

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: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S Parts I-III Date/Time Prepared: 11/15/2013 10:24 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 11/15/2013 Time: 10:24 am	
	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.		
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 ILLINOIS VALLEY COMMUNITY HOSP (140234) for the cost reporting period beginning 07/01/2012 and ending 06/30/2013 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	-47,973	48,413	-9,414	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	-10	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-47,983	48,413	-9,414	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: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/15/2013 10:24 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 925 WEST STREET	PO Box:		Zip Code: 61354		County: LASALLE				1.00
2.00	City: PERU	State: IL								2.00

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

3.00 Hospital and Hospital-Based Component Identification:										
3.00	Hospital	ILLINOIS VALLEY COMMUNITY HOSP	140234	99914	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	SWING BED UNIT OF IVCH	14U234	99914		07/01/1991	N	P	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	VALLEY HOSPICE	141533	99914		04/01/1985				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)					07/01/2012	06/30/2013	20.00	
21.00	Type of Control (see instructions)					2		21.00	

22.00 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.						Y	N	22.00	
23.00 Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						1	N	23.00	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days		
								1.00
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.	1,355	233	0	0	3	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

	Urban/Rural	S	Date of Geogr		
					1.00
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.			2	26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.			2	27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			0	35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part I Date/Time Prepared: 11/15/2013 10:24 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	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.	07/01/2012	06/30/2013			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)			V 1.00	XVIII 2.00	XIX 3.00
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	Y	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME	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.			Y		N	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
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
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	109.00
		1.00	2.00	3.00		
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.		N		0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.		N			116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N			117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		1			118.00
			Premiums	Losses	Insurance	
			1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:		367,741	0	0	118.01
			1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N			118.02
119.00	DO NOT USE THIS LINE					119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N		Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y			121.00
Transplant Center Information						
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N			125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.					133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.					134.00
All Providers						
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N			140.00

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1.00		2.00		3.00			
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.							
141.00	Name:	Contractor's Name:		Contractor's Number:		141.00	
142.00	Street:	PO Box:				142.00	
143.00	City:	State:		Zip Code:		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	Part B	Title V	Title XIX		
		1.00	2.00	3.00	4.00		
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)							
155.00	Hospital	N	N	N	N	155.00	
156.00	Subprovider - IPF	N	N	N	N	156.00	
157.00	Subprovider - IRF	N	N	N	N	157.00	
158.00	SUBPROVIDER					158.00	
159.00	SNF	N	N	N	N	159.00	
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00	
161.00	CMHC		N	N	N	161.00	
161.10	CORF		N	N	N	161.10	
						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	County	State	Zip Code	CBSA	FTE/Campus
		0	1.00	2.00	3.00	4.00	5.00
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00
						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
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
						1.00	
						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)						170.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/15/2013 10:24 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	11/07/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	09/13/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part II Date/Time Prepared: 11/15/2013 10:24 am
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	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.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	STEVE		DAVIS	41.00
42.00	Enter the employer/company name of the cost report preparer.	IVCH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	815-780-3574		STEVE.DAVIS@IVCH.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)	09/13/2013		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CFO		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

VOLUNTARY CONTACT INFORMATION

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-2
Part V
Date/Time Prepared:
11/15/2013 10:24 am

		1.00	
Cost Report Preparer Contact Information			
1.00	First Name		1.00
2.00	Last Name		2.00
3.00	Title		3.00
4.00	Employer		4.00
5.00	Phone Number		5.00
6.00	E-mail Address		6.00
7.00	Department		7.00
8.00	Mailing Address 1		8.00
9.00	Mailing Address 2		9.00
10.00	City		10.00
11.00	State		11.00
12.00	Zip		12.00
Officer or Administrator of Provider Contact Information			
13.00	First Name	STEVE	13.00
14.00	Last Name	DAVIS	14.00
15.00	Title	CFO	15.00
16.00	Employer	IVCH	16.00
17.00	Phone Number	(815) 780-3574	17.00
18.00	E-mail Address	STEVE.DAVIS@IVCH.ORG	18.00
19.00	Department	FINANCE	19.00
20.00	Mailing Address 1	925 WEST STREET	20.00
21.00	Mailing Address 2		21.00
22.00	City	PERU	22.00
23.00	State		IL 23.00
24.00	Zip	61354	24.00

