

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: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet S Parts I-III Date/Time Prepared: 2/27/2014 1:36 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: 2/27/2014	Time: 1:36 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 ST. MARGARET'S HOSPITAL (140143) for the cost reporting period beginning 10/01/2012 and ending 09/30/2013 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	-697,577	-135,078	34,981	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	-387	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
200.00 Total	0	-697,964	-135,078	34,981	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: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet S-2 Part I Date/Time Prepared: 2/27/2014 10:54 am				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 61362		4.00 County: BUREAU				
1.00 Street: 600 EAST FIRST ST		2.00 State: IL		3.00 Zip Code: 61362		4.00 County: BUREAU				
2.00 City: SPRING VALLEY		2.00 State: IL		3.00 Zip Code: 61362		4.00 County: BUREAU				
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
3.00 Hospital and Hospital-Based Component Identification:		ST. MARGARET'S HOSPITAL		140143	99914	1	07/01/1966	N	P	P
4.00	Subprovider - IPF	ST. MARGARET'S HOSPITAL		140143	99914					
5.00	Subprovider - IRF	ST. MARGARET'S HOSPITAL		140143	99914					
6.00	Subprovider - (Other)	ST. MARGARET'S HOSPITAL		140143	99914					
7.00	Swing Beds - SNF	ST. MARGARET'S HOSPITAL		140143	99914		06/23/2003	N	P	N
8.00	Swing Beds - NF	ST. MARGARET'S HOSPITAL		140143	99914					
9.00	Hospital-Based SNF	ST. MARGARET'S HOSPITAL		140143	99914					
10.00	Hospital-Based NF	ST. MARGARET'S HOSPITAL		140143	99914					
11.00	Hospital-Based OLTC	ST. MARGARET'S HOSPITAL		140143	99914					
12.00	Hospital-Based HHA	ST. MARGARET'S HOSPITAL		140143	99914					
13.00	Separately Certified ASC	ST. MARGARET'S HOSPITAL		140143	99914					
14.00	Hospital-Based Hospice	ST. MARGARET'S HOSPITAL		141595	99914		07/07/1998			
15.00	Hospital-Based Health Clinic - RHC	ST. MARGARET'S HOSPITAL		141595	99914					
16.00	Hospital-Based Health Clinic - FQHC	ST. MARGARET'S HOSPITAL		141595	99914					
17.00	Hospital-Based (CMHC) I	ST. MARGARET'S HOSPITAL		141595	99914					
18.00	Renal Dialysis	ST. MARGARET'S HOSPITAL		141595	99914					
19.00	Other	ST. MARGARET'S HOSPITAL		141595	99914					
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						10/01/2012	09/30/2013		20.00
21.00	Type of Control (see instructions)						1		21.00	
Inpatient PPS Information										
22.00	Does this facility qualify and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.					N		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.					2		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
				1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.					0	0	0	0	0
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
							Urban/Rural	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

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		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	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.	10/01/2012	09/30/2013			38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does this facility qualify for the inpatient hospital payment adjustment for low volume hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no. Does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)(ii)? Enter in column 2 "Y" for yes or "N" for no. (see instructions)	Y	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.					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	Direct GME	IME	Direct GME
		1.00	2.00	3.00	4.00	5.00
61.00	Did your hospital receive FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. (see instructions)	N			0.00	0.00
61.01	Enter the average number of unweighted primary care FTEs from the hospital's 3 most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00	0.00		61.01
61.02	Enter the current year total unweighted primary care FTE count (excluding OB/GYN and general surgery) added as a result of section 5503. (see instructions)		0.00	0.00		61.02
61.03	Enter the base line FTE count for primary care and/or general surgery residents, which is used for determining compliance with the 75% test. (see instructions)		0.00	0.00		61.03
61.04	Enter the number of unweighted primary care/or surgery allopathic and/or osteopathic FTEs in the current cost reporting period. (see instructions).		0.00	0.00		61.04
61.05	Enter the difference between the baseline primary and/or general surgery FTEs and the current year's primary care and/or general surgery FTE counts (line 61.04 minus line 61.03). (see instructions)		0.00	0.00		61.05
61.06	Enter the amount of ACA §5503 award that is being used for cap relief and/or FTEs that are nonprimary care or general surgery. (see instructions)		0.00	0.00		61.06
		Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count	
		1.00	2.00	3.00	4.00	
61.10	Of the FTEs in line 61.05, specify each new program specialty, if any, and the number of FTE residents for each new program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.			0.00	0.00	61.10

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	Program Name	Program Code	Unweighted IME FTE Count	Unweighted Direct GME FTE Count		
	1.00	2.00	3.00	4.00		
61.20	Of the FTEs in line 61.05, specify each expanded program specialty, if any, and the number of FTE residents for each expanded program. (see instructions) Enter in column 1 the program name, enter in column 2 the program code, enter in column 3 the IME FTE unweighted count and enter in column 4 direct GME FTE unweighted count.		0.00	0.00	61.20	
				1.00		
<u>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</u>						
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	
<u>Teaching Hospitals that Claim Residents in Non-Provider Settings</u>						
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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>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.</u>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)		0.00	0.00	0.000000	64.00
		Program Name	Program Code	Unweighted FTEs Nonprovi der Site	Unweighted FTEs in Hospi tal	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 associated with primary care FTEs for each primary care program in which you trained residents. 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 Nonprovi der Site	Unweighted FTEs in Hospi tal	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00	
<u>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</u>						
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

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	Enter in column 1 the program name associated with each of your primary care programs in which you trained residents. 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		67.00
					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 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	71.00
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N			75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the 5th or subsequent academic years of the new teaching program in existence, enter 5. (see instructions)					0	76.00
					1.00		
Long Term Care Hospital PPS							
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.					N	80.00
TEFRA Providers							
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.					N	85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.						86.00
					V	XIX	
					1.00	2.00	
Title V and XIX Services							
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.			N		Y	90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.			N		N	91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.					N	92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N		N	93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.			N		N	94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.			N		N	96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.				0.00	0.00	97.00
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?			N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)			N			106.00

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		V	XIX		
		1.00	2.00		
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical	Occupational	Speech	Respiratory
		1.00	2.00	3.00	4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		Y		
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		
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	503,050	0	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		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		Y
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
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		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	35H002	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part I Date/Time Prepared: 2/27/2014 10:54 am			
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: SISTERS MARY OF THE PRESENTATION HC	Contractor's Name: NORIDIAN ADMIN SVC	Contractor's Number: 03001		141.00		
142.00	Street: 1202 PAGE DR SW PO BOX 10007	PO Box:			142.00		
143.00	City: FARGO	State: ND	Zip Code: 58106-0007	143.00			
					1.00		
144.00	Are provider based physicians' costs included in Worksheet A?				Y	144.00	
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.				N	145.00	
					1.00		
					2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.				N	146.00	
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.				N	147.00	
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.				N	148.00	
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.				N	149.00	
		Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
					1.00		
165.00	Multi campus 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 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 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)				1.00	169.00	
				Beginning 1.00	Ending 2.00		
170.00	Enter in columns 1 and 2 the EHR beginning date and ending date for the reporting period respectively (mm/dd/yyyy)			04/01/2013	06/29/2013	170.00	

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/27/2014 10:54 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)		N		1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.		N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	12/06/2013
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
		Description	Part A		Part B
			Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		N		N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		Y	02/05/2014	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		Y		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	PIP PYMTS WERE ENTERED AS PAYMENT.	Y		N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet S-2 Part II Date/Time Prepared: 2/27/2014 10:54 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
					1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
					Y/N
					Date
					1.00
					2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
					1.00
					2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	DON		TROGLIO	41.00
42.00	Enter the employer/company name of the cost report preparer.	ST. MARGARET'S HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-664-1328		DTROGLIO@ABOUTSMG.ORG	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	02/05/2014	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.	DIRECTOR OF ACCOUNTING	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: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si ts / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	63	22,995	0.00	0	1.00
2.00 HMO and other (see instructions)						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)		63	22,995	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	6	2,190	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)		69	25,185	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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		69				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)		0	0			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)						32.01
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2014 10:54 am

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)(see instructions for col. 2 for the portion of LDP room available beds)	4,143	372	6,170			1.00
2.00 HMO and other (see instructions)	447	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	265	0	297			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	4,408	372	6,467			7.00
8.00 INTENSIVE CARE UNIT	502	16	688			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		180	543			13.00
14.00 Total (see instructions)	4,910	568	7,698	0.00	514.15	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						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	6.57	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)				0.00	520.72	27.00
28.00 Observation Bed Days		291	2,395			28.00
29.00 Ambulance Trips	305					29.00
30.00 Employee discount days (see instruction)			23			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		43	113			32.00
32.01 Total ancillary labor & delivery room outpatient days (see instructions)			0			32.01
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
2/27/2014 10:54 am

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)(see instructions for col. 2 for the portion of LDP room available beds)			0	1,155	271	1,981	1.00
2.00 HMO and other (see instructions)				84			2.00
3.00 HMO IPF Subprovider							3.00
4.00 HMO IRF Subprovider							4.00
5.00 Hospital Adults & Peds. Swing Bed SNF							5.00
6.00 Hospital Adults & Peds. Swing Bed NF							6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)							7.00
8.00 INTENSIVE CARE UNIT							8.00
9.00 CORONARY CARE UNIT							9.00
10.00 BURN INTENSIVE CARE UNIT							10.00
11.00 SURGICAL INTENSIVE CARE UNIT							11.00
12.00 OTHER SPECIAL CARE (SPECIFY)							12.00
13.00 NURSERY							13.00
14.00 Total (see instructions)	0.00	0		1,155	271	1,981	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							22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)							23.00
24.00 HOSPICE	0.00						24.00
24.10 HOSPICE (non-distinct part)							24.10
25.00 CMHC - CMHC							25.00
26.00 RURAL HEALTH CLINIC	0.00						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
32.01 Total ancillary labor & delivery room outpatient days (see instructions)							32.01
33.00 LTCH non-covered days							33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet S-3 Part II Date/Time Prepared: 2/27/2014 10:54 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	29,623,563	0	29,623,563	1,079,642.75	27.44	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	6,440,376	6,440,376	38,287.50	168.21	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		11,348,580	-9,987,920	1,360,660	53,761.34	25.31	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		712,987	0	712,987	10,843.46	65.75	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		702,819	0	702,819	4,345.54	161.73	13.00
14.00	Home office salaries & wage-related costs		1,181,723	0	1,181,723	7,789.00	151.72	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) (see instructions)		5,411,570	0	5,411,570			17.00
18.00	Wage-related costs (other) (see instructions)		0	0	0			18.00
19.00	Excluded areas		267,041	0	267,041			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		202,872	0	202,872			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits Department	4.00	145,432	0	145,432	6,775.03	21.47	26.00
27.00	Administrative & General	5.00	2,378,063	-114,144	2,263,919	107,503.43	21.06	27.00
28.00	Administrative & General under contract (see inst.)		99,007	0	99,007	401.75	246.44	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	383,940	0	383,940	21,335.75	18.00	30.00
31.00	Laundry & Linen Service	8.00	0	32,966	32,966	3,176.75	10.38	31.00
32.00	Housekeeping	9.00	411,150	-32,966	378,184	34,950.30	10.82	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	793,603	-547,824	245,779	17,027.54	14.43	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	547,824	547,824	37,953.21	14.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	856,257	0	856,257	24,712.55	34.65	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	1,319,098	0	1,319,098	54,559.85	24.18	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
2/27/2014 10:54 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
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: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
2/27/2014 10:54 am

	Worksheet A	Amount	Recl assi fi cation	Adjusted	Paid Hours	Average Hourly	
	Line Number	Reported	on of Salaries	Salaries	Related to	Wage (col. 4 ÷	
	1.00	2.00	(from	(col. 2 ± col.	Salaries in	col. 5)	
			Worksheet A-6)	3)	col. 4		
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	29,722,570	-6,440,376	23,282,194	1,041,757.00	22.35	1.00
2.00	Excluded area salaries (see instructions)	11,348,580	-9,987,920	1,360,660	53,761.34	25.31	2.00
3.00	Subtotal salaries (line 1 minus line 2)	18,373,990	3,547,544	21,921,534	987,995.66	22.19	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,597,529	0	2,597,529	22,978.00	113.04	4.00
5.00	Subtotal wage-related costs (see inst.)	5,411,570	0	5,411,570	0.00	24.69	5.00
6.00	Total (sum of lines 3 thru 5)	26,383,089	3,547,544	29,930,633	1,010,973.66	29.61	6.00
7.00	Total overhead cost (see instructions)	6,386,550	-114,144	6,272,406	308,396.16	20.34	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 2/27/2014 10:54 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		693,781	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		2,531,447	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		161,510	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		25,279	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		2,876	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		147,630	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		394,079	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		1,471,603	17.00
18.00	Medicare Taxes - Employers Portion Only		420,280	18.00
19.00	Unemployment Insurance		13,921	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		19,077	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,881,483	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: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-3
Part V
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			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			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-7

Date/Time Prepared:
2/27/2014 10:54 am

		1.00	2.00	
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.	Y		1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.	Y	06/23/2003	2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
				1.00	2.00
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	0	0	0	8.00
9.00	RMX	0	0	0	9.00
10.00	RML	0	0	0	10.00
11.00	RLX	0	0	0	11.00
12.00	RUC	0	0	0	12.00
13.00	RUB	0	3	3	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	8	8	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	0	0	20.00
21.00	RMC	0	30	30	21.00
22.00	RMB	0	14	14	22.00
23.00	RMA	0	50	50	23.00
24.00	RLB	0	0	0	24.00
25.00	RLA	0	0	0	25.00
26.00	ES3	0	0	0	26.00
27.00	ES2	0	0	0	27.00
28.00	ES1	0	17	17	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	13	13	30.00
31.00	HD2	0	4	4	31.00
32.00	HD1	0	17	17	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	15	15	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	0	0	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	37	37	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	3	3	40.00
41.00	LC2	0	0	0	41.00
42.00	LC1	0	0	0	42.00
43.00	LB2	0	0	0	43.00
44.00	LB1	0	0	0	44.00
45.00	CE2	0	0	0	45.00
46.00	CE1	0	4	4	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	6	6	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	2	2	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	18	18	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	14	14	54.00
55.00	SE3	0	0	0	55.00
56.00	SE2	0	0	0	56.00
57.00	SE1	0	0	0	57.00
58.00	SSC	0	0	0	58.00
59.00	SSB	0	0	0	59.00
60.00	SSA	0	0	0	60.00
61.00	IB2	0	0	0	61.00
62.00	IB1	0	0	0	62.00
63.00	IA2	0	0	0	63.00
64.00	IA1	0	0	0	64.00
65.00	BB2	0	0	0	65.00
66.00	BB1	0	0	0	66.00
67.00	BA2	0	0	0	67.00
68.00	BA1	0	0	0	68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet S-7

Date/Time Prepared:
2/27/2014 10:54 am

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	0	2	2	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	3	3	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	5	5	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		0	265	265	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		99914	99914	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		0			207.00

HOSPITAL IDENTIFICATION DATA		Provider CCN: 140143 Component CCN: 141595	Period: From 10/01/2012 To 09/30/2013	Worksheet S-9 Parts I & II Date/Time Prepared: 2/27/2014 10:54 am
		Hospice I		

