELECTROCARDIOLOGY	0	21,589,503	0.000000	0.000000	2,853,920	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	5,598,942	0.000000	0.000000	85,614	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,795,676	0.000000	0.000000	6,379,388	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	64,769,627	0.000000	0.000000	12,042,057	73.00
74.00	07400	RENAL DIALYSIS	0	282,071	0.000000	0.000000	202,244	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501	GI LAB	0	10,233,653	0.000000	0.000000	648,337	75.01
76.00	03020	DIABETIC EDUCATION	0	239,588	0.000000	0.000000	914	76.00
76.01	03021	WOUND CARE	0	2,717,146	0.000000	0.000000	8,557	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	28,169,456	0.000000	0.000000	64,993	90.00
91.00	09100	EMERGENCY	0	44,962,653	0.000000	0.000000	6,946,069	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	4,580,802	0.000000	0.000000	683,856	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0					95.00
98.00	05950	HOME INFUSION	0	778,344	0.000000	0.000000	0	98.00
200.00		Total (Lines 50-199)	0	492,635,767			76,322,564	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet D
Part IV
Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description		Title XVIII					Hospital	PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 1/1	Outpatient Program Charges on/after 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 1/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 1/1		
		11.00	12.00	12.01	13.00	13.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	3,546,752	1,742,213	0	0	50.00
51.00	05100	RECOVERY ROOM	0	889,372	432,314	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	43,882	19,986	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	845,322	387,466	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0	867,865	368,126	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,966,536	1,442,446	0	0	54.00
54.01	05401	ULTRASOUND	0	1,768,449	832,040	0	0	54.01
56.00	05600	RADIOISOTOPE	0	3,163,043	1,760,823	0	0	56.00
57.00	05700	CT SCAN	0	8,980,085	4,122,732	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,644,455	1,132,161	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,320,655	2,238,439	0	0	59.00
60.00	06000	LABORATORY	0	1,032,643	772,978	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	204,814	116,914	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,310,359	1,575,981	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	906,315	460,613	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,165,213	1,007,622	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,961,968	3,192,325	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	1,729	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	GI LAB	0	2,115,566	1,260,256	0	0	75.01
76.00	03020	DIABETIC EDUCATION	0	0	0	0	0	76.00
76.01	03021	WOUND CARE	0	830,193	566,410	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,960,049	2,824,719	0	0	90.00
91.00	09100	EMERGENCY	0	5,568,306	2,546,429	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,015,838	408,103	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
98.00	05950	HOME INFUSION	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	61,107,680	29,212,825	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part V Date/Time Prepared: 9/26/2013 2:47 pm
		Title XVII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	
		PPS Reimbursed Services (see inst.) before 1/1	PPS Reimbursed Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	2.01	3.00	4.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.152667	3,546,752	1,742,213	0	0	50.00
51.00	05100	RECOVERY ROOM	0.485379	889,372	432,314	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.466149	43,882	19,986	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.023098	845,322	387,466	0	0	53.00
53.01	05301	PAIN MANAGEMENT	0.096432	867,865	368,126	0	0	53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.239798	2,966,536	1,442,446	0	0	54.00
54.01	05401	ULTRASOUND	0.108816	1,768,449	832,040	0	0	54.01
56.00	05600	RADIO SOTOP	0.090410	3,163,043	1,760,823	0	0	56.00
57.00	05700	CT SCAN	0.040013	8,980,085	4,122,732	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.072120	2,644,455	1,132,161	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.082443	5,320,655	2,238,439	0	0	59.00
60.00	06000	LABORATORY	0.093892	1,032,643	772,978	3,865	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.508038	204,814	116,914	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.502808	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.589437	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.720614	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.111896	3,310,359	1,575,981	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.098787	906,315	460,613	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.867187	2,165,213	1,007,622	1,272	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.255449	6,961,968	3,192,325	0	54,495	73.00
74.00	07400	RENAL DIALYSIS	0.365933	0	1,729	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	GI LAB	0.190461	2,115,566	1,260,256	0	0	75.01
76.00	03020	DIABETIC EDUCATION	0.906206	0	0	0	0	76.00
76.01	03021	WOUND CARE	0.330846	830,193	566,410	0	0	76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.541551	5,960,049	2,824,719	0	0	90.00
91.00	09100	EMERGENCY	0.143409	5,568,306	2,546,429	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.700360	1,015,838	408,103	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0.611153	0	0	0	0	95.00
98.00	05950	HOME INFUSION	0.441536	0	0	0	0	98.00