HFS Supplemental Information		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-2 Part IX Date/Time Prepared: 11/15/2013 10:24 am	
			Title V	Title XIX	
			1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE					
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	3.00
			Inpatient	Outpatient	
			1.00	2.00	
CRITICAL ACCESS HOSPITALS					
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.		N	N	5.00
			Title V	Title XIX	
			1.00	2.00	
RCE DISALLOWANCE					
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	6.00
PASS THROUGH COST					
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.		Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Visits / Trips	Title V
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)	30.00	52	18,980	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)		52	18,980	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,460	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)		56	20,440	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
24.10 HOSPICE (non-distinct part)	30.00					24.10
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		56				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/15/2013 10:24 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)	4,849	1,483	7,531			1.00
2.00 HMO and other (see instructions)	0	3				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	169	0	177			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)	5,018	1,483	7,708			7.00
8.00 INTENSIVE CARE UNIT	330	28	577			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		0	967			13.00
14.00 Total (see instructions)	5,348	1,511	9,252	0.00	490.30	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	5.19	24.00
24.10 HOSPICE (non-distinct part)	0	0	0			24.10
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	495.49	27.00
28.00 Observation Bed Days		201	2,016			28.00
29.00 Ambulance Trips	0					29.00
30.00 Employee discount days (see instruction)			0			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		77	175			32.00
33.00 LTCH non-covered days	0					33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Component	Full Time Equivalents	Discharges			Total All Patients	
		Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)(see instructions for col. 2 for the portion of LDP room available beds)		0	1,404	320	2,623	1.00
2.00 HMO and other (see instructions)			0			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	1,404	320	2,623	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
24.10 HOSPICE (non-distinct part)						24.10
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part II Date/Time Prepared: 11/15/2013 10:24 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	26,468,768	0	26,468,768	1,030,618.00	25.68
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		7,093,998	71,689	7,165,687	189,041.00	37.91
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		559,263	0	559,263	8,791.00	63.62
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) (see instructions)		5,577,375	0	5,577,375		
18.00	Wage-related costs (other) (see instructions)		0	0	0		
19.00	Excluded areas		1,473,160	0	1,473,160		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits Department	4.00	142,065	0	142,065	6,183.00	22.98
27.00	Administrative & General	5.00	3,872,403	-71,689	3,800,714	175,128.00	21.70
28.00	Administrative & General under contract (see inst.)		72,081	0	72,081	342.00	210.76
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	711,918	0	711,918	32,379.00	21.99
31.00	Laundry & Linen Service	8.00	37,141	0	37,141	2,126.00	17.47
32.00	Housekeeping	9.00	575,498	0	575,498	42,994.00	13.39
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	619,113	-231,748	387,365	18,895.00	20.50
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	56,109	231,748	287,857	24,790.00	11.61
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	522,509	0	522,509	13,663.00	38.24
39.00	Central Services and Supply	14.00	140,876	0	140,876	8,883.00	15.86
40.00	Pharmacy	15.00	581,055	0	581,055	15,951.00	36.43
41.00	Medical Records & Medical Records Library	16.00	514,831	0	514,831	32,700.00	15.74

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part II
Date/Time Prepared:
11/15/2013 10:24 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	216,290	0	216,290	8,064.00	26.82	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: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-3
Part III
Date/Time Prepared:
11/15/2013 10:24 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	26,540,849	0	26,540,849	1,030,960.00	25.74	1.00
2.00	Excluded area salaries (see instructions)	7,093,998	71,689	7,165,687	189,041.00	37.91	2.00
3.00	Subtotal salaries (line 1 minus line 2)	19,446,851	-71,689	19,375,162	841,919.00	23.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	559,263	0	559,263	8,791.00	63.62	4.00
5.00	Subtotal wage-related costs (see inst.)	5,577,375	0	5,577,375	0.00	28.79	5.00
6.00	Total (sum of lines 3 thru 5)	25,583,489	-71,689	25,511,800	850,710.00	29.99	6.00
7.00	Total overhead cost (see instructions)	8,061,889	-71,689	7,990,200	382,098.00	20.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part IV Date/Time Prepared: 11/15/2013 10:24 am
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		847,506	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		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)		2,759,878	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		277,509	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		23,716	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		51,281	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		218,260	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		1,353,027	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		22,077	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		24,121	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		5,577,375	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: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-3 Part V Date/Time Prepared: 11/15/2013 10:24 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		559,263	0 1.00
2.00	Hospital		559,263	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-7

Date/Time Prepared:
11/15/2013 10:24 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.			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	07/01/1991	2.00

	Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
	1.00	2.00	3.00	4.00	
3.00	RUX	0	0	0	3.00
4.00	RUL	0	0	0	4.00
5.00	RVX	0	0	0	5.00
6.00	RVL	0	0	0	6.00
7.00	RHX	0	0	0	7.00
8.00	RHL	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	0	0	13.00
14.00	RUA	0	0	0	14.00
15.00	RVC	0	0	0	15.00
16.00	RVB	0	0	0	16.00
17.00	RVA	0	0	0	17.00
18.00	RHC	0	0	0	18.00
19.00	RHB	0	0	0	19.00
20.00	RHA	0	17	17	20.00
21.00	RMC	0	15	15	21.00
22.00	RMB	0	6	6	22.00
23.00	RMA	0	5	5	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	0	0	28.00
29.00	HE2	0	0	0	29.00
30.00	HE1	0	4	4	30.00
31.00	HD2	0	0	0	31.00
32.00	HD1	0	0	0	32.00
33.00	HC2	0	0	0	33.00
34.00	HC1	0	22	22	34.00
35.00	HB2	0	0	0	35.00
36.00	HB1	0	28	28	36.00
37.00	LE2	0	0	0	37.00
38.00	LE1	0	0	0	38.00
39.00	LD2	0	0	0	39.00
40.00	LD1	0	13	13	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	0	0	46.00
47.00	CD2	0	0	0	47.00
48.00	CD1	0	19	19	48.00
49.00	CC2	0	0	0	49.00
50.00	CC1	0	0	0	50.00
51.00	CB2	0	0	0	51.00
52.00	CB1	0	19	19	52.00
53.00	CA2	0	0	0	53.00
54.00	CA1	0	7	7	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: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-7