	Unduplicated Days	Hospice I				Total (sum of cols. 1, 2 & 5)		
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility			All Other
		1.00	2.00	3.00	4.00			5.00
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	3,033	0	0	0	147	3,180	2.00
3.00	Inpatient Respite Care	6	0	0	0	0	6	3.00
4.00	General Inpatient Care	6,340	251	0	0	0	6,591	4.00
5.00	Total Hospice Days	9,379	251	0	0	147	9,777	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	90	2	0	0	6	98	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	104.21	125.50	0.00	0.00	24.50	99.77	8.00
9.00	Unduplicated Census Count	75	2	0	0	6	83	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet S-10 Date/Time Prepared: 2/27/2014 10:54 am
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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)		0.357183		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		1,596,334		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		16,204,500		6.00
7.00	Medicaid cost (line 1 times line 6)		5,787,972		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)		4,191,638		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		202,640		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		4,191,638		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	1,579,242	135,172	1,714,414	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	564,078	48,281	612,359	21.00
22.00	Partial payment by patients approved for charity care	55,432	8,213	63,645	22.00
23.00	Cost of charity care (line 21 minus line 22)	508,646	40,068	548,714	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)		3,972,852		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		253,179		27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)		3,719,673		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,328,604		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,877,318		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,068,956		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,940,875	1,940,875	-199,958	1,740,917	1.00
1.01	00101		87,406	87,406	0	87,406	1.01
2.00	00200		2,366,133	2,366,133	38,196	2,404,329	2.00
2.01	00201		0	0	0	0	2.01
3.00	00300		0	0	0	0	3.00
4.00	00400	145,432	5,964,375	6,109,807	0	6,109,807	4.00
5.00	00500	2,378,063	4,675,849	7,053,912	-65,712	6,988,200	5.00
7.00	00700	383,940	1,775,805	2,159,745	0	2,159,745	7.00
8.00	00800	0	153,760	153,760	32,966	186,726	8.00
9.00	00900	411,150	215,281	626,431	-32,966	593,465	9.00
10.00	01000	793,603	423,443	1,217,046	-840,131	376,915	10.00
11.00	01100	0	0	0	840,131	840,131	11.00
13.00	01300	856,257	45,205	901,462	0	901,462	13.00
16.00	01600	1,319,098	197,608	1,516,706	0	1,516,706	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,582,808	236,282	2,819,090	-61,995	2,757,095	30.00
31.00	03100	543,364	283,397	826,761	0	826,761	31.00
43.00	04300	78,348	97,491	175,839	0	175,839	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,951,343	3,944,080	5,895,423	0	5,895,423	50.00
52.00	05200	286,511	44,892	331,403	61,995	393,398	52.00
53.00	05300	0	1,345,402	1,345,402	0	1,345,402	53.00
54.00	05400	792,473	1,323,221	2,115,694	0	2,115,694	54.00
54.01	05402	97,948	239,053	337,001	0	337,001	54.01
57.00	05700	136,144	453,334	589,478	0	589,478	57.00
60.00	06000	909,196	2,024,872	2,934,068	0	2,934,068	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	317,768	317,768	0	317,768	63.00
65.00	06500	436,280	82,754	519,034	0	519,034	65.00
66.00	06600	1,132,848	120,237	1,253,085	0	1,253,085	66.00
67.00	06700	79,684	107,755	187,439	0	187,439	67.00
68.00	06800	67,145	3,758	70,903	0	70,903	68.00
69.00	06900	118,048	57,037	175,085	0	175,085	69.00
70.00	07000	70,105	23,043	93,148	0	93,148	70.00
71.00	07100	40,188	264,385	304,573	11,055	315,628	71.00
72.00	07200	0	2,978,794	2,978,794	0	2,978,794	72.00
73.00	07300	671,171	1,594,522	2,265,693	-11,055	2,254,638	73.00
76.00	03020	157,303	205,651	362,954	0	362,954	76.00
76.01	03021	0	0	0	192,706	192,706	76.01
76.02	03022	156,079	18,491	174,570	0	174,570	76.02
76.03	03023	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
90.00	09000	954,935	178,441	1,133,376	12,441,554	13,574,930	90.00
91.00	09100	725,519	1,565,612	2,291,131	0	2,291,131	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	8,629	422,930	431,559	0	431,559	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	592,400	592,400	-592,400	0	113.00
114.00	11400	0	0	0	0	0	114.00
116.00	11600	346,833	318,560	665,393	0	665,393	116.00
118.00		18,630,445	36,689,902	55,320,347	11,814,386	67,134,733	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	29,251	3,791	33,042	0	33,042	194.01
194.02	07952	1,132,733	92,826	1,225,559	-1,225,559	0	194.02
194.03	07953	57,324	11,616	68,940	0	68,940	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	39	5,740	5,779	0	5,779	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	1,012,025	294,095	1,306,120	-1,306,120	0	194.08
194.09	07959	191,372	268,305	459,677	0	459,677	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	1,724,011	251,774	1,975,785	-1,975,785	0	194.12
194.13	07963	1,130,433	183,458	1,313,891	-1,313,891	0	194.13

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet A Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
194.14	07964 HENRY	303,426	81,475	384,901	-384,901	0	194.14
194.15	07965 LAMOLLE	0	0	0	0	0	194.15
194.16	07966 SPRING VALLEY CLINIC	681,438	85,196	766,634	-766,634	0	194.16
194.17	07967 OGLESBY MP OB	264,720	44,433	309,153	-309,153	0	194.17
194.18	07968 FAMILY HEALTH CENTER	1,482,237	326,579	1,808,816	-1,808,816	0	194.18
194.19	07969 GRANVILLE CLINIC	363,325	97,925	461,250	-461,250	0	194.19
194.20	07970 PARATRANSIT	0	0	0	161,691	161,691	194.20
194.21	07971 OCCUPATIONAL HEALTH	568,556	174,972	743,528	30,998	774,526	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	243	243	0	243	194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	243,776	76,026	319,802	-319,802	0	194.26
194.27	07977 MIDTOWN	1,746,509	366,648	2,113,157	-2,113,157	0	194.27
194.28	07978 PAIN CLINIC	44,512	2,152	46,664	0	46,664	194.28
194.29	07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30	07980 WHC-PTON	17,431	4,576	22,007	-22,007	0	194.30
200.00	TOTAL (SUM OF LINES 118-199)	29,623,563	39,061,732	68,685,295	0	68,685,295	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-46,939	1,693,978	1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT	0	87,406	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2,976	2,407,305	2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP	37	37	2.01
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	-927,434	5,182,373	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-201,439	6,786,761	5.00
7.00	00700	OPERATION OF PLANT	-1,800	2,157,945	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	186,726	8.00
9.00	00900	HOUSEKEEPING	0	593,465	9.00
10.00	01000	DIETARY	-5,875	371,040	10.00
11.00	01100	CAFETERIA	-184,199	655,932	11.00
13.00	01300	NURSING ADMINISTRATION	0	901,462	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,348	1,497,358	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	2,757,095	30.00
31.00	03100	INTENSIVE CARE UNIT	0	826,761	31.00
43.00	04300	NURSERY	-78,000	97,839	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	5,895,423	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	393,398	52.00
53.00	05300	ANESTHESIOLOGY	-1,099,802	245,600	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,115,694	54.00
54.01	05402	NUCLEAR MEDICINE	0	337,001	54.01
57.00	05700	CT SCAN	0	589,478	57.00
60.00	06000	LABORATORY	0	2,934,068	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	317,768	63.00
65.00	06500	RESPIRATORY THERAPY	0	519,034	65.00
66.00	06600	PHYSICAL THERAPY	-39,708	1,213,377	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	187,439	67.00
68.00	06800	SPEECH PATHOLOGY	0	70,903	68.00
69.00	06900	ELECTROCARDIOLOGY	-21,244	153,841	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	-1,980	91,168	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	315,628	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,978,794	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-309,530	1,945,108	73.00
76.00	03020	SONOGRAPHY	-47,400	315,554	76.00
76.01	03021	AUDIOLOGY	0	192,706	76.01
76.02	03022	CARDIAC REHAB	0	174,570	76.02
76.03	03023	ECP	0	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
90.00	09000	CLINIC	-6,440,376	7,134,554	90.00
91.00	09100	EMERGENCY	-1,065,594	1,225,537	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	431,559	95.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
116.00	11600	HOSPICE	0	665,393	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-10,487,655	56,647,078	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	194.00
194.01	07951	CONGREGATE LIVING	0	33,042	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICINE	0	0	194.02
194.03	07953	MANAGED CARE	0	68,940	194.03
194.04	07954	RENTAL AREA/PPOS	0	0	194.04
194.05	07955	SPECIALTY CLINICS	0	5,779	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	194.07
194.08	07958	ENT	0	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	459,677	194.09
194.10	07960	PERU MALL	0	0	194.10
194.11	07961	LADD	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	194.13
194.14	07964	HENRY	0	0	194.14
194.15	07965	LAMOILLE	0	0	194.15

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
194.16	07966 SPRING VALLEY CLINIC	0	0	194.16
194.17	07967 OGLESBY MP OB	0	0	194.17
194.18	07968 FAMILY HEALTH CENTER	0	0	194.18
194.19	07969 GRANVILLE CLINIC	0	0	194.19
194.20	07970 PARATRANSIT	0	161,691	194.20
194.21	07971 OCCUPATIONAL HEALTH	0	774,526	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	243	194.24
194.25	07975 HENNEPIN CLINIC	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	194.26
194.27	07977 MIDTOWN	0	0	194.27
194.28	07978 PAIN CLINIC	0	46,664	194.28
194.29	07979 ADULT DAYCARE	0	0	194.29
194.30	07980 WHC-PTON	0	0	194.30
200.00	TOTAL (SUM OF LINES 118-199)	-10,487,655	58,197,640	200.00

RECLASSIFICATIONS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-6

Date/Time Prepared:
2/27/2014 10:54 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - IV COSTS FROM PHARMACY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	11,055	1.00
	TOTALS		0	11,055	
B - DIETARY RECLASS					
1.00	CAFETERIA	11.00	547,824	292,307	1.00
	TOTALS		547,824	292,307	
C - LAUNDRY SALARIES					
1.00	LAUNDRY & LINEN SERVICE	8.00	32,966	0	1.00
	TOTALS		32,966	0	
D - DEPRECIATION FOR OFF CAMPUS CLINICS					
1.00	CLINIC	90.00	0	627,185	1.00
2.00	OCCUPATIONAL HEALTH	194.21	0	30,998	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	658,183	
E - AUDIOLOGY COSTS					
1.00	AUDIOLOGY	76.01	0	192,706	1.00
	TOTALS		0	192,706	
F - INTEREST EXPENSE ON EQUIPMENT					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	38,196	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	95,979	2.00
3.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	458,225	3.00
	TOTALS		0	592,400	
G - PARATRANSIT COSTS					
1.00	PARATRANSIT	194.20	114,144	47,547	1.00
	TOTALS		114,144	47,547	
H - LABOR AND DELIVERY SALARIES					
1.00	DELIVERY ROOM & LABOR ROOM	52.00	61,995	0	1.00
	TOTALS		61,995	0	
I - PROV BASED CLINIC SALARIES					
1.00	CLINIC	90.00	10,102,064	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
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
	TOTALS		10,102,064	0	
J - PROVIDER BASED OTHER EXPENSES					
1.00	CLINIC	90.00	0	1,712,305	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
	TOTALS		0	1,712,305	
500.00	Grand Total: Increases		10,858,993	3,506,503	500.00

RECLASSIFICATIONS

Provider CCN: 140143

Period: From 10/01/2012 To 09/30/2013

Worksheet A-6

Date/Time Prepared: 2/27/2014 10:54 am

		Decreases				
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
A - IV COSTS FROM PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,055	0	1.00
	TOTALS		0	11,055		
B - DIETARY RECLASS						
1.00	DIETARY	10.00	547,824	292,307	0	1.00
	TOTALS		547,824	292,307		
C - LAUNDRY SALARIES						
1.00	HOUSEKEEPING	9.00	32,966	0	0	1.00
	TOTALS		32,966	0		
D - DEPRECIATION FOR OFF CAMPUS CLINICS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	658,183	9	1.00
2.00		0.00	0	0	9	2.00
3.00		0.00	0	0	9	3.00
	TOTALS		0	658,183		
E - AUDIOLOGY COSTS						
1.00	ENT	194.08	0	192,706	0	1.00
	TOTALS		0	192,706		
F - INTEREST EXPENSE ON EQUIPMENT						
1.00	INTEREST EXPENSE	113.00	0	592,400	11	1.00
2.00		0.00	0	0	11	2.00
3.00		0.00	0	0	11	3.00
	TOTALS		0	592,400		
G - PARATRANSIT COSTS						
1.00	ADMINISTRATIVE & GENERAL	5.00	114,144	47,547	0	1.00
	TOTALS		114,144	47,547		
H - LABOR AND DELIVERY SALARIES						
1.00	ADULTS & PEDIATRICS	30.00	61,995	0	0	1.00
	TOTALS		61,995	0		
I - PROV BASED CLINIC SALARIES						
1.00	ENT	194.08	1,012,025	0	0	1.00
2.00	FAMILY ORTHOPEDIC CENTER	194.12	1,724,011	0	0	2.00
3.00	WOMEN'S HEALTH CENTER	194.13	1,130,433	0	0	3.00
4.00	HENRY	194.14	303,426	0	0	4.00
5.00	SPRING VALLEY CLINIC	194.16	681,438	0	0	5.00
6.00	OGLESBY MP OB	194.17	264,720	0	0	6.00
7.00	FAMILY HEALTH CENTER	194.18	1,482,237	0	0	7.00
8.00	GRANVILLE CLINIC	194.19	363,325	0	0	8.00
9.00	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	194.02	1,132,733	0	0	9.00
10.00	FAMILY HEALTH CENTER 2ND FLOOR	194.26	243,776	0	0	10.00
11.00	MIDTOWN	194.27	1,746,509	0	0	11.00
12.00	WHC-PTON	194.30	17,431	0	0	12.00
	TOTALS		10,102,064	0		
J - PROVIDER BASED OTHER EXPENSES						
1.00	ENT	194.08	0	101,389	0	1.00
2.00	FAMILY ORTHOPEDIC CENTER	194.12	0	251,774	0	2.00
3.00	WOMEN'S HEALTH CENTER	194.13	0	183,458	0	3.00
4.00	HENRY	194.14	0	81,475	0	4.00
5.00	SPRING VALLEY CLINIC	194.16	0	85,196	0	5.00
6.00	OGLESBY MP OB	194.17	0	44,433	0	6.00
7.00	FAMILY HEALTH CENTER	194.18	0	326,579	0	7.00
8.00	GRANVILLE CLINIC	194.19	0	97,925	0	8.00
9.00	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	194.02	0	92,826	0	9.00
10.00	FAMILY HEALTH CENTER 2ND FLOOR	194.26	0	76,026	0	10.00
11.00	MIDTOWN	194.27	0	366,648	0	11.00
12.00	WHC-PTON	194.30	0	4,576	0	12.00
	TOTALS		0	1,712,305		
500.00	Grand Total: Decreases		10,858,993	3,506,503		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
2/27/2014 10:54 am

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,464,302	0	0	0	0	1.00
2.00	Land Improvements	2,319,264	226,395	0	226,395	0	2.00
3.00	Buildings and Fixtures	50,955,827	5,296,286	0	5,296,286	378,692	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	21,967,131	3,251,946	0	3,251,946	71,435	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	77,706,524	8,774,627	0	8,774,627	450,127	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	77,706,524	8,774,627	0	8,774,627	450,127	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	2,464,302	0				1.00
2.00	Land Improvements	2,545,659	0				2.00
3.00	Buildings and Fixtures	55,873,421	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	25,147,642	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	86,031,024	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	86,031,024	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,940,875	0	0	0	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	87,406	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,366,133	0	0	0	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.01
3.00	Total (sum of lines 1-2)	4,394,414	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,940,875				1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	87,406				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,366,133				2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0				2.01
3.00	Total (sum of lines 1-2)	0	4,394,414				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	59,800,087	0	59,800,087	0.695099	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	1,083,295	0	1,083,295	0.012592	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	25,136,963	0	25,136,963	0.292185	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	10,679	0	10,679	0.000124	0	2.01
3.00	Total (sum of lines 1-2)	86,031,024	0	86,031,024	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,282,692	0	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	0	0	87,406	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,369,109	0	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0	0	37	0	2.01
3.00	Total (sum of lines 1-2)	0	0	0	3,739,244	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	411,286	0	0	0	1,693,978	1.00
1.01	OLD CAP REL COSTS-BLDG & FIXT	0	0	0	0	87,406	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	38,196	0	0	0	2,407,305	2.00
2.01	OLD CAP REL COSTS-MVBLE EQUIP	0	0	0	0	37	2.01
3.00	Total (sum of lines 1-2)	449,482	0	0	0	4,188,726	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-46,340	NEW CAP REL COSTS-BLDG & FIXT		1.00	11	1.00
1.01 Investment income - OLD CAP REL COSTS-BLDG & FIXT (chapter 2)			OLD CAP REL COSTS-BLDG & FIXT		1.01	0	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	2.00
2.01 Investment income - OLD CAP REL COSTS-MVBLE EQUIP (chapter 2)			OLD CAP REL COSTS-MVBLE EQUIP		2.01	0	2.01
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)	B	-35,889	ADMINISTRATIVE & GENERAL		5.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0	7.00
8.00 Television and radio service (chapter 21)	A	-1,800	OPERATION OF PLANT		7.00	0	8.00
9.00 Parking lot (chapter 21)		0			0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-8,957,268				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	578				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-184,199	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	B	-309,530	DRUGS CHARGED TO PATIENTS		73.00	0	17.00
18.00 Sale of medical records and abstracts	B	-19,348	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	-5,875	DIETARY		10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF		114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0	26.00
26.01 Depreciation - OLD CAP REL COSTS-BLDG & FIXT			OLD CAP REL COSTS-BLDG & FIXT		1.01	0	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0	27.00
27.01 Depreciation - OLD CAP REL COSTS-MVBLE EQUIP			OLD CAP REL COSTS-MVBLE EQUIP		2.01	0	27.01
28.00 Non-physician Anesthetist			*** Cost Center Deleted ***		19.00		28.00
29.00 Physicians' assistant					0.00	0	29.00