200.00		Subtotal (see instructions)		61,107,680	29,212,825	5,137	54,495	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		61,107,680	29,212,825	5,137	54,495	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet D Part V Date/Time Prepared: 9/26/2013 2:47 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				5.00	5.01	6.00	7.00
	PPS Services (see inst.) before 1/1	PPS Services (see inst.) on/after 1/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	541,472	265,978	0	0		50.00
51.00	05100	RECOVERY ROOM	431,682	209,836	0	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	20,456	9,316	0	0		52.00
53.00	05300	ANESTHESIOLOGY	19,525	8,950	0	0		53.00
53.01	05301	PAIN MANAGEMENT	83,690	35,499	0	0		53.01
54.00	05400	RADIOLOGY-DIAGNOSTIC	711,369	345,896	0	0		54.00
54.01	05401	ULTRASOUND	192,436	90,539	0	0		54.01
56.00	05600	RADIO SOTOPE	285,971	159,196	0	0		56.00
57.00	05700	CT SCAN	359,320	164,963	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	190,718	81,651	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	438,651	184,544	0	0		59.00
60.00	06000	LABORATORY	96,957	72,576	363	0		60.00
65.00	06500	RESPIRATORY THERAPY	104,053	59,397	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	370,416	176,346	0	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	89,532	45,503	0	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,877,645	873,797	1,103	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,778,428	815,476	0	13,921		73.00
74.00	07400	RENAL DIALYSIS	0	633	0	0		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0		75.00
75.01	07501	GI LAB	402,933	240,030	0	0		75.01
76.00	03020	DIABETIC EDUCATION	0	0	0	0		76.00
76.01	03021	WOUND CARE	274,666	187,394	0	0		76.01
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,227,670	1,529,729	0	0		90.00
91.00	09100	EMERGENCY	798,545	365,181	0	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	711,452	285,819	0	0		92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0		95.00
98.00	05950	HOME INFUSION	0	0	0	0		98.00
200.00		Subtotal (see instructions)	13,007,587	6,208,249	1,466	13,921		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00		Net Charges (line 200 +/- line 201)	13,007,587	6,208,249	1,466	13,921		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet D-1 Date/Time Prepared: 9/26/2013 2:47 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		18,417	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		18,417	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)		15,501	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)		9,139	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)		20,262,626	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)		20,262,626	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		28,708,170	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,708,170	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.705814	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,852.02	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)		20,262,626	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)		1,100.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,054,819	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)		10,054,819	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140043		Period: From 05/01/2012 To 04/30/2013		Worksheet D-1 Date/Time Prepared: 9/26/2013 2:47 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	PPS
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	3,419,131	1,450	2,358.02	967	2,280,205	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)					16,489,818	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					28,824,842	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,000,771	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,103,505	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,104,276	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					26,720,566	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,916	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,100.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,208,212	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140043		Period: From 05/01/2012 To 04/30/2013		Worksheet D-1 Date/Time Prepared: 9/26/2013 2:47 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,653,977	20,262,626	0.081627	3,208,212	261,877	90.00
91.00	Nursing School cost	0	20,262,626	0.000000	3,208,212	0	91.00
92.00	Allied health cost	0	20,262,626	0.000000	3,208,212	0	92.00
93.00	All other Medical Education	0	20,262,626	0.000000	3,208,212	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet D-3 Date/Time Prepared: 9/26/2013 2:47 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		14,336,429		30.00
31.00	03100 INTENSIVE CARE UNIT		3,782,295		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.152667	5,403,539	824,942	50.00
51.00	05100 RECOVERY ROOM	0.485379	489,369	237,529	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.466149	78,071	36,393	52.00
53.00	05300 ANESTHESIOLOGY	0.023098	2,035,527	47,017	53.00
53.01	05301 PAIN MANAGEMENT	0.096432	8,055	777	53.01
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.239798	1,869,069	448,199	54.00
54.01	05401 ULTRASOUND	0.108816	764,317	83,170	54.01
56.00	05600 RADIOISOTOPE	0.090410	806,115	72,881	56.00
57.00	05700 CT SCAN	0.040013	7,217,479	288,793	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.072120	995,986	71,831	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.082443	7,818,368	644,570	59.00
60.00	06000 LABORATORY	0.093892	15,802,731	1,483,750	60.00
65.00	06500 RESPIRATORY THERAPY	0.508038	2,252,886	1,144,552	65.00
66.00	06600 PHYSICAL THERAPY	0.502808	718,303	361,168	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.589437	68,712	40,501	67.00