Date/Time Prepared:
11/15/2013 10:24 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	0	0	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	11	11	76.00
77.00		PA2	0	0	0	77.00
78.00		PA1	0	0	0	78.00
199.00		AAA	0	3	3	199.00
200.00	TOTAL		0	169	169	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: 140234
Component CCN: 141533

Period:
From 07/01/2012
To 06/30/2013

Worksheet S-9
Parts I & II
Date/Time Prepared:
11/15/2013 10:24 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	2,819	0	0	0	0	2,819	2.00
3.00	Inpatient Respite Care	4	0	0	0	0	4	3.00
4.00	General Inpatient Care	0	0	0	0	0	0	4.00
5.00	Total Hospice Days	2,823	0	0	0	0	2,823	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	66	3	0	0	4	73	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)	42.77	0.00	0.00	0.00	0.00	38.67	8.00
9.00	Unduplicated Census Count	66	0	0	0	0	66	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet S-10 Date/Time Prepared: 11/15/2013 10:24 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)		0.252352		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		3,172,766		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		19,564,945		6.00
7.00	Medicaid cost (line 1 times line 6)		4,937,253		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)		1,764,487		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,764,487		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	2,784,831	54,327	2,839,158	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	702,758	13,710	716,468	21.00
22.00	Partial payment by patients approved for charity care	22,262	2,751	25,013	22.00
23.00	Cost of charity care (line 21 minus line 22)	680,496	10,959	691,455	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)		4,642,362		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		344,069		27.00
28.00	Non-Medicare and Non-Reimbursable Medicare bad debt expense (line 26 minus line 27)		4,298,293		28.00
29.00	Cost of non-Medicare and non-reimbursable Medicare bad debt expense (line 1 times line 28)		1,084,683		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,776,138		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,540,625		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140234		Period: From 07/01/2012 To 06/30/2013		Worksheet A	
Date/Time Prepared: 11/15/2013 10:24 am							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		4,590,323	4,590,323	0	4,590,323	1.00
2.00	00200		0	0	1,017,137	1,017,137	2.00
4.00	00400	142,065	7,149,786	7,291,851	0	7,291,851	4.00
5.00	00500	3,872,403	5,114,430	8,986,833	-743,784	8,243,049	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	711,918	1,909,317	2,621,235	-1,403	2,619,832	7.00
8.00	00800	37,141	187,533	224,674	0	224,674	8.00
9.00	00900	575,498	219,694	795,192	0	795,192	9.00
10.00	01000	619,113	151,913	771,026	-234,253	536,773	10.00
11.00	01100	56,109	177,599	233,708	234,253	467,961	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	522,509	21,769	544,278	0	544,278	13.00
14.00	01400	140,876	227,110	367,986	-178,796	189,190	14.00
15.00	01500	581,055	1,788,928	2,369,983	-1,585,897	784,086	15.00
16.00	01600	514,831	263,604	778,435	0	778,435	16.00
17.00	01700	216,290	17,752	234,042	-868	233,174	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	3,163,192	1,306,057	4,469,249	-75,070	4,394,179	30.00
31.00	03100	627,961	63,742	691,703	-22,589	669,114	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	120,895	58,072	178,967	0	178,967	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	771,100	5,426,802	6,197,902	-2,872,928	3,324,974	50.00
50.01	05001	354,377	19,299	373,676	0	373,676	50.01
50.02	05002	0	0	0	0	0	50.02
50.03	05003	184,367	292,611	476,978	-59,448	417,530	50.03
51.00	05100	0	0	0	0	0	51.00
52.00	05200	201,724	37,909	239,633	0	239,633	52.00
53.00	05300	565,472	1,729,199	2,294,671	-609	2,294,062	53.00
54.00	05400	1,269,405	1,770,857	3,040,262	-105,527	2,934,735	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,016,271	2,160,088	3,176,359	0	3,176,359	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
64.00	06400	147,306	17,463	164,769	0	164,769	64.00
65.00	06500	418,054	81,357	499,411	-61,747	437,664	65.00
66.00	06600	1,147,009	522,651	1,669,660	-273,575	1,396,085	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	120,366	219,227	339,593	0	339,593	69.00
69.02	06901	63,474	5,010	68,484	0	68,484	69.02
70.00	07000	1,485	186,171	187,656	0	187,656	70.00
71.00	07100	0	0	0	644,797	644,797	71.00
72.00	07200	0	0	0	2,577,537	2,577,537	72.00
73.00	07300	0	0	0	1,585,857	1,585,857	73.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	1,212,504	2,691,623	3,904,127	-93,958	3,810,169	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	59,597	23,048	82,645	0	82,645	95.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A