Provider CCN: 140143

Period:
 From 10/01/2012
 To 09/30/2013

Worksheet A-8

Date/Time Prepared:
 2/27/2014 10:54 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			3.00	4.00		
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0 OCCUPATIONAL THERAPY	67.00		30.00
30.99 Hospice (non-distinct) (see instructions)			0 ADULTS & PEDIATRICS	30.00		30.99
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		0		0.00	0	33.00
33.01 OUTSIDE PHYSICAL THERAPY	B	-39,708	PHYSICAL THERAPY	66.00	0	33.01
33.03 OB COMMISSIONS	B	-167	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 HOME OFFICE OPERATING INTEREST INCOM	B	-599	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	33.04
33.06 PATIENT PHONES	A	-22,937	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07 PATIENT PHONES DEPRECIATION	A	-9,950	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9	33.07
33.10 MISC INCOME	B	-3,955	ADMINISTRATIVE & GENERAL	5.00	0	33.10
33.11 PHYSICIAN RECRUITMENT	A	-46,540	ADMINISTRATIVE & GENERAL	5.00	0	33.11
33.12 EMPLOYEE HEALTH	A	-724,562	EMPLOYEE BENEFITS DEPARTMENT	4.00	0	33.12
33.13		0		0.00	0	33.13
33.15 ADMIN COSTS FOR POB	A	464	ADMINISTRATIVE & GENERAL	5.00	0	33.15
33.16		0		0.00	0	33.16
33.17 LOBBYING PORTION OF IHHA DUES	A	-24,287	ADMINISTRATIVE & GENERAL	5.00	0	33.17
33.18		0		0.00	0	33.18
34.00 MISC REVENUE	B	-48,375	ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00		0		0.00	0	35.00
36.00 LEADERSHIP CONFERENCE SPOUSE COSTS	A	-7,368	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00		0		0.00	0	37.00
38.00		0		0.00	0	38.00
39.00		0		0.00	0	39.00
40.00		0		0.00	0	40.00
41.00		0		0.00	0	41.00
42.00		0		0.00	0	42.00
43.00		0		0.00	0	43.00
44.00		0		0.00	0	44.00
45.00		0		0.00	0	45.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-10,487,655				50.00

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

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-1

Date/Time Prepared:
2/27/2014 10:54 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	1,267,599	1,275,984 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	SISTERS SALARIES	0	4,000 2.00
3.00	2.01	OLD CAP REL COSTS-MVBLE EQUI	OLD CAPITAL COSTS	37	0 3.00
4.00	2.00	NEW CAP REL COSTS-MVBLE EQUI	NEW CAPITAL COSTS	12,926	0 4.00
5.00	0		0	1,280,562	1,279,984 5.00

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

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

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

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

6.00	B		0.00	SRS OF MARY OF THE PRES	100.00	6.00
7.00	G	SMP HEALTH CORP	0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:	NON-FINANCIAL				100.00

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

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

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

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-1

Date/Time Prepared:
2/27/2014 10:54 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-8,385	0		1.00
2.00	-4,000	0		2.00
3.00	37	9		3.00
4.00	12,926	9		4.00
5.00	578			5.00

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

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

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

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

6.00	RELIGIOUS COMMUNITY		6.00
7.00			7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet A-8-2

Date/Time Prepared:
2/27/2014 10:54 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	53.00	ANESTHESIOLOGY	1,113,250	1,024,074	89,176	167,500	167	1.00
2.00	91.00	EMERGENCY	1,338,125	730,482	607,643	142,500	3,978	2.00
3.00	43.00	NURSERY	78,000	78,000	0	0	0	3.00
4.00	60.00	LABORATORY	35,000	0	35,000	208,000	520	4.00
5.00	69.00	ELECTROCARDIOLOGY	21,244	21,244	0	0	0	5.00
6.00	76.00	SONOGRAPHY	47,400	47,400	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	1,980	1,980	0	0	0	7.00
8.00	90.00	CLINIC	6,440,376	6,440,376	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	202,872	202,872	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	6,000	0	6,000	159,800	200	11.00
200.00			9,284,247	8,546,428	737,819		4,865	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	53.00	ANESTHESIOLOGY	13,448	672	0	0	0	1.00
2.00	91.00	EMERGENCY	272,531	13,627	0	0	0	2.00
3.00	43.00	NURSERY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	52,000	2,600	0	0	0	4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	5.00
6.00	76.00	SONOGRAPHY	0	0	0	0	0	6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	15,365	768	0	0	0	11.00
200.00			353,344	17,667	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	53.00	ANESTHESIOLOGY	0	13,448	75,728	1,099,802		1.00
2.00	91.00	EMERGENCY	0	272,531	335,112	1,065,594		2.00
3.00	43.00	NURSERY	0	0	0	78,000		3.00
4.00	60.00	LABORATORY	0	52,000	0	0		4.00
5.00	69.00	ELECTROCARDIOLOGY	0	0	0	21,244		5.00
6.00	76.00	SONOGRAPHY	0	0	0	47,400		6.00
7.00	70.00	ELECTROENCEPHALOGRAPHY	0	0	0	1,980		7.00
8.00	90.00	CLINIC	0	0	0	6,440,376		8.00
9.00	4.00	EMPLOYEE BENEFITS DEPARTMENT	0	0	0	202,872		9.00
10.00	0.00		0	0	0	0		10.00
11.00	16.00	MEDICAL RECORDS & LIBRARY	0	15,365	0	0		11.00
200.00			0	353,344	410,840	8,957,268		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,693,978	1,693,978				1.00
1.01 00101 OLD CAP REL COSTS-BLDG & FIXT	87,406	0	87,406			1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	2,407,305			2,407,305		2.00
2.01 00201 OLD CAP REL COSTS-MVBLE EQUIP	37			0	37	2.01
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT	5,182,373	6,362	328	0	0	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	6,786,761	546,440	28,195	817,003	37	5.00
7.00 00700 OPERATION OF PLANT	2,157,945	176,479	9,106	67,915	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	186,726	4,567	236	0	0	8.00
9.00 00900 HOUSEKEEPING	593,465	18,228	941	217	0	9.00
10.00 01000 DIETARY	371,040	46,908	2,420	25,639	0	10.00
11.00 01100 CAFETERIA	655,932	15,588	804	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	901,462	18,292	944	151	0	13.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,497,358	24,130	1,245	17,452	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	2,757,095	144,601	7,461	89,886	0	30.00
31.00 03100 INTENSIVE CARE UNIT	826,761	29,307	1,512	14,274	0	31.00
43.00 04300 NURSERY	97,839	7,023	362	29,610	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,895,423	122,070	6,299	760,622	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	393,398	3,538	183	4,021	0	52.00
53.00 05300 ANESTHESIOLOGY	245,600	3,003	155	22,514	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,115,694	42,370	2,186	146,974	0	54.00
54.01 05402 NUCLEAR MEDICINE	337,001	7,225	373	22	0	54.01
57.00 05700 CT SCAN	589,478	3,739	193	777	0	57.00
60.00 06000 LABORATORY	2,934,068	22,485	1,160	59,906	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	317,768	1,346	69	479	0	63.00
65.00 06500 RESPIRATORY THERAPY	519,034	6,730	347	31,041	0	65.00
66.00 06600 PHYSICAL THERAPY	1,213,377	59,718	3,081	8,632	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	187,439	224	12	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	70,903	1,012	52	423	0	68.00
69.00 06900 ELECTROCARDIOLOGY	153,841	759	39	19,613	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	91,168	11,027	569	6,746	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	315,628	43,750	2,257	56,399	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,978,794	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	1,945,108	16,451	849	16,051	0	73.00
76.00 03020 SONOGRAPHY	315,554	3,077	159	844	0	76.00
76.01 03021 AUDIOLOGY	192,706	0	0	0	0	76.01
76.02 03022 CARDIAC REHAB	174,570	8,576	443	9,290	0	76.02
76.03 03023 ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00 09000 CLINIC	7,134,554	97,555	5,034	169,634	0	90.00
91.00 09100 EMERGENCY	1,225,537	31,654	1,633	3,021	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	431,559	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
116.00 11600 HOSPICE	665,393	5,603	289	1,438	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	56,647,078	1,529,837	78,936	2,380,594	37	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,679	396	0	0	190.00
194.00 07950 ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01 07951 CONGREGATE LIVING	33,042	76,353	3,940	0	0	194.01
194.02 07952 VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03 07953 MANAGED CARE	68,940	0	0	0	0	194.03
194.04 07954 RENTAL AREA/PPOS	0	63,428	3,273	0	0	194.04
194.05 07955 SPECIALTY CLINICS	5,779	0	0	758	0	194.05
194.06 07956 LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07 07957 LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08 07958 ENT	0	0	0	0	0	194.08
194.09 07959 DURABLE MEDICAL EQUIPMENT	459,677	16,681	861	631	0	194.09
194.10 07960 PERU MALL	0	0	0	0	0	194.10
194.11 07961 LADD	0	0	0	0	0	194.11

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
194.12 07962 FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13 07963 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14 07964 HENRY	0	0	0	0	0	194.14
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 07970 PARATRANSIT	161,691	0	0	22,475	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	774,526	0	0	1,470	0	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	243	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	0	1,377	0	194.27
194.28 07978 PAIN CLINIC	46,664	0	0	0	0	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	0	194.30
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	58,197,640	1,693,978	87,406	2,407,305	37	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description			EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	4A	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	5,189,063					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	509,930	8,688,366	8,688,366			5.00
7.00	00700	OPERATION OF PLANT	86,479	2,497,924	438,361	2,936,285		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,425	198,954	34,914	13,901	247,769	8.00
9.00	00900	HOUSEKEEPING	85,183	698,034	122,498	55,482	0	9.00
10.00	01000	DIETARY	55,360	501,367	87,985	142,776	0	10.00
11.00	01100	CAFETERIA	123,393	795,717	139,640	47,446	0	11.00
13.00	01300	NURSING ADMINISTRATION	192,865	1,113,714	195,446	55,675	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	297,116	1,837,301	322,428	73,445	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	567,793	3,566,836	625,944	440,132	161,128	30.00
31.00	03100	INTENSIVE CARE UNIT	122,388	994,242	174,480	89,202	13,207	31.00
43.00	04300	NURSERY	17,647	152,481	26,759	21,377	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	439,524	7,223,938	1,267,729	371,550	26,264	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	78,498	479,638	84,172	10,767	0	52.00
53.00	05300	ANESTHESIOLOGY	0	271,272	47,606	9,139	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,498	2,485,722	436,219	128,962	16,527	54.00
54.01	05402	NUCLEAR MEDICINE	22,062	366,683	64,349	21,990	0	54.01
57.00	05700	CT SCAN	30,665	624,852	109,655	11,380	3,295	57.00
60.00	06000	LABORATORY	204,789	3,222,408	565,500	68,438	124	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	319,662	56,097	4,097	0	63.00
65.00	06500	RESPIRATORY THERAPY	98,269	655,421	115,020	20,484	484	65.00
66.00	06600	PHYSICAL THERAPY	255,165	1,539,973	270,250	181,766	13,207	66.00
67.00	06700	OCCUPATIONAL THERAPY	17,948	205,623	36,085	683	0	67.00
68.00	06800	SPEECH PATHOLOGY	15,124	87,514	15,358	3,081	0	68.00
69.00	06900	ELECTROCARDIOLOGY	26,589	200,841	35,246	2,311	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,791	125,301	21,989	33,562	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,052	427,086	74,949	133,164	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,978,794	522,749	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	151,176	2,129,635	373,730	50,072	0	73.00
76.00	03020	SONOGRAPHY	35,431	355,065	62,310	9,367	0	76.00
76.01	03021	AUDIOLOGY	0	192,706	33,818	0	0	76.01
76.02	03022	CARDIAC REHAB	35,156	228,035	40,018	26,104	0	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,039,851	8,446,628	1,482,282	296,932	0	90.00
91.00	09100	EMERGENCY	163,417	1,425,262	250,119	96,345	13,207	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,944	433,503	76,075	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
116.00	11600	HOSPICE	78,121	750,844	131,766	17,053	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,962,649	56,221,342	8,341,546	2,436,683	247,443	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,075	1,417	23,373	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01	07951	CONGREGATE LIVING	6,589	119,924	21,045	232,398	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03	07953	MANAGED CARE	12,912	81,852	14,364	0	0	194.03
194.04	07954	RENTAL AREA/PPOS	0	66,701	11,705	193,058	0	194.04
194.05	07955	SPECIALTY CLINICS	9	6,546	1,149	0	326	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	07958	ENT	0	0	0	0	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	43,105	520,955	91,422	50,773	0	194.09
194.10	07960	PERU MALL	0	0	0	0	0	194.10
194.11	07961	LADD	0	0	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14	07964	HENRY	0	0	0	0	0	194.14
194.15	07965	LAMOLLE	0	0	0	0	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	4A	5.00	7.00	8.00	
194.16	07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17	07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18	07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19	07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20	07970 PARATRANSIT	25,710	209,876	36,831	0	0	194.20
194.21	07971 OCCUPATIONAL HEALTH	128,063	904,059	158,653	0	0	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	243	43	0	0	194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27	07977 MIDDOWN	0	1,377	242	0	0	194.27
194.28	07978 PAIN CLINIC	10,026	56,690	9,949	0	0	194.28
194.29	07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30	07980 WHC-PTON	0	0	0	0	0	194.30
200.00	Cross Foot Adjustments		0				200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,189,063	58,197,640	8,688,366	2,936,285	247,769	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
		9.00	10.00	11.00	13.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
2.01	00201						2.01
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	876,014					9.00
10.00	01000	43,379	775,507				10.00
11.00	01100	34,602	0	1,017,405			11.00
13.00	01300	26,009	0	293,060	1,683,904		13.00
16.00	01600	52,570	0	93,361	0	2,379,105	16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	336,237	522,060	171,480	805,428	140,176	30.00
31.00	03100	43,011	69,803	27,099	127,336	18,081	31.00
43.00	04300	3,952	0	7,532	35,334	6,472	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	69,549	55,010	103,218	484,767	387,781	50.00
52.00	05200	17,439	0	15,271	71,658	9,624	52.00
53.00	05300	712	0	0	0	82,559	53.00
54.00	05400	25,848	0	44,841	0	150,780	54.00
54.01	05402	1,562	0	4,266	0	27,114	54.01
57.00	05700	1,562	0	6,061	0	166,361	57.00
60.00	06000	17,416	0	55,434	0	315,911	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	1,838	0	0	0	8,169	63.00
65.00	06500	4,205	0	21,332	0	43,837	65.00
66.00	06600	8,662	0	0	0	94,352	66.00
67.00	06700	0	0	0	0	12,394	67.00
68.00	06800	1,562	0	0	0	3,584	68.00
69.00	06900	2,711	0	5,708	0	45,279	69.00
70.00	07000	620	0	4,737	0	11,846	70.00
71.00	07100	4,205	0	4,296	0	121,465	71.00
72.00	07200	0	0	0	0	67,181	72.00
73.00	07300	17,416	0	24,186	0	87,217	73.00
76.00	03020	1,562	0	6,414	0	60,239	76.00
76.01	03021	1,562	0	0	0	5,167	76.01
76.02	03022	0	0	0	0	9,519	76.02
76.03	03023	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
90.00	09000	0	0	49,078	0	68,651	90.00
91.00	09100	17,416	0	33,925	159,381	90,785	91.00
92.00	09200						92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	5,950	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
116.00	11600	0	0	19,331	0	44,885	116.00
118.00		735,607	646,873	990,630	1,683,904	2,085,379	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,562	0	0	0	0	190.00
194.00	07950	0	0	0	0	59,133	194.00
194.01	07951	0	128,634	2,442	0	0	194.01
194.02	07952	0	0	0	0	30,668	194.02
194.03	07953	0	0	2,942	0	0	194.03
194.04	07954	138,845	0	0	0	0	194.04
194.05	07955	0	0	0	0	5,756	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	0	20,774	194.08
194.09	07959	0	0	0	0	9,454	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	0	0	48,848	194.12
194.13	07963	0	0	0	0	31,707	194.13
194.14	07964	0	0	0	0	1,788	194.14
194.15	07965	0	0	0	0	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
	9.00	10.00	11.00	13.00	16.00	
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	8,345	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	4,205	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	24,908	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	4,932	194.19
194.20 07970 PARATRANSIT	0	0	0	0	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	0	21,391	0	6,976	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	5,214	194.26
194.27 07977 MIDTOWN	0	0	0	0	30,457	194.27
194.28 07978 PAIN CLINIC	0	0	0	0	178	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	383	194.30
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)	876,014	775,507	1,017,405	1,683,904	2,379,105	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	6,769,421	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,556,461	0	31.00
43.00	04300	NURSERY	0	253,907	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	9,989,806	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	688,569	0	52.00
53.00	05300	ANESTHESIOLOGY	0	411,288	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,288,899	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	485,964	0	54.01
57.00	05700	CT SCAN	0	923,166	0	57.00
60.00	06000	LABORATORY	0	4,245,231	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	389,863	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	860,783	0	65.00
66.00	06600	PHYSICAL THERAPY	0	2,108,210	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	254,785	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	111,099	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	292,096	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	198,055	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	765,165	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	3,568,724	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,682,256	0	73.00
76.00	03020	SONOGRAPHY	0	494,957	0	76.00
76.01	03021	AUDIOLOGY	0	233,253	0	76.01
76.02	03022	CARDIAC REHAB	0	303,676	0	76.02
76.03	03023	ECP	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
90.00	09000	CLINIC	0	10,343,571	0	90.00
91.00	09100	EMERGENCY	0	2,086,440	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	515,528	0	95.00
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
116.00	11600	HOSPICE	0	963,879	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	54,785,052	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,427	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	59,133	0	194.00
194.01	07951	CONGREGATE LIVING	0	504,443	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	30,668	0	194.02
194.03	07953	MANAGED CARE	0	99,158	0	194.03
194.04	07954	RENTAL AREA/PPOS	0	410,309	0	194.04
194.05	07955	SPECIALTY CLINICS	0	13,777	0	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	194.07
194.08	07958	ENT	0	20,774	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	672,604	0	194.09
194.10	07960	PERU MALL	0	0	0	194.10
194.11	07961	LADD	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	48,848	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	31,707	0	194.13