68.00	06800 SPEECH PATHOLOGY	0.720614	78,088	56,271	68.00
69.00	06900 ELECTROCARDIOLOGY	0.111896	2,853,920	319,342	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.098787	85,614	8,458	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.867187	6,379,388	5,532,122	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.000000	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.255449	12,042,057	3,076,131	73.00
74.00	07400 RENAL DIALYSIS	0.365933	202,244	74,008	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
75.01	07501 GI LAB	0.190461	648,337	123,483	75.01
76.00	03020 DIABETIC EDUCATION	0.906206	914	828	76.00
76.01	03021 WOUND CARE	0.330846	8,557	2,831	76.01
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.541551	64,993	35,197	90.00
91.00	09100 EMERGENCY	0.143409	6,946,069	996,129	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.700360	683,856	478,945	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
98.00	05950 HOME INFUSION	0.441536	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		76,322,564	16,489,818	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)		76,322,564		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet E Part A Date/Time Prepared: 9/26/2013 2:47 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		18,138,128	1.00
2.00	Outlier payments for discharges. (see instructions)		214,620	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)		82.01	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.94	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.81	31.00
32.00	Sum of lines 30 and 31		19.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.59	33.00
34.00	Disproportionate share adjustment (see instructions)		1,013,921	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)		19,366,669	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		21,699,629	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet E Part A Date/Time Prepared: 9/26/2013 2:47 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		21,116,389	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,462,100	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		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)		22,578,489	59.00
60.00	Primary payer payments		3,541	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		22,574,948	61.00
62.00	Deductibles billed to program beneficiaries		2,237,384	62.00
63.00	Coinsurance billed to program beneficiaries		18,212	63.00
64.00	Allowable bad debts (see instructions)		576,494	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		403,546	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		430,171	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		20,722,898	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	SEQUESTRATION		-34,072	70.00
70.93	HVBP incentive payment (see instructions)		8,586	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-4,374	70.94
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		20,693,038	71.00
72.00	Interim payments		19,841,973	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)		851,065	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		299,815	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: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet E Part B Date/Time Prepared: 9/26/2013 2:47 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		15,387	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		13,007,587	2.00
3.00	PPS payments		12,221,478	3.00
4.00	Outlier payment (see instructions)		95,548	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.787	5.00
6.00	Line 2 times line 5		10,236,971	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		15,387	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		59,632	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)		59,632	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)		59,632	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		44,245	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)		15,387	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)		18,312,460	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		254	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,125,271	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)		14,202,322	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		14,202,322	30.00
31.00	Primary payer payments		2,291	31.00
32.00	Subtotal (line 30 minus line 31)		14,200,031	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)		599,062	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		419,343	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		438,334	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		14,619,374	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	SEQUESTRATION		-24,032	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)		14,595,342	40.00
41.00	Interim payments		14,544,298	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)		51,044	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, 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: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
9/26/2013 2:47 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		19,652,785		14,491,157	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	10/09/2012	189,188	10/09/2012	53,141	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)		189,188		53,141	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)		19,841,973		14,544,298	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		851,065		51,044	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		20,693,038		14,595,342	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140043
Component CCN: 14U043