Date/Time Prepared:
11/15/2013 10:24 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	
116.00	11600	HOSPICE	274,181	205,206	479,387	-1,447	477,940	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,708,548	38,636,150	58,344,698	-252,318	58,092,380	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	67,741	53,539	121,280	-6,000	115,280	192.00
192.01	19201	PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	177,980	77,505	255,485	-12,300	243,185	192.02
192.03	19203	OCCUPATIONAL MEDICINE	277,539	88,559	366,098	0	366,098	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	356,555	244,869	601,424	-9,143	592,281	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	4,758,986	3,005,817	7,764,803	-154,067	7,610,736	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	134,625	122,188	256,813	-24,000	232,813	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	535,083	376,721	911,804	-50,000	861,804	192.10
192.11	19211	RETAIL CLINIC	359,629	327,907	687,536	-1,056	686,480	192.11
192.12	19212	IVCH CARE TODAY	92,082	433,430	525,512	-73,106	452,406	192.12
192.13	19213	PPCC	0	930,627	930,627	-27,000	903,627	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	88,177	88,177	-2,000	86,177	192.14
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	610,990	610,990	194.00
200.00		TOTAL (SUM OF LINES 118-199)	26,468,768	44,385,489	70,854,257	0	70,854,257	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-568,954	4,021,369	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-9,094	1,008,043	2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT	0	7,291,851	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-865,229	7,377,820	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-29,044	2,590,788	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	224,674	8.00
9.00	00900	HOUSEKEEPING	0	795,192	9.00
10.00	01000	DIETARY	-3,859	532,914	10.00
11.00	01100	CAFETERIA	-228,170	239,791	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	-1,950	542,328	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	189,190	14.00
15.00	01500	PHARMACY	-13,276	770,810	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-3,010	775,425	16.00
17.00	01700	SOCIAL SERVICE	0	233,174	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-855,083	3,539,096	30.00
31.00	03100	INTENSIVE CARE UNIT	0	669,114	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	178,967	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-14,373	3,310,601	50.00
50.01	05001	SAME DAY SURGERY	0	373,676	50.01
50.02	05002	LITHOTRIPSY	0	0	50.02
50.03	05003	ENDOSCOPY	0	417,530	50.03
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	239,633	52.00
53.00	05300	ANESTHESIOLOGY	-1,471,225	822,837	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-37,535	2,897,200	54.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-6,368	3,169,991	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	164,769	64.00
65.00	06500	RESPIRATORY THERAPY	-6,200	431,464	65.00
66.00	06600	PHYSICAL THERAPY	0	1,396,085	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-113,241	226,352	69.00
69.02	06901	CARDIAC REHAB	0	68,484	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	-4,500	183,156	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	644,797	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,577,537	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,585,857	73.00
76.00	03020	I/P AMBULANCE SERVICES	0	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-2,437,730	1,372,439	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	82,645	95.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
116.00	11600	HOSPICE	0	477,940	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-6,668,841	51,423,539	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100	RESEARCH	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	115,280	192.00
192.01	19201	PRIVATE DUTY NURSING	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	243,185	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	366,098	192.03
192.04	19204	FAMILY PHARMACY	0	0	192.04
192.05	19205	ADULT DAY CARE	0	592,281	192.05
192.06	19206	PERSONAL TOUCH	0	0	192.06
192.07	19207	IV HEALTH CORP	-2,701,208	4,909,528	192.07
192.08	19208	PUBLIC RELATIONS	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	-109,190	123,623	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	-208,230	653,574	192.10
192.11	19211	RETAIL CLINIC	0	686,480	192.11
192.12	19212	IVCH CARE TODAY	0	452,406	192.12
192.13	19213	PPCC	0	903,627	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	86,177	192.14
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	610,990	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-9,687,469	61,166,788	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet Non-CMS W Date/Time Prepared: 11/15/2013 10:24 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	00400		4.00
5.00	ADMINISTRATIVE & GENERAL	00500		5.00
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	02100		21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	02200		22.00
23.00	PARAMED ED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - IPF	04000		40.00
41.00	SUBPROVIDER - IRF	04100		41.00
42.00	SUBPROVIDER	04200		42.00
43.00	NURSERY	04300		43.00
44.00	SKILLED NURSING FACILITY	04400		44.00
45.00	NURSING FACILITY	04500		45.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
50.01	SAME DAY SURGERY	05001		50.01
50.02	LITHOTRIPSY	05002		50.02
50.03	ENDOSCOPY	05003		50.03
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
57.00	CT SCAN	05700		57.00
58.00	MRI	05800		58.00
59.00	CARDIAC CATHETERIZATION	05900		59.00
60.00	LABORATORY	06000		60.00
60.01	BLOOD LABORATORY	06001		60.01
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.02	CARDIAC REHAB	06901		69.02
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHARGED TO PATIENT	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENTS	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
76.00	I/P AMBULANCE SERVICES	03020		76.00
OUTPATIENT SERVICE COST CENTERS				
88.00	RURAL HEALTH CLINIC	08800		88.00
89.00	FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS (NON-DISTINCT PART	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
99.00	CMHC	09900		99.00
99.10	CORF	09910		99.10
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
109.00	PANCREAS ACQUISITION	10900		109.00
110.00	INTESTINAL ACQUISITION	11000		110.00
111.00	ISLET ACQUISITION	11100		111.00