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
194.14	07964 HENRY	0	1,788	0	1,788	194.14
194.15	07965 LAMOI LLE	0	0	0	0	194.15
194.16	07966 SPRING VALLEY CLINIC	0	8,345	0	8,345	194.16
194.17	07967 OGLESBY MP OB	0	4,205	0	4,205	194.17
194.18	07968 FAMILY HEALTH CENTER	0	24,908	0	24,908	194.18
194.19	07969 GRANVILLE CLINIC	0	4,932	0	4,932	194.19
194.20	07970 PARATRANSIT	0	246,707	0	246,707	194.20
194.21	07971 OCCUPATIONAL HEALTH	0	1,091,079	0	1,091,079	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	286	0	286	194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	5,214	0	5,214	194.26
194.27	07977 MIDTOWN	0	32,076	0	32,076	194.27
194.28	07978 PAIN CLINIC	0	66,817	0	66,817	194.28
194.29	07979 ADULT DAYCARE	0	0	0	0	194.29
194.30	07980 WHC-PTON	0	383	0	383	194.30
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	58,197,640	0	58,197,640	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS						
		Directly Assigned New Capital Related Costs	NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP		OLD MVBLE EQUIP	
			0	1.00	1.01		2.00	2.01
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT				1.01		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP				2.01		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	6,362	328	0	4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	23,358	546,440	28,195	817,003	37	5.00
7.00	00700	OPERATION OF PLANT	927	176,479	9,106	67,915	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,567	236	0	0	8.00
9.00	00900	HOUSEKEEPING	3,725	18,228	941	217	0	9.00
10.00	01000	DIETARY	0	46,908	2,420	25,639	0	10.00
11.00	01100	CAFETERIA	0	15,588	804	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	18,292	944	151	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,130	1,245	17,452	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	16,884	144,601	7,461	89,886	0	30.00
31.00	03100	INTENSIVE CARE UNIT	70,653	29,307	1,512	14,274	0	31.00
43.00	04300	NURSERY	0	7,023	362	29,610	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	159,391	122,070	6,299	760,622	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,538	183	4,021	0	52.00
53.00	05300	ANESTHESIOLOGY	29,484	3,003	155	22,514	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	377,895	42,370	2,186	146,974	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	7,225	373	22	0	54.01
57.00	05700	CT SCAN	332,382	3,739	193	777	0	57.00
60.00	06000	LABORATORY	0	22,485	1,160	59,906	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,346	69	479	0	63.00
65.00	06500	RESPIRATORY THERAPY	9,456	6,730	347	31,041	0	65.00
66.00	06600	PHYSICAL THERAPY	16,165	59,718	3,081	8,632	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	224	12	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,012	52	423	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	759	39	19,613	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,027	569	6,746	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,750	2,257	56,399	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	16,956	16,451	849	16,051	0	73.00
76.00	03020	SONOGRAPHY	0	3,077	159	844	0	76.00
76.01	03021	AUDIOLOGY	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	8,576	443	9,290	0	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	1,178	97,555	5,034	169,634	0	90.00
91.00	09100	EMERGENCY	30,346	31,654	1,633	3,021	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	47,895	5,603	289	1,438	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,136,695	1,529,837	78,936	2,380,594	37	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	7,679	396	0	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01	07951	CONGREGATE LIVING	0	76,353	3,940	0	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03	07953	MANAGED CARE	0	0	0	0	0	194.03
194.04	07954	RENTAL AREA/PPOS	0	63,428	3,273	0	0	194.04
194.05	07955	SPECIALTY CLINICS	0	0	0	758	0	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	07958	ENT	0	0	0	0	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	16,681	861	631	0	194.09
194.10	07960	PERU MALL	0	0	0	0	0	194.10
194.11	07961	LADD	0	0	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

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Part II
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
194.13 07963 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14 07964 HENRY	0	0	0	0	0	194.14
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 07970 PARATRANSIT	0	0	0	22,475	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	0	0	1,470	0	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	0	1,377	0	194.27
194.28 07978 PAIN CLINIC	0	0	0	0	0	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	0	194.30
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers					0	201.00
202.00 TOTAL (sum lines 118-201)	1,136,695	1,693,978	87,406	2,407,305	37	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description			Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			2A	4.00	5.00	7.00	8.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	6,690	6,690				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,415,033	657	1,415,690			5.00
7.00	00700	OPERATION OF PLANT	254,427	111	71,426	325,964		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,803	10	5,689	1,543	12,045	8.00
9.00	00900	HOUSEKEEPING	23,111	110	19,960	6,159	0	9.00
10.00	01000	DIETARY	74,967	71	14,336	15,850	0	10.00
11.00	01100	CAFETERIA	16,392	159	22,753	5,267	0	11.00
13.00	01300	NURSING ADMINISTRATION	19,387	248	31,846	6,181	0	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	42,827	383	52,536	8,153	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	258,832	731	101,990	48,859	7,833	30.00
31.00	03100	INTENSIVE CARE UNIT	115,746	158	28,429	9,903	642	31.00
43.00	04300	NURSERY	36,995	23	4,360	2,373	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,048,382	566	206,561	41,247	1,277	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,742	101	13,715	1,195	0	52.00
53.00	05300	ANESTHESIOLOGY	55,156	0	7,757	1,015	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	569,425	230	71,077	14,316	803	54.00
54.01	05402	NUCLEAR MEDICINE	7,620	28	10,485	2,441	0	54.01
57.00	05700	CT SCAN	337,091	39	17,867	1,263	160	57.00
60.00	06000	LABORATORY	83,551	264	92,142	7,597	6	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,894	0	9,140	455	0	63.00
65.00	06500	RESPIRATORY THERAPY	47,574	127	18,741	2,274	24	65.00
66.00	06600	PHYSICAL THERAPY	87,596	329	44,034	20,178	642	66.00
67.00	06700	OCCUPATIONAL THERAPY	236	23	5,880	76	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,487	19	2,502	342	0	68.00
69.00	06900	ELECTROCARDIOLOGY	20,411	34	5,743	257	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,342	20	3,583	3,726	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	102,406	12	12,212	14,783	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	85,176	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	50,307	195	60,895	5,559	0	73.00
76.00	03020	SONOGRAPHY	4,080	46	10,153	1,040	0	76.00
76.01	03021	AUDIOLOGY	0	0	5,510	0	0	76.01
76.02	03022	CARDIAC REHAB	18,309	45	6,520	2,898	0	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	273,401	1,346	241,543	32,963	0	90.00
91.00	09100	EMERGENCY	66,654	210	40,754	10,696	642	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	3	12,396	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	55,225	101	21,470	1,893	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	5,126,099	6,399	1,359,181	270,502	12,029	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	8,075	0	231	2,595	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0	194.00
194.01	07951	CONGREGATE LIVING	80,293	8	3,429	25,799	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0	194.02
194.03	07953	MANAGED CARE	0	17	2,340	0	0	194.03
194.04	07954	RENTAL AREA/PPOS	66,701	0	1,907	21,432	0	194.04
194.05	07955	SPECIALTY CLINICS	758	0	187	0	16	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	07958	ENT	0	0	0	0	0	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	18,173	55	14,896	5,636	0	194.09
194.10	07960	PERU MALL	0	0	0	0	0	194.10
194.11	07961	LADD	0	0	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14	07964	HENRY	0	0	0	0	0	194.14
194.15	07965	LAMOILLE	0	0	0	0	0	194.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		2A	4.00	5.00	7.00	8.00	
194.16	07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17	07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18	07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19	07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20	07970 PARATRANSIT	22,475	33	6,001	0	0	194.20
194.21	07971 OCCUPATIONAL HEALTH	1,470	165	25,851	0	0	194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24	07974 SURGICAL ASSOCIATES	0	0	7	0	0	194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27	07977 MIDDLETOWN	1,377	0	39	0	0	194.27
194.28	07978 PAIN CLINIC	0	13	1,621	0	0	194.28
194.29	07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30	07980 WHC-PTON	0	0	0	0	0	194.30
200.00	Cross Foot Adjustments	0					200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,325,421	6,690	1,415,690	325,964	12,045	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet B Part II Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
			9.00	10.00	11.00	13.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP						2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						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	49,340					9.00
10.00	01000	DIETARY	2,443	107,667				10.00
11.00	01100	CAFETERIA	1,949	0	46,520			11.00
13.00	01300	NURSING ADMINISTRATION	1,465	0	13,400	72,527		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,961	0	4,269	0	111,129	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	18,936	72,480	7,841	34,691	6,549	30.00
31.00	03100	INTENSIVE CARE UNIT	2,423	9,691	1,239	5,484	845	31.00
43.00	04300	NURSERY	223	0	344	1,522	302	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,917	7,637	4,720	20,879	18,096	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	982	0	698	3,086	450	52.00
53.00	05300	ANESTHESIOLOGY	40	0	0	0	3,857	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,456	0	2,050	0	7,044	54.00
54.01	05402	NUCLEAR MEDICINE	88	0	195	0	1,267	54.01
57.00	05700	CT SCAN	88	0	277	0	7,772	57.00
60.00	06000	LABORATORY	981	0	2,535	0	14,759	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	104	0	0	0	382	63.00
65.00	06500	RESPIRATORY THERAPY	237	0	975	0	2,048	65.00
66.00	06600	PHYSICAL THERAPY	488	0	0	0	4,408	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	579	67.00
68.00	06800	SPEECH PATHOLOGY	88	0	0	0	167	68.00
69.00	06900	ELECTROCARDIOLOGY	153	0	261	0	2,115	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35	0	217	0	553	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	237	0	196	0	5,675	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,139	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	981	0	1,106	0	4,075	73.00
76.00	03020	SONOGRAPHY	88	0	293	0	2,814	76.00
76.01	03021	AUDIOLOGY	88	0	0	0	241	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	445	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	2,244	0	3,207	90.00
91.00	09100	EMERGENCY	981	0	1,551	6,865	4,241	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	278	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	0	0	884	0	2,097	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	41,432	89,808	45,295	72,527	97,405	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	88	0	0	0	0	190.00
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	2,763	194.00
194.01	07951	CONGREGATE LIVING	0	17,859	112	0	0	194.01
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	1,433	194.02
194.03	07953	MANAGED CARE	0	0	135	0	0	194.03
194.04	07954	RENTAL AREA/PPOS	7,820	0	0	0	0	194.04
194.05	07955	SPECIALTY CLINICS	0	0	0	0	269	194.05
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0	194.06
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0	194.07
194.08	07958	ENT	0	0	0	0	971	194.08
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	0	0	0	442	194.09
194.10	07960	PERU MALL	0	0	0	0	0	194.10
194.11	07961	LADD	0	0	0	0	0	194.11
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	2,282	194.12
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	1,481	194.13
194.14	07964	HENRY	0	0	0	0	84	194.14
194.15	07965	LAMOILLE	0	0	0	0	0	194.15

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
	9.00	10.00	11.00	13.00	16.00	
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	390	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	196	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	1,164	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	230	194.19
194.20 07970 PARATRANSIT	0	0	0	0	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	0	978	0	326	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	244	194.26
194.27 07977 MIDTOWN	0	0	0	0	1,423	194.27
194.28 07978 PAIN CLINIC	0	0	0	0	8	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	18	194.30
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)	49,340	107,667	46,520	72,527	111,129	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP				2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				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
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	0			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	0	558,742	0	558,742
31.00	03100	INTENSIVE CARE UNIT	0	174,560	0	174,560
43.00	04300	NURSERY	0	46,142	0	46,142
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	1,353,282	0	1,353,282
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	27,969	0	27,969
53.00	05300	ANESTHESIOLOGY	0	67,825	0	67,825
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	666,401	0	666,401
54.01	05402	NUCLEAR MEDICINE	0	22,124	0	22,124
57.00	05700	CT SCAN	0	364,557	0	364,557
60.00	06000	LABORATORY	0	201,835	0	201,835
60.01	06001	BLOOD LABORATORY	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	11,975	0	11,975
65.00	06500	RESPIRATORY THERAPY	0	72,000	0	72,000
66.00	06600	PHYSICAL THERAPY	0	157,675	0	157,675
67.00	06700	OCCUPATIONAL THERAPY	0	6,794	0	6,794
68.00	06800	SPEECH PATHOLOGY	0	4,605	0	4,605
69.00	06900	ELECTROCARDIOLOGY	0	28,974	0	28,974
70.00	07000	ELECTROENCEPHALOGRAPHY	0	26,476	0	26,476
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	135,521	0	135,521
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	88,315	0	88,315
73.00	07300	DRUGS CHARGED TO PATIENTS	0	123,118	0	123,118
76.00	03020	SONOGRAPHY	0	18,514	0	18,514
76.01	03021	AUDIOLOGY	0	5,839	0	5,839
76.02	03022	CARDIAC REHAB	0	28,217	0	28,217
76.03	03023	ECP	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
90.00	09000	CLINIC	0	554,704	0	554,704
91.00	09100	EMERGENCY	0	132,594	0	132,594
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	12,677	0	12,677
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
116.00	11600	HOSPICE	0	81,670	0	81,670
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	4,973,105	0	4,973,105
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,989	0	10,989
194.00	07950	ER PROFESSIONAL CHARGES	0	2,763	0	2,763
194.01	07951	CONGREGATE LIVING	0	127,500	0	127,500
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	1,433	0	1,433
194.03	07953	MANAGED CARE	0	2,492	0	2,492
194.04	07954	RENTAL AREA/PPOS	0	97,860	0	97,860
194.05	07955	SPECIALTY CLINICS	0	1,230	0	1,230
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0
194.08	07958	ENT	0	971	0	971
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	39,202	0	39,202
194.10	07960	PERU MALL	0	0	0	0
194.11	07961	LADD	0	0	0	0
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	2,282	0	2,282
194.13	07963	WOMEN'S HEALTH CENTER	0	1,481	0	1,481