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
9/26/2013 2:47 pm

Title XVIII Swing Beds - SNF PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		0		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		0		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		0		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet E-1
Part II
Date/Time Prepared:
9/26/2013 2:47 pm

		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			5,642 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			10,106 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			714 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			16,951 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			538,817,594 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			12,218,316 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)			1,419,820 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			1,419,820 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet E-2
		Component CCN: 14U043		Date/Time Prepared: 9/26/2013 2:47 pm
		Title XVIII	Swing Beds - SNF	PPS
			Part A	Part B
			1.00	2.00
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)		0	0 1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)			3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)			0.00 4.00
5.00	Program days		0	0 5.00
6.00	Interns and residents not in approved teaching program (see instructions)			0 6.00
7.00	Utilization review - physician compensation - SNF optional method only		0	0 7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)		0	0 8.00
9.00	Primary payer payments (see instructions)		0	0 9.00
10.00	Subtotal (line 8 minus line 9)		0	0 10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)		0	0 11.00
12.00	Subtotal (line 10 minus line 11)		0	0 12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)		0	0 13.00
14.00	80% of Part B costs (line 12 x 80%)			0 14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)		0	0 15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0 16.00
17.00	Reimbursable bad debts (see instructions)		0	0 17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0 18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)		0	0 19.00
20.00	Interim payments		0	0 20.00
21.00	Tentative settlement (for contractor use only)		0	0 21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)		0	0 22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0 23.00

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

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet G

Date/Time Prepared:
9/26/2013 2:47 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	11,186,782	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	57,907,706	0	0	0	4.00
5.00	Other receivable	10,268,343	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-27,572,743	0	0	0	6.00
7.00	Inventory	2,749,553	0	0	0	7.00
8.00	Prepaid expenses	2,546,232	0	0	0	8.00
9.00	Other current assets	145,377	0	0	0	9.00
10.00	Due from other funds	1,307,348	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	58,538,598	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,593,156	0	0	0	12.00
13.00	Land improvements	2,179,632	0	0	0	13.00
14.00	Accumulated depreciation	-1,679,979	0	0	0	14.00
15.00	Buildings	98,118,683	0	0	0	15.00
16.00	Accumulated depreciation	-50,021,350	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	449,516	0	0	0	19.00
20.00	Accumulated depreciation	-320,841	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	54,781,696	0	0	0	23.00
24.00	Accumulated depreciation	-37,288,465	0	0	0	24.00
25.00	Minor equipment depreciable	7,759,072	0	0	0	25.00
26.00	Accumulated depreciation	-5,496,407	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)	71,074,713	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	37,466,078	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	8,897,148	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	46,363,226	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	175,976,537	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,956,030	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,939,701	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,375,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	9,347,260	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	34,617,991	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	315,126	0	0	0	46.00
47.00	Notes payable	27,712,474	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	28,027,600	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	62,645,591	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	113,330,946				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)	113,330,946	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	175,976,537	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-1

Date/Time Prepared:
9/26/2013 2:47 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		105,946,771		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,384,175			2.00
3.00	Total (sum of line 1 and line 2)		113,330,946		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		113,330,946		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		113,330,946		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
9/26/2013 2:47 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	32,863,819		32,863,819	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				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)	32,863,819		32,863,819	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	6,503,210		6,503,210	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)	6,503,210		6,503,210	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	39,367,029		39,367,029	17.00
18.00	Ancillary services	123,826,245	290,318,267	414,144,512	18.00
19.00	Outpatient services	13,442,736	49,356,974	62,799,710	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,795,246	1,795,246	22.00
23.00	AMBULANCE SERVICES	2,614	5,016,938	5,019,552	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN CHARGES	9,986,064	60,566,215	70,552,279	27.00
27.01	HOME INFUSION	0	778,344	778,344	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	186,624,688	407,831,984	594,456,672	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		166,141,350		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	INTEREST EXPENSE	1,312,391			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)		1,312,391		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		164,828,959		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140043

Period:
From 05/01/2012
To 04/30/2013

Worksheet G-3

Date/Time Prepared:
9/26/2013 2:47 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	594,456,672	1.00
2.00	Less contractual allowances and discounts on patients' accounts	421,456,998	2.00
3.00	Net patient revenues (line 1 minus line 2)	172,999,674	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	164,828,959	4.00
5.00	Net income from service to patients (line 3 minus line 4)	8,170,715	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	301,106	6.00
7.00	Income from investments	1,201,989	7.00
8.00	Revenues from telephone and telegraph service	120	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	6,422	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	711,938	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	105,222	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	22,526	20.00
21.00	Rental of vending machines	3,313	21.00
22.00	Rental of hospital space	928,720	22.00
23.00	Governmental appropriations	568,415	23.00
24.00	DAYCARE REVENUE	605,358	24.00
24.01	EHR REVENUE	1,191,196	24.01
24.02	FORGIVENESS OF DEBT	813,084	24.02
24.03	MISCELLANEOUS INCOME	482,344	24.03
25.00	Total other income (sum of lines 6-24)	6,941,753	25.00
26.00	Total (line 5 plus line 25)	15,112,468	26.00
27.00	INTEREST EXPENSE	1,312,391	27.00
27.01	LOSS ON SALE OF ASSETS	271,652	27.01
27.02	LOSS ON NET EQUITY INVESTEEES	6,144,250	27.02
28.00	Total other expenses (sum of line 27 and subscripts)	7,728,293	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,384,175	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140043