COST CENTERS USED IN COST REPORT		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet Non-CMS W Date/Time Prepared: 11/15/2013 10:24 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
116.00	HOSPICE	11600		116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
NONREIMBURSABLE COST CENTERS				
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
191.00	RESEARCH	19100		191.00
192.00	PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01	PRIVATE DUTY NURSING	19201		192.01
192.02	COMMUNITY HEALTH	19202		192.02
192.03	OCCUPATIONAL MEDICINE	19203		192.03
192.04	FAMILY PHARMACY	19204		192.04
192.05	ADULT DAY CARE	19205		192.05
192.06	PERSONAL TOUCH	19206		192.06
192.07	IV HEALTH CORP	19207		192.07
192.08	PUBLIC RELATIONS	19208		192.08
192.09	UTICA MEDICAL CENTER	19209		192.09
192.10	OGLESBY FAMILY MEDICINE	19210		192.10
192.11	RETAIL CLINIC	19211		192.11
192.12	IVCH CARE TODAY	19212		192.12
192.13	PPCC	19213		192.13
192.14	ADULT MEDICINE CLINIC	19214		192.14
194.00	OTHER NONREIMBURSABLE COST CENTERS	07950		194.00
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6

Date/Time Prepared:
11/15/2013 10:24 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,585,857	1.00
	TOTALS		0	1,585,857	
B - PROPERTY INSURANCE					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	82,986	1.00
	TOTALS		0	82,986	
C - CAFETERIA/MOW COSTS					
1.00	CAFETERIA	11.00	231,748	2,505	1.00
	TOTALS		231,748	2,505	
D - RENTALS					
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	934,151	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
	TOTALS		0	934,151	
E - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	290,711	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,577,537	2.00
	TOTALS		0	2,868,248	
F - ADDITIONAL MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	60,742	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	33,008	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	81,781	3.00
	TOTALS		0	175,531	
G - CHARGEABLE SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	178,555	1.00
	TOTALS		0	178,555	
H - HHA BLDG UTILITIES					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,447	1.00
	TOTALS		0	1,447	
I - PUBLIC RELATIONS					
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	71,689	539,301	1.00
	TOTALS		71,689	539,301	
500.00	Grand Total: Increases		303,437	6,368,581	500.00

RECLASSIFICATIONS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Date/Time Prepared:
11/15/2013 10:24 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7	Ref.	
6.00	7.00	8.00	9.00	10.00		
A - CHARGEABLE DRUGS						
1.00	PHARMACY	15.00	0	1,585,857	0	1.00
	TOTALS		0	1,585,857		
B - PROPERTY INSURANCE						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	82,986	10	1.00
	TOTALS		0	82,986		
C - CAFETERIA/MOW COSTS						
1.00	DIETARY	10.00	231,748	2,505	0	1.00
	TOTALS		231,748	2,505		
D - RENTALS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	51,255	10	1.00
2.00	OPERATION OF PLANT	7.00	0	1,403	0	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	241	0	3.00
4.00	PHARMACY	15.00	0	40	0	4.00
5.00	SOCIAL SERVICE	17.00	0	868	0	5.00
6.00	ADULTS & PEDIATRICS	30.00	0	75,070	0	6.00
7.00	INTENSIVE CARE UNIT	31.00	0	22,589	0	7.00
8.00	OPERATING ROOM	50.00	0	4,680	0	8.00
9.00	ENDOSCOPY	50.03	0	59,448	0	9.00
10.00	ANESTHESIOLOGY	53.00	0	609	0	10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	105,527	0	11.00
12.00	RESPIRATORY THERAPY	65.00	0	1,005	0	12.00
13.00	PHYSICAL THERAPY	66.00	0	240,567	0	13.00
14.00	EMERGENCY	91.00	0	12,177	0	14.00
15.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	6,000	0	15.00
16.00	COMMUNITY HEALTH	192.02	0	12,300	0	16.00
17.00	ADULT DAY CARE	192.05	0	9,143	0	17.00
18.00	IV HEALTH CORP	192.07	0	154,067	0	18.00
19.00	UTICA MEDICAL CENTER	192.09	0	24,000	0	19.00
20.00	OGLESBY FAMILY MEDICINE	192.10	0	50,000	0	20.00
21.00	RETAIL CLINIC	192.11	0	1,056	0	21.00
22.00	IVCH CARE TODAY	192.12	0	73,106	0	22.00
23.00	PPCC	192.13	0	27,000	0	23.00
24.00	ADULT MEDICINE CLINIC	192.14	0	2,000	0	24.00
	TOTALS		0	934,151		
E - CHARGEABLE SUPPLIES						
1.00	OPERATING ROOM	50.00	0	2,868,248	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	2,868,248		
F - ADDITIONAL MEDICAL SUPPLIES						
1.00	RESPIRATORY THERAPY	65.00	0	60,742	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	33,008	0	2.00
3.00	EMERGENCY	91.00	0	81,781	0	3.00
	TOTALS		0	175,531		
G - CHARGEABLE SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	178,555	0	1.00
	TOTALS		0	178,555		
H - HHA BLDG UTILITIES						
1.00	HOSPICE	116.00	0	1,447	0	1.00
	TOTALS		0	1,447		
I - PUBLIC RELATIONS						
1.00	ADMINISTRATIVE & GENERAL	5.00	71,689	539,301	0	1.00
	TOTALS		71,689	539,301		
500.00	Grand Total: Decreases		303,437	6,368,581		500.00