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B
Part II
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Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		17.00	24.00	25.00	26.00		
194.14	07964 HENRY	0	84	0	84		194.14
194.15	07965 LAMOI LLE	0	0	0	0		194.15
194.16	07966 SPRING VALLEY CLINIC	0	390	0	390		194.16
194.17	07967 OGLESBY MP OB	0	196	0	196		194.17
194.18	07968 FAMILY HEALTH CENTER	0	1,164	0	1,164		194.18
194.19	07969 GRANVILLE CLINIC	0	230	0	230		194.19
194.20	07970 PARATRANSIT	0	28,509	0	28,509		194.20
194.21	07971 OCCUPATIONAL HEALTH	0	28,790	0	28,790		194.21
194.22	07972 SPORTS MEDICINE CLINIC	0	0	0	0		194.22
194.23	07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0		194.23
194.24	07974 SURGICAL ASSOCIATES	0	7	0	7		194.24
194.25	07975 HENNEPIN CLINIC	0	0	0	0		194.25
194.26	07976 FAMILY HEALTH CENTER 2ND FLOOR	0	244	0	244		194.26
194.27	07977 MIDTOWN	0	2,839	0	2,839		194.27
194.28	07978 PAIN CLINIC	0	1,642	0	1,642		194.28
194.29	07979 ADULT DAYCARE	0	0	0	0		194.29
194.30	07980 WHC-PTON	0	18	0	18		194.30
200.00	Cross Foot Adjustments	0	0	0	0		200.00
201.00	Negative Cost Centers	0	0	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	5,325,421	0	5,325,421		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	
		NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
		1.00	1.01	2.00	2.01		
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	294,499				1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT	0	294,499			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2,366,134		2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP			0	36	2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	1,106	1,106	0	0	23,037,755
5.00	00500	ADMINISTRATIVE & GENERAL	94,999	94,999	803,030	36	2,263,919
7.00	00700	OPERATION OF PLANT	30,681	30,681	66,753	0	383,940
8.00	00800	LAUNDRY & LINEN SERVICE	794	794	0	0	32,966
9.00	00900	HOUSEKEEPING	3,169	3,169	213	0	378,184
10.00	01000	DIETARY	8,155	8,155	25,201	0	245,779
11.00	01100	CAFETERIA	2,710	2,710	0	0	547,824
13.00	01300	NURSING ADMINISTRATION	3,180	3,180	148	0	856,257
16.00	01600	MEDICAL RECORDS & LIBRARY	4,195	4,195	17,154	0	1,319,098
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	25,139	25,139	88,349	0	2,520,813
31.00	03100	INTENSIVE CARE UNIT	5,095	5,095	14,030	0	543,364
43.00	04300	NURSERY	1,221	1,221	29,104	0	78,348
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	21,222	21,222	747,614	0	1,951,343
52.00	05200	DELIVERY ROOM & LABOR ROOM	615	615	3,952	0	348,506
53.00	05300	ANESTHESIOLOGY	522	522	22,129	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,366	7,366	144,460	0	792,473
54.01	05402	NUCLEAR MEDICINE	1,256	1,256	22	0	97,948
57.00	05700	CT SCAN	650	650	764	0	136,144
60.00	06000	LABORATORY	3,909	3,909	58,881	0	909,196
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	234	234	471	0	0
65.00	06500	RESPIRATORY THERAPY	1,170	1,170	30,510	0	436,280
66.00	06600	PHYSICAL THERAPY	10,382	10,382	8,484	0	1,132,848
67.00	06700	OCCUPATIONAL THERAPY	39	39	0	0	79,684
68.00	06800	SPEECH PATHOLOGY	176	176	416	0	67,145
69.00	06900	ELECTROCARDIOLOGY	132	132	19,278	0	118,048
70.00	07000	ELECTROENCEPHALOGRAPHY	1,917	1,917	6,631	0	70,105
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,606	7,606	55,434	0	40,188
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,860	2,860	15,776	0	671,171
76.00	03020	SONOGRAPHY	535	535	830	0	157,303
76.01	03021	AUDIOLOGY	0	0	0	0	0
76.02	03022	CARDIAC REHAB	1,491	1,491	9,131	0	156,079
76.03	03023	ECP	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
90.00	09000	CLINIC	16,960	16,960	166,733	0	4,616,623
91.00	09100	EMERGENCY	5,503	5,503	2,969	0	725,519
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	8,629
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
114.00	11400	UTILIZATION REVIEW-SNF					
116.00	11600	HOSPICE	974	974	1,413	0	346,833
118.00		SUBTOTALS (SUM OF LINES 1-117)	265,963	265,963	2,339,880	36	22,032,557
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,335	1,335	0	0	0
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0
194.01	07951	CONGREGATE LIVING	13,274	13,274	0	0	29,251
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0
194.03	07953	MANAGED CARE	0	0	0	0	57,324
194.04	07954	RENTAL AREA/PPOS	11,027	11,027	0	0	0
194.05	07955	SPECIALTY CLINICS	0	0	745	0	39
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0
194.08	07958	ENT	0	0	0	0	0
194.09	07959	DURABLE MEDICAL EQUIPMENT	2,900	2,900	620	0	191,372
194.10	07960	PERU MALL	0	0	0	0	0
194.11	07961	LADD	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	
	NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	2.00	2.01		
194.12 07962 FAMILY ORTHOPEDIC CENTER	0	0	0	0	0	194.12
194.13 07963 WOMEN'S HEALTH CENTER	0	0	0	0	0	194.13
194.14 07964 HENRY	0	0	0	0	0	194.14
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 07967 OGLESBY MOB	0	0	0	0	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 07970 PARATRANSIT	0	0	22,091	0	114,144	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	0	1,445	0	568,556	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	0	1,353	0	0	194.27
194.28 07978 PAIN CLINIC	0	0	0	0	44,512	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	0	194.30
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	1,693,978	87,406	2,407,305	37	5,189,063	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.752067	0.296796	1.017400	1.027778	0.225242	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)					6,690	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)					0.000290	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		5A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	OLD CAP REL COSTS-BLDG & FIXT					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	OLD CAP REL COSTS-MVBLE EQUIP					2.01
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-8,688,366	49,509,274			5.00
7.00	00700	OPERATION OF PLANT	0	2,497,924	167,713		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	198,954	794	278,659	8.00
9.00	00900	HOUSEKEEPING	0	698,034	3,169	0	38,127
10.00	01000	DIETARY	0	501,367	8,155	0	1,888
11.00	01100	CAFETERIA	0	795,717	2,710	0	1,506
13.00	01300	NURSING ADMINISTRATION	0	1,113,714	3,180	0	1,132
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,837,301	4,195	0	2,288
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	3,566,836	25,139	181,219	14,634
31.00	03100	INTENSIVE CARE UNIT	0	994,242	5,095	14,853	1,872
43.00	04300	NURSERY	0	152,481	1,221	0	172
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	7,223,938	21,222	29,538	3,027
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	479,638	615	0	759
53.00	05300	ANESTHESIOLOGY	0	271,272	522	0	31
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,485,722	7,366	18,587	1,125
54.01	05402	NUCLEAR MEDICINE	0	366,683	1,256	0	68
57.00	05700	CT SCAN	0	624,852	650	3,706	68
60.00	06000	LABORATORY	0	3,222,408	3,909	139	758
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	319,662	234	0	80
65.00	06500	RESPIRATORY THERAPY	0	655,421	1,170	544	183
66.00	06600	PHYSICAL THERAPY	0	1,539,973	10,382	14,853	377
67.00	06700	OCCUPATIONAL THERAPY	0	205,623	39	0	0
68.00	06800	SPEECH PATHOLOGY	0	87,514	176	0	68
69.00	06900	ELECTROCARDIOLOGY	0	200,841	132	0	118
70.00	07000	ELECTROENCEPHALOGRAPHY	0	125,301	1,917	0	27
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	427,086	7,606	0	183
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,978,794	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,129,635	2,860	0	758
76.00	03020	SONOGRAPHY	0	355,065	535	0	68
76.01	03021	AUDIOLOGY	0	192,706	0	0	68
76.02	03022	CARDIAC REHAB	0	228,035	1,491	0	0
76.03	03023	ECP	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
90.00	09000	CLINIC	0	8,446,628	16,960	0	0
91.00	09100	EMERGENCY	0	1,425,262	5,503	14,853	758
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	433,503	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
116.00	11600	HOSPICE	0	750,844	974	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	-8,688,366	47,532,976	139,177	278,292	32,016
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,075	1,335	0	68
194.00	07950	ER PROFESSIONAL CHARGES	0	0	0	0	0
194.01	07951	CONGREGATE LIVING	0	119,924	13,274	0	0
194.02	07952	VALLEY ORTHOPEDIC AND SPORTS MEDICIN	0	0	0	0	0
194.03	07953	MANAGED CARE	0	81,852	0	0	0
194.04	07954	RENTAL AREA/PPOS	0	66,701	11,027	0	6,043
194.05	07955	SPECIALTY CLINICS	0	6,546	0	367	0
194.06	07956	LASALLE SELLETT SUITE	0	0	0	0	0
194.07	07957	LASALLE STANMAR SUITE	0	0	0	0	0
194.08	07958	ENT	0	0	0	0	0
194.09	07959	DURABLE MEDICAL EQUIPMENT	0	520,955	2,900	0	0
194.10	07960	PERU MALL	0	0	0	0	0
194.11	07961	LADD	0	0	0	0	0
194.12	07962	FAMILY ORTHOPEDIC CENTER	0	0	0	0	0
194.13	07963	WOMEN'S HEALTH CENTER	0	0	0	0	0
194.14	07964	HENRY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
	5A	5.00	7.00	8.00	9.00	
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	0	0	194.16
194.17 07967 OGLESBY MP OB	0	0	0	0	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	0	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	0	0	194.19
194.20 07970 PARATRANSIT	0	209,876	0	0	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	904,059	0	0	0	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	243	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	0	0	194.26
194.27 07977 MIDTOWN	0	1,377	0	0	0	194.27
194.28 07978 PAIN CLINIC	0	56,690	0	0	0	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	0	0	194.30
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)		8,688,366	2,936,285	247,769	876,014	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)		0.175490	17.507796	0.889148	22.976211	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)		1,415,690	325,964	12,045	49,340	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)		0.028594	1.943582	0.043225	1.294096	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		10.00	11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
2.01	00201						2.01
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	26,997					10.00
11.00	01100	0	34,578				11.00
13.00	01300	0	9,960	253,440			13.00
16.00	01600	0	3,173	0	175,871,113		16.00
17.00	01700	0	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	18,174	5,828	121,223	10,361,944	0	30.00
31.00	03100	2,430	921	19,165	1,336,542	0	31.00
43.00	04300	0	256	5,318	478,410	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,915	3,508	72,961	28,671,053	0	50.00
52.00	05200	0	519	10,785	711,384	0	52.00
53.00	05300	0	0	0	6,102,835	0	53.00
54.00	05400	0	1,524	0	11,145,796	0	54.00
54.01	05402	0	145	0	2,004,291	0	54.01
57.00	05700	0	206	0	12,297,507	0	57.00
60.00	06000	0	1,884	0	23,352,349	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	603,886	0	63.00
65.00	06500	0	725	0	3,240,440	0	65.00
66.00	06600	0	0	0	6,974,607	0	66.00
67.00	06700	0	0	0	916,192	0	67.00
68.00	06800	0	0	0	264,918	0	68.00
69.00	06900	0	194	0	3,347,083	0	69.00
70.00	07000	0	161	0	875,635	0	70.00
71.00	07100	0	146	0	8,978,820	0	71.00
72.00	07200	0	0	0	4,966,093	0	72.00
73.00	07300	0	822	0	6,447,176	0	73.00
76.00	03020	0	218	0	4,452,922	0	76.00
76.01	03021	0	0	0	381,924	0	76.01
76.02	03022	0	0	0	703,645	0	76.02
76.03	03023	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
90.00	09000	0	1,668	0	5,074,713	0	90.00
91.00	09100	0	1,153	23,988	6,710,886	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	439,816	0	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
114.00	11400						114.00
116.00	11600	0	657	0	3,317,970	0	116.00
118.00		22,519	33,668	253,440	154,158,837	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	4,371,173	0	194.00
194.01	07951	4,478	83	0	0	0	194.01
194.02	07952	0	0	0	2,267,003	0	194.02
194.03	07953	0	100	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
194.05	07955	0	0	0	425,487	0	194.05
194.06	07956	0	0	0	0	0	194.06
194.07	07957	0	0	0	0	0	194.07
194.08	07958	0	0	0	1,535,653	0	194.08
194.09	07959	0	0	0	698,857	0	194.09
194.10	07960	0	0	0	0	0	194.10
194.11	07961	0	0	0	0	0	194.11
194.12	07962	0	0	0	3,610,868	0	194.12
194.13	07963	0	0	0	2,343,798	0	194.13

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet B-1

Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)	SOCIAL SERVICE (TIME SPENT)	
	10.00	11.00	13.00	16.00	17.00	
194.14 07964 HENRY	0	0	0	132,134	0	194.14
194.15 07965 LAMOILLE	0	0	0	0	0	194.15
194.16 07966 SPRING VALLEY CLINIC	0	0	0	616,835	0	194.16
194.17 07967 OGLESBY MPOB	0	0	0	310,818	0	194.17
194.18 07968 FAMILY HEALTH CENTER	0	0	0	1,841,239	0	194.18
194.19 07969 GRANVILLE CLINIC	0	0	0	364,563	0	194.19
194.20 07970 PARATRANSIT	0	0	0	0	0	194.20
194.21 07971 OCCUPATIONAL HEALTH	0	727	0	515,660	0	194.21
194.22 07972 SPORTS MEDICINE CLINIC	0	0	0	0	0	194.22
194.23 07973 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.23
194.24 07974 SURGICAL ASSOCIATES	0	0	0	0	0	194.24
194.25 07975 HENNEPIN CLINIC	0	0	0	0	0	194.25
194.26 07976 FAMILY HEALTH CENTER 2ND FLOOR	0	0	0	385,407	0	194.26
194.27 07977 MIDTOWN	0	0	0	2,251,374	0	194.27
194.28 07978 PAIN CLINIC	0	0	0	13,125	0	194.28
194.29 07979 ADULT DAYCARE	0	0	0	0	0	194.29
194.30 07980 WHC-PTON	0	0	0	28,282	0	194.30
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)	775,507	1,017,405	1,683,904	2,379,105	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	28.725673	29.423477	6.644192	0.013528	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	107,667	46,520	72,527	111,129	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	3.988110	1.345364	0.286170	0.000632	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/27/2014 10:54 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,769,421		6,769,421	0	6,769,421	30.00
31.00	03100	INTENSIVE CARE UNIT	1,556,461		1,556,461	0	1,556,461	31.00
43.00	04300	NURSERY	253,907		253,907	0	253,907	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,989,806		9,989,806	0	9,989,806	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	688,569		688,569	0	688,569	52.00
53.00	05300	ANESTHESIOLOGY	411,288		411,288	75,728	487,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,288,899		3,288,899	0	3,288,899	54.00
54.01	05402	NUCLEAR MEDICINE	485,964		485,964	0	485,964	54.01
57.00	05700	CT SCAN	923,166		923,166	0	923,166	57.00
60.00	06000	LABORATORY	4,245,231		4,245,231	0	4,245,231	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	389,863		389,863	0	389,863	63.00
65.00	06500	RESPIRATORY THERAPY	860,783	0	860,783	0	860,783	65.00
66.00	06600	PHYSICAL THERAPY	2,108,210	0	2,108,210	0	2,108,210	66.00
67.00	06700	OCCUPATIONAL THERAPY	254,785	0	254,785	0	254,785	67.00
68.00	06800	SPEECH PATHOLOGY	111,099	0	111,099	0	111,099	68.00
69.00	06900	ELECTROCARDIOLOGY	292,096		292,096	0	292,096	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,055		198,055	0	198,055	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	765,165		765,165	0	765,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,568,724		3,568,724	0	3,568,724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,682,256		2,682,256	0	2,682,256	73.00
76.00	03020	SONOGRAPHY	494,957		494,957	0	494,957	76.00
76.01	03021	AUDIOLOGY	233,253		233,253	0	233,253	76.01
76.02	03022	CARDIAC REHAB	303,676		303,676	0	303,676	76.02
76.03	03023	ECP	0		0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	10,343,571		10,343,571	0	10,343,571	90.00
91.00	09100	EMERGENCY	2,086,440		2,086,440	335,112	2,421,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,876,578		1,876,578	0	1,876,578	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	515,528		515,528	0	515,528	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	963,879		963,879		963,879	116.00
200.00		Subtotal (see instructions)	56,661,630	0	56,661,630	410,840	57,072,470	200.00
201.00		Less Observation Beds	1,876,578		1,876,578		1,876,578	201.00
202.00		Total (see instructions)	54,785,052	0	54,785,052	410,840	55,195,892	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet C Part I Date/Time Prepared: 2/27/2014 10:54 am	
			Title XVIII		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	7,079,156		7,079,156			30.00
31.00	03100	INTENSIVE CARE UNIT	1,332,704		1,332,704			31.00
43.00	04300	NURSERY	474,091		474,091			43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,602,458	20,846,557	28,449,015	0.351148	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	623,452	82,077	705,529	0.975961	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,116,892	3,943,684	6,060,576	0.067863	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,298,856	9,783,228	11,082,084	0.296776	0.000000	54.00
54.01	05402	NUCLEAR MEDICINE	162,091	1,830,025	1,992,116	0.243944	0.000000	54.01
57.00	05700	CT SCAN	1,726,175	10,501,253	12,227,428	0.075500	0.000000	57.00
60.00	06000	LABORATORY	5,171,715	18,072,515	23,244,230	0.182636	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	379,326	223,086	602,412	0.647170	0.000000	63.00
65.00	06500	RESPIRATORY THERAPY	2,469,025	763,805	3,232,830	0.266263	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	897,239	6,051,569	6,948,808	0.303392	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	127,228	785,414	912,642	0.279173	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	40,061	223,939	264,000	0.420830	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	1,373,218	1,964,386	3,337,604	0.087517	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,797	863,443	868,240	0.228111	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,945,597	3,010,271	8,955,868	0.085437	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,783,139	182,954	4,966,093	0.718618	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,983,474	3,421,034	6,404,508	0.418808	0.000000	73.00
76.00	03020	SONOGRAPHY	980,442	3,449,947	4,430,389	0.111719	0.000000	76.00
76.01	03021	AUDIOLOGY	0	381,924	381,924	0.610731	0.000000	76.01
76.02	03022	CARDIAC REHAB	19,555	679,564	699,119	0.434370	0.000000	76.02
76.03	03023	ECP	0	0	0	0.000000	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00
90.00	09000	CLINIC	54,000	4,984,935	5,038,935	2.052730	0.000000	90.00
91.00	09100	EMERGENCY	1,083,163	5,601,205	6,684,368	0.312137	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	709,100	2,540,469	3,249,569	0.577485	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	438,727	438,727	1.175054	0.000000	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	0	3,317,888	3,317,888			116.00
200.00		Subtotal (see instructions)	49,436,954	103,943,899	153,380,853			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	49,436,954	103,943,899	153,380,853			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/27/2014 10:54 am
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	0.351148		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.975961		52.00
53.00	05300 ANESTHESIOLOGY	0.080358		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.296776		54.00
54.01	05402 NUCLEAR MEDICINE	0.243944		54.01
57.00	05700 CT SCAN	0.075500		57.00
60.00	06000 LABORATORY	0.182636		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.647170		63.00
65.00	06500 RESPIRATORY THERAPY	0.266263		65.00
66.00	06600 PHYSICAL THERAPY	0.303392		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.279173		67.00
68.00	06800 SPEECH PATHOLOGY	0.420830		68.00
69.00	06900 ELECTROCARDIOLOGY	0.087517		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.228111		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.085437		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.718618		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.418808		73.00
76.00	03020 SONOGRAPHY	0.111719		76.00
76.01	03021 AUDIOLOGY	0.610731		76.01
76.02	03022 CARDIAC REHAB	0.434370		76.02
76.03	03023 ECP	0.000000		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC			88.00
90.00	09000 CLINIC	2.052730		90.00
91.00	09100 EMERGENCY	0.362271		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.577485		92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	1.175054		95.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/27/2014 10:54 am