Period: From 05/01/2012

Worksheet H

HHA CCN: 147562

To 04/30/2013

Date/Time Prepared: 9/26/2013 2:47 pm

Home Health Agency I

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	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	104,637	0	26,016	0	172,435	303,088	5.00
HHA REIMBURSABLE SERVICES							
6.00	725,356	0	0	0	0	725,356	6.00
7.00	143,103	0	306	0	0	143,409	7.00
8.00	30	0	0	12,495	0	12,525	8.00
9.00	2,695	0	0	0	0	2,695	9.00
10.00	68	0	0	0	0	68	10.00
11.00	17,959	0	0	0	0	17,959	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	993,848	0	26,322	12,495	172,435	1,205,100	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			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-72,648	230,440	-1,260	229,180			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	725,356	0	725,356			6.00
7.00	0	143,409	0	143,409			7.00
8.00	0	12,525	0	12,525			8.00
9.00	0	2,695	0	2,695			9.00
10.00	0	68	0	68			10.00
11.00	0	17,959	0	17,959			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-72,648	1,132,452	-1,260	1,131,192			24.00

Column, 6 line 24 should agree with the Worksheet A, column 3, line 101, or subscript as applicable.

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet H-1 Part I Date/Time Prepared: 9/26/2013 2:47 pm
		HHA CCN: 147562	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	229,180	0	0	0	229,180	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	725,356	0	0	0	725,356	6.00	
7.00	Physical Therapy	143,409	0	0	0	143,409	7.00	
8.00	Occupational Therapy	12,525	0	0	0	12,525	8.00	
9.00	Speech Pathology	2,695	0	0	0	2,695	9.00	
10.00	Medical Social Services	68	0	0	0	68	10.00	
11.00	Home Health Aide	17,959	0	0	0	17,959	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)	1,131,192	0	0	0	1,131,192	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	229,180					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	184,296	909,652				6.00	
7.00	Physical Therapy	36,437	179,846				7.00	
8.00	Occupational Therapy	3,182	15,707				8.00	
9.00	Speech Pathology	685	3,380				9.00	
10.00	Medical Social Services	17	85				10.00	
11.00	Home Health Aide	4,563	22,522				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)		1,131,192				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140043 HHA CCN: 147562	Period: From 05/01/2012 To 04/30/2013	Worksheet H-1 Part II Date/Time Prepared: 9/26/2013 2:47 pm
			Home Health Agency I	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	-229,180	902,012
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	725,356
7.00	Physical Therapy	0	0	0	0	0	143,409
8.00	Occupational Therapy	0	0	0	0	0	12,525
9.00	Speech Pathology	0	0	0	0	0	2,695
10.00	Medical Social Services	0	0	0	0	0	68
11.00	Home Health Aide	0	0	0	0	0	17,959
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	-229,180	902,012
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		229,180
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.254076

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140043

Period: From 05/01/2012

Worksheet H-2

HHA CCN: 147562

To 04/30/2013

Part I
Date/Time Prepared: 9/26/2013 2:47 pm

Home Health Agency I

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Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	24,227	17,546	59,958	101,731	25,397	1.00	
2.00 Skilled Nursing Care	909,652	0	0	425,617	1,335,269	333,346	2.00	
3.00 Physical Therapy	179,846	0	0	82,000	261,846	65,369	3.00	
4.00 Occupational Therapy	15,707	0	0	17	15,724	3,925	4.00	
5.00 Speech Pathology	3,380	0	0	1,544	4,924	1,229	5.00	
6.00 Medical Social Services	85	0	0	39	124	31	6.00	
7.00 Home Health Aide	22,522	0	0	10,291	32,813	8,192	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)	1,131,192	24,227	17,546	579,466	1,752,431	437,489	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	