RECLASSIFICATIONS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
11/15/2013 10:24 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - CHARGEABLE DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	PHARMACY	15.00	0	1.00
	TOTALS		TOTALS		0	
B - PROPERTY INSURANCE						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
	TOTALS		TOTALS		0	
C - CAFETERIA/MOW COSTS						
1.00	CAFETERIA	11.00	DIETARY	10.00	231,748	1.00
	TOTALS		TOTALS		231,748	
D - RENTALS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	ADMINISTRATIVE & GENERAL	5.00	0	1.00
2.00		0.00	OPERATION OF PLANT	7.00	0	2.00
3.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	3.00
4.00		0.00	PHARMACY	15.00	0	4.00
5.00		0.00	SOCIAL SERVICE	17.00	0	5.00
6.00		0.00	ADULTS & PEDIATRICS	30.00	0	6.00
7.00		0.00	INTENSIVE CARE UNIT	31.00	0	7.00
8.00		0.00	OPERATING ROOM	50.00	0	8.00
9.00		0.00	ENDOSCOPY	50.03	0	9.00
10.00		0.00	ANESTHESIOLOGY	53.00	0	10.00
11.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00		0.00	RESPIRATORY THERAPY	65.00	0	12.00
13.00		0.00	PHYSICAL THERAPY	66.00	0	13.00
14.00		0.00	EMERGENCY	91.00	0	14.00
15.00		0.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15.00
16.00		0.00	COMMUNITY HEALTH	192.02	0	16.00
17.00		0.00	ADULT DAY CARE	192.05	0	17.00
18.00		0.00	IV HEALTH CORP	192.07	0	18.00
19.00		0.00	UTICA MEDICAL CENTER	192.09	0	19.00
20.00		0.00	OGLESBY FAMILY MEDICINE	192.10	0	20.00
21.00		0.00	RETAIL CLINIC	192.11	0	21.00
22.00		0.00	IVCH CARE TODAY	192.12	0	22.00
23.00		0.00	PPCC	192.13	0	23.00
24.00		0.00	ADULT MEDICINE CLINIC	192.14	0	24.00
	TOTALS		TOTALS		0	
E - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	OPERATING ROOM	50.00	0	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00		0.00	0	2.00
	TOTALS		TOTALS		0	
F - ADDITIONAL MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	RESPIRATORY THERAPY	65.00	0	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	PHYSICAL THERAPY	66.00	0	2.00
3.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	EMERGENCY	91.00	0	3.00
	TOTALS		TOTALS		0	
G - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	CENTRAL SERVICES & SUPPLY	14.00	0	1.00
	TOTALS		TOTALS		0	
H - HHA BLDG UTILITIES						
1.00	ADMINISTRATIVE & GENERAL	5.00	HOSPICE	116.00	0	1.00
	TOTALS		TOTALS		0	
I - PUBLIC RELATIONS						
1.00	OTHER NONREIMBURSABLE COST CENTERS	194.00	ADMINISTRATIVE & GENERAL	5.00	71,689	1.00
	TOTALS		TOTALS		71,689	
500.00	Grand Total: Increases		Grand Total: Decreases			500.00
		303,437			303,437	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part I
Date/Time Prepared:
11/15/2013 10:24 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,476,235	0	0	0	1.00
2.00	Land Improvements	1,139,089	24,558	0	24,558	2.00
3.00	Buildings and Fixtures	49,325,083	540,560	0	540,560	3.00
4.00	Building Improvements	294,066	0	0	0	4.00
5.00	Fixed Equipment	1,042,208	13,699,208	0	13,699,208	5.00
6.00	Movable Equipment	33,437,023	1,685,611	0	1,685,611	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	86,713,704	15,949,937	0	15,949,937	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	86,713,704	15,949,937	0	15,949,937	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,476,235	0			1.00
2.00	Land Improvements	1,163,647	0			2.00
3.00	Buildings and Fixtures	49,865,643	0			3.00
4.00	Building Improvements	294,066	0			4.00
5.00	Fixed Equipment	14,741,416	0			5.00
6.00	Movable Equipment	35,122,634	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	102,663,641	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	102,663,641	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	4,590,323	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,590,323	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	4,590,323				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	4,590,323				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-7
Part III
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	67,246,941	0	67,246,941	0.656904	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	35,122,634	0	35,122,634	0.343096	0	2.00
3.00	Total (sum of lines 1-2)	102,369,575	0	102,369,575	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	4,021,369	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	-9,094	1,017,137	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,012,275	1,017,137	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	4,021,369	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	1,008,043	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	5,029,412	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	
			Cost Center				
			1.00	2.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-74,511	CAP REL COSTS-BLDG & FIXT		1.00		9 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 2.00
3.00 Investment income - other (chapter 2)		0			0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-69,616	ADMINISTRATIVE & GENERAL		5.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-13,276	PHARMACY		15.00		0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-26,843	ADMINISTRATIVE & GENERAL		5.00		0 7.00
8.00 Television and radio service (chapter 21)	A	-7,098	ADMINISTRATIVE & GENERAL		5.00		0 8.00
9.00 Parking lot (chapter 21)	B	-8,452	OPERATION OF PLANT		7.00		0 9.00
10.00 Provider-based physician adjustment	A-8-2	-4,944,720					0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-1,135	RADIOLOGY-DIAGNOSTIC		54.00		0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0					0 12.00
13.00 Laundry and linen service		0			0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-228,170	CAFETERIA		11.00		0 14.00
15.00 Rental of quarters to employee and others		0			0.00		0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00		0 16.00
17.00 Sale of drugs to other than patients		0			0.00		0 17.00
18.00 Sale of medical records and abstracts	B	-3,010	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		0			0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT		1.00		0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00		0 27.00
28.00 Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS		19.00		28.00
29.00 Physicians' assistant		0			0.00		0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00		30.00
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 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00		0 33.00