		Title XIX		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs		Total Costs		
				Total Costs	RCE Disallowance			
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	6,769,421		6,769,421	0	6,769,421	30.00
31.00	03100	INTENSIVE CARE UNIT	1,556,461		1,556,461	0	1,556,461	31.00
43.00	04300	NURSERY	253,907		253,907	0	253,907	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,989,806		9,989,806	0	9,989,806	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	688,569		688,569	0	688,569	52.00
53.00	05300	ANESTHESIOLOGY	411,288		411,288	75,728	487,016	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,288,899		3,288,899	0	3,288,899	54.00
54.01	05402	NUCLEAR MEDICINE	485,964		485,964	0	485,964	54.01
57.00	05700	CT SCAN	923,166		923,166	0	923,166	57.00
60.00	06000	LABORATORY	4,245,231		4,245,231	0	4,245,231	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	389,863		389,863	0	389,863	63.00
65.00	06500	RESPIRATORY THERAPY	860,783	0	860,783	0	860,783	65.00
66.00	06600	PHYSICAL THERAPY	2,108,210	0	2,108,210	0	2,108,210	66.00
67.00	06700	OCCUPATIONAL THERAPY	254,785	0	254,785	0	254,785	67.00
68.00	06800	SPEECH PATHOLOGY	111,099	0	111,099	0	111,099	68.00
69.00	06900	ELECTROCARDIOLOGY	292,096		292,096	0	292,096	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,055		198,055	0	198,055	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	765,165		765,165	0	765,165	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,568,724		3,568,724	0	3,568,724	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,682,256		2,682,256	0	2,682,256	73.00
76.00	03020	SONOGRAPHY	494,957		494,957	0	494,957	76.00
76.01	03021	AUDIOLOGY	233,253		233,253	0	233,253	76.01
76.02	03022	CARDIAC REHAB	303,676		303,676	0	303,676	76.02
76.03	03023	ECP	0		0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
90.00	09000	CLINIC	10,343,571		10,343,571	0	10,343,571	90.00
91.00	09100	EMERGENCY	2,086,440		2,086,440	335,112	2,421,552	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,876,578		1,876,578	0	1,876,578	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	515,528		515,528	0	515,528	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	963,879		963,879		963,879	116.00
200.00		Subtotal (see instructions)	56,661,630	0	56,661,630	410,840	57,072,470	200.00
201.00		Less Observation Beds	1,876,578		1,876,578		1,876,578	201.00
202.00		Total (see instructions)	54,785,052	0	54,785,052	410,840	55,195,892	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part I
Date/Time Prepared:
2/27/2014 10:54 am