Cost Center Description	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	32,733	0	14,193	0	0	44,616	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)	32,733	0	14,193	0	0	44,616	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: 140043

Period: From 05/01/2012

Worksheet H-2

HHA CCN: 147562

To 04/30/2013

Part I
Date/Time Prepared:
9/26/2013 2:47 pm

Home Health Agency I

PPS

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		14.00	15.00	16.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	14,595	233,265	0	233,265	1.00
2.00	Skilled Nursing Care	0	0	0	1,668,615	0	1,668,615	2.00
3.00	Physical Therapy	0	0	0	327,215	0	327,215	3.00
4.00	Occupational Therapy	0	0	0	19,649	0	19,649	4.00
5.00	Speech Pathology	0	0	0	6,153	0	6,153	5.00
6.00	Medical Social Services	0	0	0	155	0	155	6.00
7.00	Home Health Aide	0	0	0	41,005	0	41,005	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	14,595	2,296,057	0	2,296,057	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		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	188,690	1,857,305					2.00
3.00	Physical Therapy	37,002	364,217					3.00
4.00	Occupational Therapy	2,222	21,871					4.00
5.00	Speech Pathology	696	6,849					5.00
6.00	Medical Social Services	18	173					6.00
7.00	Home Health Aide	4,637	45,642					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19) (2)	233,265	2,296,057					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.	0.113082						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: 140043
HHA CCN: 147562

Period: From 05/01/2012 To 04/30/2013

Worksheet H-2 Part II
Date/Time Prepared: 9/26/2013 2:47 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	2,029	19,533	104,637	0	101,731	2,029	1.00
2.00 Skilled Nursing Care	0	0	742,772	0	1,335,269	0	2.00
3.00 Physical Therapy	0	0	143,103	0	261,846	0	3.00
4.00 Occupational Therapy	0	0	30	0	15,724	0	4.00
5.00 Speech Pathology	0	0	2,695	0	4,924	0	5.00
6.00 Medical Social Services	0	0	68	0	124	0	6.00
7.00 Home Health Aide	0	0	17,959	0	32,813	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)	2,029	19,533	1,011,264		1,752,431	2,029	20.00
21.00 Total cost to be allocated	24,227	17,546	579,466		437,489	32,733	21.00
22.00 Unit cost multiplier	11.940365	0.898275	0.573012		0.249647	16.132578	22.00
Cost Center Description	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
	8.00	9.00	10.00	11.00	13.00	14.00	
1.00 Administrative and General	0	2,029	0	0	32,215	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	2,029	0	0	32,215	0	20.00
21.00 Total cost to be allocated	0	14,193	0	0	44,616	0	21.00
22.00 Unit cost multiplier	0.000000	6.995071	0.000000	0.000000	1.384945	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140043
HHA CCN: 147562