Provider CCN: 140234

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet A-8

Date/Time Prepared:
 11/15/2013 10:24 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 #	
			1.00	2.00	
34.00 OTHER REVENUE-OB	B	-400	ADULTS & PEDIATRICS	30.00	0 34.00
35.00 PARKING GARAGE PARKING TAXES	B	-13,311	OPERATION OF PLANT	7.00	0 35.00
36.00 OTHER REVENUE-EDUCATION	B	-1,950	NURSING ADMINISTRATION	13.00	0 36.00
37.00 PHYSICIAN BILLING 2110	A	-49,942	ADMINISTRATIVE & GENERAL	5.00	0 37.00
39.00 AHA/IHA LOBBYING	A	-22,122	ADMINISTRATIVE & GENERAL	5.00	0 39.00
40.00 POB EXP	A	156,375	IV HEALTH CORP	192.07	0 40.00
41.02 NUTRITIONAL SUPPORT G/L 4095.02	B	-3,859	DIETARY	10.00	0 41.02
41.05 INTEREST EXPENSE	B	-494,443	CAP REL COSTS-BLDG & FIXT	1.00	9 41.05
41.06 PHYSICIAN RECRUITMENT	A	-120,139	ADMINISTRATIVE & GENERAL	5.00	0 41.06
41.07 MISCELLANEOUS REV G/L 5100.090	B	-532,253	ADMINISTRATIVE & GENERAL	5.00	0 41.07
41.11 TV OPERATING COSTS	A	-7,281	OPERATION OF PLANT	7.00	0 41.11
41.15 TV DEPR	A	-9,094	CAP REL COSTS-MVBLE EQUIP	2.00	9 41.15
41.20		0		0.00	0 41.20
41.27		0		0.00	0 41.27
41.29		0		0.00	0 41.29
41.30 IVHS PHYSICIANS	A	-1,762,156	IV HEALTH CORP	192.07	0 41.30
41.31 IV HEALTH CORP	A	-1,095,427	IV HEALTH CORP	192.07	0 41.31
41.32 UTICA MEDICAL CENTER	A	-109,190	UTICA MEDICAL CENTER	192.09	0 41.32
41.33 OGLESBY FAMILY MEDICINE	A	-208,230	OGLESBY FAMILY MEDICINE	192.10	0 41.33
41.34 AMORTIZATION	A	-13,262	ADMINISTRATIVE & GENERAL	5.00	0 41.34
42.00 TRANSPORT VEHICLE REVENUE	A	-23,954	ADMINISTRATIVE & GENERAL	5.00	0 42.00
43.00		0		0.00	0 43.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,687,469			50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet A-8-2

Date/Time Prepared:
11/15/2013 10:24 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	30.00 ADULTS & PEDIATRICS	854,683	854,683	0	0	0
2.00	50.00 OPERATING ROOM	14,373	14,373	0	0	0
3.00	53.00 ANESTHESIOLOGY	1,471,225	1,471,225	0	0	0
4.00	54.00 RADIOLOGY-DIAGNOSTIC	36,400	36,400	0	0	0
5.00	60.00 LABORATORY	6,368	6,368	0	0	0
6.00	65.00 RESPIRATORY THERAPY	6,200	6,200	0	0	0
7.00	69.00 ELECTROCARDIOLOGY	113,241	113,241	0	0	0
8.00	70.00 ELECTROENCEPHALOGRAPHY	4,500	4,500	0	0	0
9.00	91.00 EMERGENCY	2,437,730	2,437,730	0	0	0
10.00	0.00	0	0	0	0	0
200.00		4,944,720	4,944,720	0	0	0