		Title XIX			Hospital	PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	7,079,156		7,079,156		30.00
31.00	03100	INTENSIVE CARE UNIT	1,332,704		1,332,704		31.00
43.00	04300	NURSERY	474,091		474,091		43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,602,458	20,846,557	28,449,015	0.351148	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	623,452	82,077	705,529	0.975961	52.00
53.00	05300	ANESTHESIOLOGY	2,116,892	3,943,684	6,060,576	0.067863	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,298,856	9,783,228	11,082,084	0.296776	54.00
54.01	05402	NUCLEAR MEDICINE	162,091	1,830,025	1,992,116	0.243944	54.01
57.00	05700	CT SCAN	1,726,175	10,501,253	12,227,428	0.075500	57.00
60.00	06000	LABORATORY	5,171,715	18,072,515	23,244,230	0.182636	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	379,326	223,086	602,412	0.647170	63.00
65.00	06500	RESPIRATORY THERAPY	2,469,025	763,805	3,232,830	0.266263	65.00
66.00	06600	PHYSICAL THERAPY	897,239	6,051,569	6,948,808	0.303392	66.00
67.00	06700	OCCUPATIONAL THERAPY	127,228	785,414	912,642	0.279173	67.00
68.00	06800	SPEECH PATHOLOGY	40,061	223,939	264,000	0.420830	68.00
69.00	06900	ELECTROCARDIOLOGY	1,373,218	1,964,386	3,337,604	0.087517	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,797	863,443	868,240	0.228111	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,945,597	3,010,271	8,955,868	0.085437	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	4,783,139	182,954	4,966,093	0.718618	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,983,474	3,421,034	6,404,508	0.418808	73.00
76.00	03020	SONOGRAPHY	980,442	3,449,947	4,430,389	0.111719	76.00
76.01	03021	AUDIOLOGY	0	381,924	381,924	0.610731	76.01
76.02	03022	CARDIAC REHAB	19,555	679,564	699,119	0.434370	76.02
76.03	03023	ECP	0	0	0	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
90.00	09000	CLINIC	54,000	4,984,935	5,038,935	2.052730	90.00
91.00	09100	EMERGENCY	1,083,163	5,601,205	6,684,368	0.312137	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	709,100	2,540,469	3,249,569	0.577485	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	438,727	438,727	1.175054	95.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
116.00	11600	HOSPICE	0	3,317,888	3,317,888		116.00
200.00		Subtotal (see instructions)	49,436,954	103,943,899	153,380,853		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	49,436,954	103,943,899	153,380,853		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part I Date/Time Prepared: 2/27/2014 10:54 am
Cost Center Description		PPS Inpatient Ratio	Title XIX	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	0.351148		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.975961		52.00
53.00	05300 ANESTHESIOLOGY	0.080358		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.296776		54.00
54.01	05402 NUCLEAR MEDICINE	0.243944		54.01
57.00	05700 CT SCAN	0.075500		57.00
60.00	06000 LABORATORY	0.182636		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.647170		63.00
65.00	06500 RESPIRATORY THERAPY	0.266263		65.00
66.00	06600 PHYSICAL THERAPY	0.303392		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.279173		67.00
68.00	06800 SPEECH PATHOLOGY	0.420830		68.00
69.00	06900 ELECTROCARDIOLOGY	0.087517		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.228111		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.085437		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.718618		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.418808		73.00
76.00	03020 SONOGRAPHY	0.111719		76.00
76.01	03021 AUDIOLOGY	0.610731		76.01
76.02	03022 CARDIAC REHAB	0.434370		76.02
76.03	03023 ECP	0.000000		76.03
	OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000 CLINIC	2.052730		90.00
91.00	09100 EMERGENCY	0.362271		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.577485		92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	1.175054		95.00
	SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE			113.00
114.00	11400 UTILIZATION REVIEW-SNF			114.00
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet C
Part II
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		Title XIX			Hospital		PPS	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	9,989,806	1,353,282	8,636,524	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	688,569	27,969	660,600	0	0	52.00
53.00	05300	ANESTHESIOLOGY	411,288	67,825	343,463	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,288,899	666,401	2,622,498	0	0	54.00
54.01	05402	NUCLEAR MEDICINE	485,964	22,124	463,840	0	0	54.01
57.00	05700	CT SCAN	923,166	364,557	558,609	0	0	57.00
60.00	06000	LABORATORY	4,245,231	201,835	4,043,396	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	389,863	11,975	377,888	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	860,783	72,000	788,783	0	0	65.00
66.00	06600	PHYSICAL THERAPY	2,108,210	157,675	1,950,535	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	254,785	6,794	247,991	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	111,099	4,605	106,494	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	292,096	28,974	263,122	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	198,055	26,476	171,579	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	765,165	135,521	629,644	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,568,724	88,315	3,480,409	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,682,256	123,118	2,559,138	0	0	73.00
76.00	03020	SONOGRAPHY	494,957	18,514	476,443	0	0	76.00
76.01	03021	AUDIOLOGY	233,253	5,839	227,414	0	0	76.01
76.02	03022	CARDIAC REHAB	303,676	28,217	275,459	0	0	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	10,343,571	554,704	9,788,867	0	0	90.00
91.00	09100	EMERGENCY	2,086,440	132,594	1,953,846	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,876,578	156,238	1,720,340	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	515,528	12,677	502,851	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
116.00	11600	HOSPICE	963,879	81,670	882,209	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	48,081,841	4,349,899	43,731,942	0	0	200.00
201.00		Less Observation Beds	1,876,578	156,238	1,720,340	0	0	201.00
202.00		Total (line 200 minus line 201)	46,205,263	4,193,661	42,011,602	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet C Part II Date/Time Prepared: 2/27/2014 10:54 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	9,989,806	28,449,015	0.351148	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	688,569	705,529	0.975961	52.00
53.00 05300 ANESTHESIOLOGY	411,288	6,060,576	0.067863	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,288,899	11,082,084	0.296776	54.00
54.01 05402 NUCLEAR MEDICINE	485,964	1,992,116	0.243944	54.01
57.00 05700 CT SCAN	923,166	12,227,428	0.075500	57.00
60.00 06000 LABORATORY	4,245,231	23,244,230	0.182636	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	389,863	602,412	0.647170	63.00
65.00 06500 RESPIRATORY THERAPY	860,783	3,232,830	0.266263	65.00
66.00 06600 PHYSICAL THERAPY	2,108,210	6,948,808	0.303392	66.00
67.00 06700 OCCUPATIONAL THERAPY	254,785	912,642	0.279173	67.00
68.00 06800 SPEECH PATHOLOGY	111,099	264,000	0.420830	68.00
69.00 06900 ELECTROCARDIOLOGY	292,096	3,337,604	0.087517	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	198,055	868,240	0.228111	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	765,165	8,955,868	0.085437	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,568,724	4,966,093	0.718618	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	2,682,256	6,404,508	0.418808	73.00
76.00 03020 SONOGRAPHY	494,957	4,430,389	0.111719	76.00
76.01 03021 AUDIOLOGY	233,253	381,924	0.610731	76.01
76.02 03022 CARDIAC REHAB	303,676	699,119	0.434370	76.02
76.03 03023 ECP	0	0	0.000000	76.03
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
90.00 09000 CLINIC	10,343,571	5,038,935	2.052730	90.00
91.00 09100 EMERGENCY	2,086,440	6,684,368	0.312137	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,876,578	3,249,569	0.577485	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	515,528	438,727	1.175054	95.00
SPECIAL PURPOSE COST CENTERS				
113.00 11300 INTEREST EXPENSE				113.00
114.00 11400 UTILIZATION REVIEW-SNF				114.00
116.00 11600 HOSPICE	963,879	3,317,888	0.290510	116.00
200.00	Subtotal (sum of lines 50 thru 199)	48,081,841	144,494,902	200.00
201.00	Less Observation Beds	1,876,578	0	201.00
202.00	Total (line 200 minus line 201)	46,205,263	144,494,902	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part I Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	558,742	4,821	553,921	8,565	64.67	30.00
31.00	INTENSIVE CARE UNIT	174,560		174,560	688	253.72	31.00
43.00	NURSERY	46,142		46,142	543	84.98	43.00
200.00	Total (Lines 30-199)	779,444		774,623	9,796		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	4,143	267,928				
31.00	INTENSIVE CARE UNIT	502	127,367				
43.00	NURSERY	0	0				
200.00	Total (Lines 30-199)	4,645	395,295				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part II
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS								
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,353,282	28,449,015	0.047569	4,309,591	205,003	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,969	705,529	0.039643	1,469	58	52.00
53.00	05300	ANESTHESIOLOGY	67,825	6,060,576	0.011191	961,821	10,764	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	666,401	11,082,084	0.060133	1,276,221	76,743	54.00
54.01	05402	NUCLEAR MEDICINE	22,124	1,992,116	0.011106	114,634	1,273	54.01
57.00	05700	CT SCAN	364,557	12,227,428	0.029815	1,309,461	39,042	57.00
60.00	06000	LABORATORY	201,835	23,244,230	0.008683	3,914,615	33,991	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,975	602,412	0.019878	304,682	6,056	63.00
65.00	06500	RESPIRATORY THERAPY	72,000	3,232,830	0.022272	1,717,032	38,242	65.00
66.00	06600	PHYSICAL THERAPY	157,675	6,948,808	0.022691	589,362	13,373	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,794	912,642	0.007444	75,945	565	67.00
68.00	06800	SPEECH PATHOLOGY	4,605	264,000	0.017443	38,300	668	68.00
69.00	06900	ELECTROCARDIOLOGY	28,974	3,337,604	0.008681	1,231,787	10,693	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,476	868,240	0.030494	2,182	67	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,521	8,955,868	0.015132	4,387,573	66,393	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,315	4,966,093	0.017784	2,335,797	41,540	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,118	6,404,508	0.019224	1,967,671	37,827	73.00
76.00	03020	SONOGRAPHY	18,514	4,430,389	0.004179	403,991	1,688	76.00
76.01	03021	AUDIOLOGY	5,839	381,924	0.015288	0	0	76.01
76.02	03022	CARDIAC REHAB	28,217	699,119	0.040361	0	0	76.02
76.03	03023	ECP	0	0	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	554,704	5,038,935	0.110084	51,395	5,658	90.00
91.00	09100	EMERGENCY	132,594	6,684,368	0.019836	1,005,823	19,952	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	156,238	3,249,569	0.048080	157,098	7,553	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,255,552	140,738,287		26,156,450	617,149	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part III Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	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	8,565	0.00	4,143	0		30.00
31.00	03100	INTENSIVE CARE UNIT	688	0.00	502	0		31.00
43.00	04300	NURSERY	543	0.00	0	0		43.00
200.00		Total (lines 30-199)	9,796		4,645	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 10:54 am
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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
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	57.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
76.00	03020	SONOGRAPHY	0	0	0	0	76.00
76.01	03021	AUDIOLOGY	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	76.02
76.03	03023	ECP	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
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
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 10:54 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	28,449,015	0.000000	0.000000	4,309,591	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	705,529	0.000000	0.000000	1,469	52.00
53.00	05300 ANESTHESIOLOGY	0	6,060,576	0.000000	0.000000	961,821	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	11,082,084	0.000000	0.000000	1,276,221	54.00
54.01	05402 NUCLEAR MEDICINE	0	1,992,116	0.000000	0.000000	114,634	54.01
57.00	05700 CT SCAN	0	12,227,428	0.000000	0.000000	1,309,461	57.00
60.00	06000 LABORATORY	0	23,244,230	0.000000	0.000000	3,914,615	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	602,412	0.000000	0.000000	304,682	63.00
65.00	06500 RESPIRATORY THERAPY	0	3,232,830	0.000000	0.000000	1,717,032	65.00
66.00	06600 PHYSICAL THERAPY	0	6,948,808	0.000000	0.000000	589,362	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	912,642	0.000000	0.000000	75,945	67.00
68.00	06800 SPEECH PATHOLOGY	0	264,000	0.000000	0.000000	38,300	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,337,604	0.000000	0.000000	1,231,787	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	868,240	0.000000	0.000000	2,182	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,955,868	0.000000	0.000000	4,387,573	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,966,093	0.000000	0.000000	2,335,797	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,404,508	0.000000	0.000000	1,967,671	73.00
76.00	03020 SONOGRAPHY	0	4,430,389	0.000000	0.000000	403,991	76.00
76.01	03021 AUDIOLOGY	0	381,924	0.000000	0.000000	0	76.01
76.02	03022 CARDIAC REHAB	0	699,119	0.000000	0.000000	0	76.02
76.03	03023 ECP	0	0	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000 CLINIC	0	5,038,935	0.000000	0.000000	51,395	90.00
91.00	09100 EMERGENCY	0	6,684,368	0.000000	0.000000	1,005,823	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,249,569	0.000000	0.000000	157,098	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	140,738,287			26,156,450	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 10:54 am
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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	6,702,519	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	432	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	1,061,673	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	4,096,524	0	0	0	0	54.00
54.01 05402 NUCLEAR MEDICINE	0	924,357	0	0	0	0	54.01
57.00 05700 CT SCAN	0	3,818,703	0	0	0	0	57.00
60.00 06000 LABORATORY	0	292,646	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	101,265	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	407,859	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	6,127	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	818,709	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	4,364	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,529,620	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	100,385	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,853,485	0	0	0	0	73.00
76.00 03020 SONOGRAPHY	0	862,910	0	0	0	0	76.00
76.01 03021 AUDIOLOGY	0	67,356	0	0	0	0	76.01
76.02 03022 CARDIAC REHAB	0	93,651	0	0	0	0	76.02
76.03 03023 ECP	0	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
90.00 09000 CLINIC	0	1,072,516	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	1,674,386	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	672,977	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES							95.00
200.00 Total (lines 50-199)	0	26,162,464	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/27/2014 10:54 am
		Title XVIII	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	0.351148	6,702,519	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.975961	432	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.067863	1,061,673	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.296776	4,096,524	0	0	0	54.00
54.01	05402	NUCLEAR MEDICINE	0.243944	924,357	0	0	0	54.01
57.00	05700	CT SCAN	0.075500	3,818,703	0	0	0	57.00
60.00	06000	LABORATORY	0.182636	292,646	0	2,052	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.647170	101,265	0	44	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.266263	407,859	0	56	0	65.00
66.00	06600	PHYSICAL THERAPY	0.303392	6,127	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279173	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.420830	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087517	818,709	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228111	4,364	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.085437	1,529,620	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718618	100,385	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.418808	1,853,485	0	0	34,626	73.00
76.00	03020	SONOGRAPHY	0.111719	862,910	0	0	0	76.00
76.01	03021	AUDIOLOGY	0.610731	67,356	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0.434370	93,651	0	0	0	76.02
76.03	03023	ECP	0.000000	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
90.00	09000	CLINIC	2.052730	1,072,516	0	0	0	90.00
91.00	09100	EMERGENCY	0.312137	1,674,386	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.577485	672,977	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1.175054			0		95.00
200.00		Subtotal (see instructions)		26,162,464	0	2,152	34,626	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		26,162,464	0	2,152	34,626	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part V Date/Time Prepared: 2/27/2014 10:54 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs					
	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.)		
	5.00	5.01	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	2,353,576	0	0	0		50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	422	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	72,048	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,215,750	0	0	0		54.00
54.01 05402 NUCLEAR MEDICINE	225,491	0	0	0		54.01
57.00 05700 CT SCAN	288,312	0	0	0		57.00
60.00 06000 LABORATORY	53,448	0	375	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	65,536	0	28	0		63.00
65.00 06500 RESPIRATORY THERAPY	108,598	0	15	0		65.00
66.00 06600 PHYSICAL THERAPY	1,859	0	0	8,502		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	71,651	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	995	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	130,686	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	72,138	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	776,254	0	0	14,502		73.00
76.00 03020 SONOGRAPHY	96,403	0	0	0		76.00
76.01 03021 AUDIOLOGY	41,136	0	0	0		76.01
76.02 03022 CARDIAC REHAB	40,679	0	0	0		76.02
76.03 03023 ECP	0	0	0	0		76.03
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
90.00 09000 CLINIC	2,201,586	0	0	0		90.00
91.00 09100 EMERGENCY	522,638	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	388,634	0	0	0		92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES			0			95.00
200.00	Subtotal (see instructions)	8,727,840	0	418	14,502	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 +/- line 201)	8,727,840	0	418	14,502	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part I Date/Time Prepared: 2/27/2014 10:54 am
		Title XIX	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	558,742	4,821	553,921	8,565	64.67	30.00
31.00	INTENSIVE CARE UNIT	174,560		174,560	688	253.72	31.00
43.00	NURSERY	46,142		46,142	543	84.98	43.00
200.00	Total (Lines 30-199)	779,444		774,623	9,796		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	372	24,057	30.00
31.00	INTENSIVE CARE UNIT	16	4,060	31.00
43.00	NURSERY	180	15,296	43.00
200.00	Total (Lines 30-199)	568	43,413	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part II Date/Time Prepared: 2/27/2014 10:54 am
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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)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,353,282	28,449,015	0.047569	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	27,969	705,529	0.039643	0	0	52.00
53.00	05300	ANESTHESIOLOGY	67,825	6,060,576	0.011191	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	666,401	11,082,084	0.060133	0	0	54.00
54.01	05402	NUCLEAR MEDICINE	22,124	1,992,116	0.011106	0	0	54.01
57.00	05700	CT SCAN	364,557	12,227,428	0.029815	0	0	57.00
60.00	06000	LABORATORY	201,835	23,244,230	0.008683	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	11,975	602,412	0.019878	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	72,000	3,232,830	0.022272	0	0	65.00
66.00	06600	PHYSICAL THERAPY	157,675	6,948,808	0.022691	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,794	912,642	0.007444	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,605	264,000	0.017443	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	28,974	3,337,604	0.008681	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	26,476	868,240	0.030494	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	135,521	8,955,868	0.015132	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	88,315	4,966,093	0.017784	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	123,118	6,404,508	0.019224	0	0	73.00
76.00	03020	SONOGRAPHY	18,514	4,430,389	0.004179	0	0	76.00
76.01	03021	AUDIOLOGY	5,839	381,924	0.015288	0	0	76.01
76.02	03022	CARDIAC REHAB	28,217	699,119	0.040361	0	0	76.02
76.03	03023	ECP	0	0	0.000000	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
90.00	09000	CLINIC	554,704	5,038,935	0.110084	0	0	90.00
91.00	09100	EMERGENCY	132,594	6,684,368	0.019836	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	156,238	3,249,569	0.048080	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	4,255,552	140,738,287		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet D Part III Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description			Title XIX		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	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	8,565	0.00	372	0		30.00
31.00	03100	INTENSIVE CARE UNIT	688	0.00	16	0		31.00
43.00	04300	NURSERY	543	0.00	180	0		43.00
200.00		Total (lines 30-199)	9,796		568	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 10:54 am
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Cost Center Description	Title XIX				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03020	SONOGRAPHY	0	0	0	0	0	76.00
76.01	03021	AUDIOLOGY	0	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	0	76.02
76.03	03023	ECP	0	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (Lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D Part IV Date/Time Prepared: 2/27/2014 10:54 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	28,449,015	0.000000	0.000000	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	705,529	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	6,060,576	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	11,082,084	0.000000	0.000000	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	1,992,116	0.000000	0.000000	0	54.01
57.00	05700	CT SCAN	0	12,227,428	0.000000	0.000000	0	57.00
60.00	06000	LABORATORY	0	23,244,230	0.000000	0.000000	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	602,412	0.000000	0.000000	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	3,232,830	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,948,808	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	912,642	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	264,000	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	3,337,604	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	868,240	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	8,955,868	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,966,093	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,404,508	0.000000	0.000000	0	73.00
76.00	03020	SONOGRAPHY	0	4,430,389	0.000000	0.000000	0	76.00
76.01	03021	AUDIOLOGY	0	381,924	0.000000	0.000000	0	76.01
76.02	03022	CARDIAC REHAB	0	699,119	0.000000	0.000000	0	76.02
76.03	03023	ECP	0	0	0.000000	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
90.00	09000	CLINIC	0	5,038,935	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	6,684,368	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,249,569	0.000000	0.000000	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	140,738,287			0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet D
Part IV
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		Title XIX			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	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05402	NUCLEAR MEDICINE	0	0	0	0	54.01
57.00	05700	CT SCAN	0	0	0	0	57.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
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
76.00	03020	SONOGRAPHY	0	0	0	0	76.00
76.01	03021	AUDIOLOGY	0	0	0	0	76.01
76.02	03022	CARDIAC REHAB	0	0	0	0	76.02
76.03	03023	ECP	0	0	0	0	76.03
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
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
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 2/27/2014 10:54 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,862	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,565	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.		2,170	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		4,000	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		74	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)		223	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,143	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)		66	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)		199	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		192.90	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		197.90	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)		6,769,421	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)		14,275	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)		44,132	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)		58,407	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,711,014	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		7,576,636	28.00
29.00	Private room charges (excluding swing-bed charges)		2,974,610	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,602,026	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.885751	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,370.79	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,150.51	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		220.28	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		195.11	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		423,389	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,287,625	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)		783.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,246,206	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)		3,246,206	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,556,461	688	2,262.30	502	1,135,675		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,274,568		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					11,656,449		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)					395,295		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					617,149		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,012,444		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					10,644,005		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)					12,731		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					39,382		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					52,113		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)					2,395		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					783.54		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,876,578		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	558,742	6,711,014	0.083257	1,876,578	156,238	90.00
91.00	Nursing School cost	0	6,711,014	0.000000	1,876,578	0	91.00
92.00	Allied health cost	0	6,711,014	0.000000	1,876,578	0	92.00
93.00	All other Medical Education	0	6,711,014	0.000000	1,876,578	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 2/27/2014 10:54 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		8,862	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		8,565	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		6,170	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		74	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)		223	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)		372	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)		543	15.00
16.00	Nursery days (title V or XIX only)		180	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		192.90	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		197.90	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)		6,769,421	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)		14,275	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)		44,132	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)		58,407	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		6,711,014	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed and observation bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		0.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,711,014	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)		783.54	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		291,477	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)		291,477	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	253,907	543	467.60	180	84,168		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	1,556,461	688	2,262.30	16	36,197		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)						0	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						411,842	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)						43,413	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						43,413	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						368,429	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)						2,395	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						783.54	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,876,578	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140143		Period: From 10/01/2012 To 09/30/2013		Worksheet D-1 Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	558,742	6,711,014	0.083257	1,876,578	156,238	90.00
91.00	Nursing School cost	0	6,711,014	0.000000	1,876,578	0	91.00
92.00	Allied health cost	0	6,711,014	0.000000	1,876,578	0	92.00
93.00	All other Medical Education	0	6,711,014	0.000000	1,876,578	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3 Date/Time Prepared: 2/27/2014 10:54 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		4,454,475	30.00
31.00	03100	INTENSIVE CARE UNIT		994,390	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.351148	4,309,591	1,513,304 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.975961	1,469	1,434 52.00
53.00	05300	ANESTHESIOLOGY	0.080358	961,821	77,290 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.296776	1,276,221	378,752 54.00
54.01	05402	NUCLEAR MEDICINE	0.243944	114,634	27,964 54.01
57.00	05700	CT SCAN	0.075500	1,309,461	98,864 57.00
60.00	06000	LABORATORY	0.182636	3,914,615	714,950 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.647170	304,682	197,181 63.00
65.00	06500	RESPIRATORY THERAPY	0.266263	1,717,032	457,182 65.00
66.00	06600	PHYSICAL THERAPY	0.303392	589,362	178,808 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279173	75,945	21,202 67.00
68.00	06800	SPEECH PATHOLOGY	0.420830	38,300	16,118 68.00
69.00	06900	ELECTROCARDIOLOGY	0.087517	1,231,787	107,802 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228111	2,182	498 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.085437	4,387,573	374,861 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718618	2,335,797	1,678,546 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.418808	1,967,671	824,076 73.00
76.00	03020	SONOGRAPHY	0.111719	403,991	45,133 76.00
76.01	03021	AUDIOLOGY	0.610731	0	0 76.01
76.02	03022	CARDIAC REHAB	0.434370	0	0 76.02
76.03	03023	ECP	0.000000	0	0 76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
90.00	09000	CLINIC	2.052730	51,395	105,500 90.00
91.00	09100	EMERGENCY	0.362271	1,005,823	364,381 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.577485	157,098	90,722 92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0 93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		26,156,450	7,274,568 200.00
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)		26,156,450	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet D-3	
		Component CCN: 14U143		Date/Time Prepared: 2/27/2014 10:54 am	
		Title XVIII	Swing Beds - SNF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.351148	8,899	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.975961	33	52.00
53.00	05300	ANESTHESIOLOGY	0.067863	46	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.296776	22,396	54.00
54.01	05402	NUCLEAR MEDICINE	0.243944	6,929	54.01
57.00	05700	CT SCAN	0.075500	4,450	57.00
60.00	06000	LABORATORY	0.182636	63,633	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.647170	2,127	63.00
65.00	06500	RESPIRATORY THERAPY	0.266263	73,088	65.00
66.00	06600	PHYSICAL THERAPY	0.303392	60,401	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.279173	6,721	67.00
68.00	06800	SPEECH PATHOLOGY	0.420830	1,618	68.00
69.00	06900	ELECTROCARDIOLOGY	0.087517	3,165	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.228111	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.085437	149,223	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.718618	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.418808	89,236	73.00
76.00	03020	SONOGRAPHY	0.111719	4,286	76.00
76.01	03021	AUDIOLOGY	0.610731	0	76.01
76.02	03022	CARDIAC REHAB	0.434370	0	76.02
76.03	03023	ECP	0.000000	0	76.03
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
90.00	09000	CLINIC	2.052730	1,643	90.00
91.00	09100	EMERGENCY	0.312137	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.577485	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		497,894	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		497,894	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/27/2014 10:54 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS					
1.00	DRG Amounts Other than Outlier Payments		7,153,144		1.00
2.00	Outlier payments for discharges. (see instructions)		64,628		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)		61.62		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)		0.00		30.00
31.00	Percentage of Medicaid patient days (see instructions)		0.00		31.00
32.00	Sum of lines 30 and 31		0.00		32.00
33.00	Allowable disproportionate share percentage (see instructions)		0.00		33.00
34.00	Disproportionate share adjustment (see instructions)		0		34.00
Additional payment for high percentage of ESRD beneficiary discharges					
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0		40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	0	41.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/27/2014 10:54 am	
		Title XVIII	Hospital	PPS	
		0	before 1/1	on/after 1/1	
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	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)		7,217,772		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		8,331,969		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		8,053,420		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		568,112		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)		8,621,532		59.00
60.00	Primary payer payments		0		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		8,621,532		61.00
62.00	Deductibles billed to program beneficiaries		1,008,826		62.00
63.00	Coinurance billed to program beneficiaries		8,787		63.00
64.00	Allowable bad debts (see instructions)		163,976		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		106,584		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		148,216		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		7,710,503		67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0		68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0		69.00
70.00	OTHER ADJUSTMENTS		-271		70.00
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		27,084		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		-27,595		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (Enter in column 0 the corresponding federal year for the period prior to 10/1)	0	0		70.96
70.97	Low Volume Payment-2 (Enter in column 0 the corresponding federal year for the period ending on or after 10/1)	0	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)		7,709,721		71.00
71.01	Sequestration adjustment (see instructions)		77,097		71.01
72.00	Interim payments		8,330,201		72.00
73.00	Tentative settlement (for contractor use only)		0		73.00
74.00	Balance due provider (Program) line 71 minus lines 71.01, 72 and 73		-697,577		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		127,530		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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part A Date/Time Prepared: 2/27/2014 10:54 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00	1.01	
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: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet E Part B Date/Time Prepared: 2/27/2014 10:54 am
		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)	14,920		1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)	8,727,840	0	2.00
3.00	PPS payments	6,900,587	0	3.00
4.00	Outlier payment (see instructions)	92,005	0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)	0.799	0.000	5.00
6.00	Line 2 times line 5	6,973,544	0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6	0.00	0.00	7.00
8.00	Transitional corridor payment (see instructions)	0	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)	14,920		11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges	36,778		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)	36,778		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)	36,778		18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)	21,858		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)	14,920		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)	6,992,592		24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)	11		25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)	1,630,070		26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)	5,377,431		27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)	0		28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)	0		29.00
30.00	Subtotal (sum of lines 27 through 29)	5,377,431		30.00
31.00	Primary payer payments	1,408		31.00
32.00	Subtotal (line 30 minus line 31)	5,376,023		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)	225,531		34.00
35.00	Adjusted reimbursable bad debts (see instructions)	146,595		35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	191,327		36.00
37.00	Subtotal (see instructions)	5,522,618		37.00
38.00	MSP-LCC reconciliation amount from PS&R	0		38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0		39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION	0		39.99
40.00	Subtotal (see instructions)	5,522,618		40.00
40.01	Sequestration adjustment (see instructions)	55,226		40.01
41.00	Interim payments	5,602,470		41.00
42.00	Tentative settlement (for contractors use only)	0		42.00
43.00	Balance due provider/program (see instructions)	-135,078		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: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2014 10:54 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		8,458,233		5,323,229	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		264,130	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	09/30/2013	15,111	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	09/30/2013	128,032		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)		-128,032		15,111	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)		8,330,201		5,602,470	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		697,577		135,078	6.02
7.00	Total Medicare program liability (see instructions)		7,632,624		5,467,392	7.00
				Contractor Number	NPR 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: 140143
Component CCN: 14U143