Period:
From 05/01/2012
To 04/30/2013

Worksheet H-2
Part II
Date/Time Prepared:
9/26/2013 2:47 pm
PPS

Cost Center Description	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)		
	15.00	16.00		
1.00 Administrative and General	0	1,795,246		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	1,795,246		20.00
21.00 Total cost to be allocated	0	14,595		21.00
22.00 Unit cost multiplier	0.000000	0.008130		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet H-3 Part I Date/Time Prepared: 9/26/2013 2:47 pm		
				HHA CCN: 147562	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	1,857,305		1,857,305	6,930	268.01	1.00
2.00	Physical Therapy	3.00	364,217	0	364,217	1,908	190.89	2.00
3.00	Occupational Therapy	4.00	21,871	0	21,871	148	147.78	3.00
4.00	Speech Pathology	5.00	6,849	0	6,849	52	131.71	4.00
5.00	Medical Social Services	6.00	173		173	2	86.50	5.00
6.00	Home Health Aide	7.00	45,642		45,642	603	75.69	6.00
7.00	Total (sum of lines 1-6)		2,296,057	0	2,296,057	9,643		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0	1.00	2.00	3.00	4.00	5.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care		99914	2,366	1,905			8.00
9.00	Physical Therapy		99914	882	232			9.00
10.00	Occupational Therapy		99914	97	6			10.00
11.00	Speech Pathology		99914	8	15			11.00
12.00	Medical Social Services		99914	0	0			12.00
13.00	Home Health Aide		99914	132	316			13.00
14.00	Total (sum of lines 8-13)			3,485	2,474			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 + col. 4)			
0	1.00	2.00	3.00	4.00	5.00			
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	8,622	8,622	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	37	37	145	0.255172	16.00
Program Visits								
Part B								
Cost of Services								
Part A								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2,366	1,905		634,112	510,559		1.00
2.00	Physical Therapy	882	232		168,365	44,286		2.00
3.00	Occupational Therapy	97	6		14,335	887		3.00
4.00	Speech Pathology	8	15		1,054	1,976		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	132	316		9,991	23,918		6.00
7.00	Total (sum of lines 1-6)	3,485	2,474		827,857	581,626		7.00
Cost Center Description								
6.00	7.00	8.00	9.00	10.00	11.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
9.00	Physical Therapy							9.00
10.00	Occupational Therapy							10.00
11.00	Speech Pathology							11.00
12.00	Medical Social Services							12.00
13.00	Home Health Aide							13.00
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140043 HHA CCN: 147562		Period: From 05/01/2012 To 04/30/2013		Worksheet H-3 Part I Date/Time Prepared: 9/26/2013 2:47 pm		
		Title XVIII		Home Health Agency I		PPS		
Cost Center Description	Program Covered Charges			Cost of Services				
	Part A	Part B			Part A	Part B		
		Not Subject to Deductibles & Co Insurance	Subject to Deductibles & Co Insurance			Not Subject to Deductibles & Co Insurance		Subject to Deductibles & Co Insurance
	6.00	7.00	8.00	9.00	10.00	11.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies						15.00	
16.00	Cost of Drugs		145	0		37	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	1,144,671					1.00	
2.00	Physical Therapy	212,651					2.00	
3.00	Occupational Therapy	15,222					3.00	
4.00	Speech Pathology	3,030					4.00	
5.00	Medical Social Services	0					5.00	
6.00	Home Health Aide	33,909					6.00	
7.00	Total (sum of lines 1-6)	1,409,483					7.00	
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care						8.00	
9.00	Physical Therapy						9.00	
10.00	Occupational Therapy						10.00	
11.00	Speech Pathology						11.00	
12.00	Medical Social Services						12.00	
13.00	Home Health Aide						13.00	
14.00	Total (sum of lines 8-13)						14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 140043

Period:

Worksheet H-3

HHA CCN: 147562

From 05/01/2012
To 04/30/2013

Part II
Date/Time Prepared:
9/26/2013 2:47 pm

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	0.502808	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.589437	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.720614	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.867187	9,942	8,622	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.255449	145	37	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140043 HHA CCN: 147562	Period: From 05/01/2012 To 04/30/2013	Worksheet H-4 Part I-II Date/Time Prepared: 9/26/2013 2:47 pm	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	37	0 1.00
2.00	Total charges		0	145	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	145	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	108	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	37	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		631,994	341,456	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		1,629	7,410	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		9,284	16,397	13.00
14.00	Total PPS Reimbursement - PEP Episodes		12,128	17,015	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		282	2,099	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)		655,317	384,414	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		655,317	384,414	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		655,317	384,414	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: 140043 HHA CCN: 147562	Period: From 05/01/2012 To 04/30/2013	Worksheet H-4 Part I-II Date/Time Prepared: 9/26/2013 2:47 pm		
		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)			655,317	384,414	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)			655,317	384,414	31.00
32.00	Interim payments (see instructions)			655,317	384,493	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	-79	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: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet H-5
	HHA CCN: 147562		Date/Time Prepared: 9/26/2013 2:47 pm
		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		655,317		384,493	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)		655,317		384,493	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		79	6.02
7.00	Total Medicare program liability (see instructions)		655,317		384,414	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 140043 HHA CCN: 147562	Period: From 05/01/2012 To 04/30/2013	Worksheet H-5 Date/Time Prepared: 9/26/2013 2:47 pm PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140043	Period: From 05/01/2012 To 04/30/2013	Worksheet L Parts I-III Date/Time Prepared: 9/26/2013 2:47 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,442,324	1.00
2.00	Capital DRG outlier payments		19,776	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		46.44	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		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)		1,462,100	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