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
2/27/2014 10:54 am

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		73,535		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)		73,535		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		387		0	6.02
7.00	Total Medicare program liability (see instructions)		73,148		0	7.00
				Contractor Number	NPR Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet E-1 Part II Date/Time Prepared: 2/27/2014 10:54 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			1,981 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			4,645 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			447 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			6,858 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			153,380,853 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			1,714,414 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)			1,626,750 8.00
9.00	Sequestration adjustment amount (see instructions)			32,535 9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)			1,594,215 10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,559,234 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 (or line 10) minus line 30 and line 31) (see instructions)			34,981 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 140143
Component CCN: 14U143

Period:
From 10/01/2012
To 09/30/2013

Worksheet E-2
Date/Time Prepared:
2/27/2014 10:54 am

		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)	79,765	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	265	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		7.00	
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	79,765	0	8.00	
9.00	Primary payer payments (see instructions)	0	0	9.00	
10.00	Subtotal (line 8 minus line 9)	79,765	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)	79,765	0	12.00	
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	5,878	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)	73,887	0	15.00	
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00	
17.00	Allowable bad debts (see instructions)	0	0	17.00	
17.01	Adjusted reimbursable bad debts (see instructions)	0	0	17.01	
18.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00	
19.00	Total (see instructions)	73,887	0	19.00	
19.01	Sequestration adjustment (see instructions)	739	0	19.01	
20.00	Interim payments	73,535	0	20.00	
21.00	Tentative settlement (for contractor use only)	0	0	21.00	
22.00	Balance due provider/program line 19 minus lines 19.01, 20 and 21	-387	0	22.00	
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, 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: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet G

Date/Time Prepared:
2/27/2014 10:54 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	358,038	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	34,268,941	0	0	0	4.00
5.00	Other receivable	599,749	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-22,381,051	0	0	0	6.00
7.00	Inventory	2,084,951	0	0	0	7.00
8.00	Prepaid expenses	615,845	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	15,546,473	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,464,302	0	0	0	12.00
13.00	Land improvements	2,545,659	0	0	0	13.00
14.00	Accumulated depreciation	-1,623,373	0	0	0	14.00
15.00	Buildings	55,873,421	0	0	0	15.00
16.00	Accumulated depreciation	-28,758,556	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	25,147,642	0	0	0	23.00
24.00	Accumulated depreciation	-18,540,378	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	37,108,717	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	18,739,582	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	2,936,618	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	21,676,200	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	74,331,390	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	6,092,276	0	0	0	37.00
38.00	Salaries, wages, and fees payable	2,008,862	0	0	0	38.00
39.00	Payroll taxes payable	227,677	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,231,578	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	183,450	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,743,843	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	14,943,915	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	904,174	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,848,089	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	27,591,932	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	46,739,458				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)	46,739,458	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	74,331,390	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-1

Date/Time Prepared:
2/27/2014 10:54 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		46,024,364		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		809,013			2.00
3.00	Total (sum of line 1 and line 2)		46,833,377		0	3.00
4.00	CONTRIBUTIONS	259,657		0		4.00
5.00	NET ASSETS RELEASED FROM RESTRICTION	20,275		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)		279,932		0	10.00
11.00	Subtotal (line 3 plus line 10)		47,113,309		0	11.00
12.00	EQUITY TRANSFER	51,657		0		12.00
13.00	CHANGE IN FOUNDATION INTEREST	301,919		0		13.00
14.00	NET ASSETS RELEASED FROM RESTRICTION	20,275		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)		373,851		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		46,739,458		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	CONTRIBUTIONS		0			4.00
5.00	NET ASSETS RELEASED FROM RESTRICTION		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	EQUITY TRANSFER		0			12.00
13.00	CHANGE IN FOUNDATION INTEREST		0			13.00
14.00	NET ASSETS RELEASED FROM RESTRICTION		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: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	7,576,636		7,576,636	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)	7,576,636		7,576,636	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,541,403		2,541,403	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,541,403		2,541,403	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	10,118,039		10,118,039	17.00
18.00	Ancillary services	40,068,797	100,366,589	140,435,386	18.00
19.00	Outpatient services	0	21,583,223	21,583,223	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				22.00
23.00	AMBULANCE SERVICES	0	439,816	439,816	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	1	3,317,969	3,317,970	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	50,186,837	125,707,597	175,894,434	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		68,685,295		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		68,685,295		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140143

Period:
From 10/01/2012
To 09/30/2013

Worksheet G-3

Date/Time Prepared:
2/27/2014 10:54 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	175,894,434	1.00
2.00	Less contractual allowances and discounts on patients' accounts	111,658,193	2.00
3.00	Net patient revenues (line 1 minus line 2)	64,236,241	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	68,685,295	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-4,449,054	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and other miscellaneous communication services	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	184,199	14.00
15.00	Revenue from rental of living quarters	89,259	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	309,530	17.00
18.00	Revenue from sale of medical records and abstracts	19,348	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	103,781	22.00
23.00	Governmental appropriations	0	23.00
24.00	GAIN ON DISPOSAL OF EQUIPMENT	6,902	24.00
24.01	EMR REVENUE	2,245,508	24.01
24.02	OTHER	0	24.02
24.03	OTHER REVENUE	95,356	24.03
24.04	PARATRANSIT	194,118	24.04
24.05	OUTSIDE REHABILITATION SERVICES	39,708	24.05
24.06	CONTRIBUTIONS SPENT FOR OPERATIONS	269,132	24.06
24.07	INVESTMENT INCOME	1,787,358	24.07
25.00	Total other income (sum of lines 6-24)	5,344,199	25.00
26.00	Total (line 5 plus line 25)	895,145	26.00
27.00	NET RENTAL LOSS	15,755	27.00
27.01	OTHER	438	27.01
27.02	CHANGE IN EQUITY GAINS AND LOSSES	69,939	27.02
27.03		0	27.03
27.04		0	27.04
27.05		0	27.05
28.00	Total other expenses (sum of line 27 and subscripts)	86,132	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	809,013	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140143

Period: From 10/01/2012

Worksheet K

Hospice CCN: 141595

To 09/30/2013

Date/Time Prepared: 2/27/2014 10:54 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	507	0	0	0	5,179	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	12,000	9.00
10.00	Nursing Care	284,503	0	13,180	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	35,916	0	2,284	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	25,907	0	3,878	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	5,243	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	11,127	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	217,774	47,895	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	346,833	0	19,342	217,774	81,444	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140143

Period: From 10/01/2012

Worksheet K

Hospice CCN: 141595

To 09/30/2013

Date/Time Prepared: 2/27/2014 10:54 am

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	5,686	0	5,686	0	5,686	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	12,000	0	12,000	0	12,000	9.00
10.00	Nursing Care	297,683	0	297,683	0	297,683	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	38,200	0	38,200	0	38,200	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	29,785	0	29,785	0	29,785	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	5,243	0	5,243	0	5,243	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	11,127	0	11,127	0	11,127	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	265,669	0	265,669	0	265,669	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	665,393	0	665,393	0	665,393	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140143

Period:

Worksheet K-1

Hospice CCN: 141595

From 10/01/2012
To 09/30/2013

Date/Time Prepared:
2/27/2014 10:54 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	57,341	227,162	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	35,916	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	35,916	57,341	227,162	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140143

Period:

Worksheet K-1

Hospice CCN: 141595

From 10/01/2012
To 09/30/2013

Date/Time Prepared:
2/27/2014 10:54 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	507	507	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	284,503	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	35,916	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		25,907	0	25,907	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	25,907	507	346,833	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet K-3
		Hospice CCN: 141595		Date/Time Prepared: 2/27/2014 10:54 am

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

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet K-3
		Hospice CCN: 141595		Date/Time Prepared: 2/27/2014 10:54 am

		Total Therapists	Aides	All-Other	Hospice I Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	217,774	217,774	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	217,774	217,774	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140143
 Hospice CCN: 141595

Period:
 From 10/01/2012
 To 09/30/2013

Worksheet K-4
 Part I
 Date/Time Prepared:
 2/27/2014 10:54 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	5,686	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	12,000	0	0	0	0	9.00
10.00	Nursing Care	297,683	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	38,200	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	29,785	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	5,243	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	11,127	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	265,669	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	665,393	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet K-4 Part I Date/Time Prepared: 2/27/2014 10:54 am
		Hospice CCN: 141595		Hospice I
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)
	5.00	5A	6.00	7.00
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.			1.00
2.00	Capital Related Costs-Movable Equip.			2.00
3.00	Plant Operation and Maintenance			3.00
4.00	Transportation - Staff			4.00
5.00	Volunteer Service Coordination	0		5.00
6.00	Administrative and General	0	5,686	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	12,000	9.00
10.00	Nursing Care	0	297,683	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	38,200	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	29,785	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	5,243	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	11,127	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	265,669	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	665,393	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143
 Hospice CCN: 141595

Period:
 From 10/01/2012
 To 09/30/2013

Worksheet K-4
 Part II
 Date/Time Prepared:
 2/27/2014 10:54 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140143
Hospice CCN: 141595

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-4
Part II
Date/Time Prepared:
2/27/2014 10:54 am

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-5,686	659,707	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	12,000	9.00
10.00	Nursing Care	0	297,683	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	38,200	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	29,785	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	5,243	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	11,127	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	265,669	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		5,686	39.00
40.00	Unit Cost Multiplier		0.008619	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2012

Worksheet K-5

Hospice CCN: 141595

To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 10:54 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		NEW BLDG & FIXT	OLD BLDG & FIXT	NEW MVBLE EQUIP	OLD MVBLE EQUIP	
		1.00	1.01	2.00	2.01	
1.00 Administrative and General	0	5,603	289	1,438	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	12,103	0	0	0	0	4.00
5.00 Nursing Care	300,249	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	38,529	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	30,042	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	5,288	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	11,223	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	267,959	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	665,393	5,603	289	1,438	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period:

Worksheet K-5

Hospice CCN: 141595

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	4A	5.00	7.00	8.00	
1.00	Administrative and General	114	7,444	1,306	17,053	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	12,103	2,124	0	0	4.00
5.00	Nursing Care	64,082	364,331	63,937	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	8,090	46,619	8,181	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	5,835	35,877	6,296	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	5,288	928	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	11,223	1,970	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	267,959	47,024	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	78,121	750,844	131,766	17,053	0	34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000				35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period:

Worksheet K-5

Hospice CCN: 141595

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	Hospice I						
	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY		
	9.00	10.00	11.00	13.00	16.00		
1.00 Administrative and General	0	0	59	0	44,885	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	0	14,006	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	0	2,530	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	0	2,736	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	0	19,331	0	44,885	34.00	
35.00 Unit Cost Multiplier (see instructions)						35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period: From 10/01/2012

Worksheet K-5

Hospice CCN: 141595

To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		Hospice I					Allocated Hospice A&G (See Part II)	
		SOCIAL SERVICE	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)			
		17.00	24.00	25.00	26.00	27.00		
1.00	Administrative and General	0	70,747				1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	14,227	0	14,227	1,127	4.00	
5.00	Nursing Care	0	442,274	0	442,274	35,035	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	57,330	0	57,330	4,541	10.00	
11.00	Spiritual Counseling	0	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	0	44,909	0	44,909	3,557	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	6,216	0	6,216	492	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	13,193	0	13,193	1,045	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	314,983	0	314,983	24,950	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	0	963,879	0	963,879		34.00	
35.00	Unit Cost Multiplier (see instructions)					0.079212	35.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140143

Period:

Worksheet K-5

Hospice CCN: 141595

From 10/01/2012
To 09/30/2013

Part I
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description		Total Hospice Costs (cols. 26 ± 27)	Hospice I
		28.00	
1.00	Administrative and General		1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	15,354	4.00
5.00	Nursing Care	477,309	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	61,871	10.00
11.00	Spiritual Counseling	0	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	48,466	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	6,708	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	14,238	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	339,933	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	963,879	34.00
35.00	Unit Cost Multiplier (see instructions)		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143
Hospice CCN: 141595

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARY)	
	NEW BLDG & FIXT (SQUARE FEET)	OLD BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)	OLD MVBLE EQUIP (DOLLAR VALUE)		
	1.00	1.01	2.00	2.01		
1.00 Administrative and General	974	974	1,413	0	507	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	284,503	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	35,916	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	25,907	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	974	974	1,413	0	346,833	34.00
35.00 Total cost to be allocated	5,603	289	1,438	0	78,121	35.00
36.00 Unit Cost Multiplier (see instructions)	5.752567	0.296715	1.017693	0.000000	0.225241	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143
Hospice CCN: 141595

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	Reconciliation	Hospice I					
		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)		
	5A	5.00	7.00	8.00	9.00		
1.00 Administrative and General	0	7,444	974	0	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	12,103	0	0	0	4.00	
5.00 Nursing Care	0	364,331	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	46,619	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	35,877	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	5,288	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	11,223	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	267,959	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)		750,844	974	0	0	34.00	
35.00 Total cost to be allocated		131,766	17,053	0	0	35.00	
36.00 Unit Cost Multiplier (see instructions)		0.175491	17.508214	0.000000	0.000000	36.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140143
Hospice CCN: 141595

Period:
From 10/01/2012
To 09/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
2/27/2014 10:54 am

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (HOURS OF SERVICE)	MEDICAL RECORDS & LIBRARY (PATIENT CHARGES)			
	10.00	11.00	13.00	16.00	17.00		
1.00 Administrative and General	0	2	0	2,138,287	0	1.00	
2.00 Inpatient - General Care	0	0	0	0	0	2.00	
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00 Physician Services	0	0	0	0	0	4.00	
5.00 Nursing Care	0	476	0	0	0	5.00	
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00 Physical Therapy	0	0	0	0	0	7.00	
8.00 Occupational Therapy	0	0	0	0	0	8.00	
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00 Medical Social Services	0	86	0	0	0	10.00	
11.00 Spiritual Counseling	0	0	0	0	0	11.00	
12.00 Dietary Counseling	0	0	0	0	0	12.00	
13.00 Counseling - Other	0	0	0	0	0	13.00	
14.00 Home Health Aide and Homemaker	0	93	0	0	0	14.00	
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00 Other	0	0	0	0	0	16.00	
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00 Analgesics	0	0	0	0	0	18.00	
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00 Other - Specify	0	0	0	0	0	20.00	
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00 Patient Transportation	0	0	0	0	0	22.00	
23.00 Imaging Services	0	0	0	0	0	23.00	
24.00 Labs and Diagnostics	0	0	0	0	0	24.00	
25.00 Medical Supplies	0	0	0	0	0	25.00	
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00 Radiation Therapy	0	0	0	0	0	27.00	
28.00 Chemotherapy	0	0	0	0	0	28.00	
29.00 Other	0	0	0	0	0	29.00	
30.00 Bereavement Program Costs	0	0	0	0	0	30.00	
31.00 Volunteer Program Costs	0	0	0	0	0	31.00	
32.00 Fundraising	0	0	0	0	0	32.00	
33.00 Other Program Costs	0	0	0	0	0	33.00	
34.00 Total (sum of lines 1 thru 33) (2)	0	657	0	2,138,287	0	34.00	
35.00 Total cost to be allocated	0	19,331	0	44,885	0	35.00	
36.00 Unit Cost Multiplier (see instructions)	0.000000	29.423135	0.000000	0.020991	0.000000	36.00	

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet K-5 Part III Date/Time Prepared: 2/27/2014 10:54 am	
		Hospice CCN: 141595	Hospice I		
Cost Center Description	Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
	0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.303392	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.279173	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.420830	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.418808	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.182636	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.085437	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00	0.000000	0	8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	SONOGRAPHY	76.00	0.111719	0	10.00
10.01	AUDIOLOGY	76.01	0.610731	0	10.01
10.02	CARDIAC REHAB	76.02	0.434370	0	10.02
10.03	ECP	76.03	0.000000	0	10.03
11.00	Totals (sum of lines 1-10)				11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140143

Period: From 10/01/2012

Worksheet K-6

Hospice CCN: 141595

To 09/30/2013

Date/Time Prepared: 2/27/2014 10:54 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				963,879	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				9,777	2.00
3.00	Average cost per diem (line 1 divided by line 2)				98.59	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	9,379				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	924,676				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		251			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		24,746			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			147		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			14,493		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140143	Period: From 10/01/2012 To 09/30/2013	Worksheet L Parts I-III Date/Time Prepared: 2/27/2014 10:54 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		560,543	1.00
2.00	Capital DRG outlier payments		7,569	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		18.85	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 (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)		568,112	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