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	30.00 ADULTS & PEDIATRICS	0	0	0	0	0
2.00	50.00 OPERATING ROOM	0	0	0	0	0
3.00	53.00 ANESTHESIOLOGY	0	0	0	0	0
4.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0
5.00	60.00 LABORATORY	0	0	0	0	0
6.00	65.00 RESPIRATORY THERAPY	0	0	0	0	0
7.00	69.00 ELECTROCARDIOLOGY	0	0	0	0	0
8.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
9.00	91.00 EMERGENCY	0	0	0	0	0
10.00	0.00	0	0	0	0	0
200.00		0	0	0	0	0

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	30.00 ADULTS & PEDIATRICS	0	0	0	854,683
2.00	50.00 OPERATING ROOM	0	0	0	14,373
3.00	53.00 ANESTHESIOLOGY	0	0	0	1,471,225
4.00	54.00 RADIOLOGY-DIAGNOSTIC	0	0	0	36,400
5.00	60.00 LABORATORY	0	0	0	6,368
6.00	65.00 RESPIRATORY THERAPY	0	0	0	6,200
7.00	69.00 ELECTROCARDIOLOGY	0	0	0	113,241
8.00	70.00 ELECTROENCEPHALOGRAPHY	0	0	0	4,500
9.00	91.00 EMERGENCY	0	0	0	2,437,730
10.00	0.00	0	0	0	0
200.00		0	0	0	4,944,720

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,021,369	4,021,369			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,008,043		1,008,043		2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	7,291,851	21,193	5,312	7,318,356	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	7,377,820	813,444	203,906	1,056,530	9,451,700
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	2,590,788	794,359	199,123	197,900	3,782,170
8.00 00800	LAUNDRY & LINEN SERVICE	224,674	90,437	22,670	10,325	348,106
9.00 00900	HOUSEKEEPING	795,192	60,831	15,249	159,978	1,031,250
10.00 01000	DIETARY	532,914	101,499	25,443	107,680	767,536
11.00 01100	CAFETERIA	239,791	59,261	14,855	80,019	393,926
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	542,328	33,482	8,393	145,248	729,451
14.00 01400	CENTRAL SERVICES & SUPPLY	189,190	65,761	16,484	39,161	310,596
15.00 01500	PHARMACY	770,810	30,955	7,760	161,523	971,048
16.00 01600	MEDICAL RECORDS & LIBRARY	775,425	41,355	10,367	143,114	970,261
17.00 01700	SOCIAL SERVICE	233,174	10,596	2,656	60,125	306,551
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	3,539,096	707,945	177,462	879,310	5,303,813
31.00 03100	INTENSIVE CARE UNIT	669,114	84,550	21,194	174,562	949,420
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	178,967	22,763	5,706	33,607	241,043
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	3,310,601	201,650	50,548	214,352	3,777,151
50.01 05001	SAME DAY SURGERY	373,676	76,358	19,141	98,510	567,685
50.02 05002	LITHOTRIpsy	0	0	0	0	0
50.03 05003	ENDOSCOPY	417,530	0	0	51,251	468,781
51.00 05100	RECOVERY ROOM	0	21,217	5,319	0	26,536
52.00 05200	DELIVERY ROOM & LABOR ROOM	239,633	32,083	8,042	56,076	335,834
53.00 05300	ANESTHESIOLOGY	822,837	4,415	1,107	157,191	985,550
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,897,200	196,891	49,355	352,872	3,496,318
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	3,169,991	85,360	21,397	282,505	3,559,253
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	164,769	98,826	24,773	40,948	329,316
65.00 06500	RESPIRATORY THERAPY	431,464	23,940	6,001	116,211	577,616
66.00 06600	PHYSICAL THERAPY	1,396,085	116,266	29,144	318,848	1,860,343
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	226,352	13,147	3,296	33,460	276,255
69.02 06901	CARDIAC REHAB	68,484	67,159	16,835	17,645	170,123
70.00 07000	ELECTROENCEPHALOGRAPHY	183,156	1,987	498	413	186,054
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	644,797	0	0	0	644,797
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,577,537	0	0	0	2,577,537
73.00 07300	DRUGS CHARGED TO PATIENTS	1,585,857	0	0	0	1,585,857
76.00 03020	I/P AMBULANCE SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	1,372,439	80,503	20,180	337,054	1,810,176
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	82,645	1,030	258	16,567	100,500
99.00 09900	CMHC	0	0	0	0	0
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00	11600	HOSPICE	477,940	46,972	11,775	76,217	612,904
118.00		SUBTOTALS (SUM OF LINES 1-117)	51,423,539	4,006,235	1,004,249	5,419,202	49,505,457
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,045	2,017	0	10,062
191.00	19100	RESEARCH	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	115,280	0	0	18,831	134,111
192.01	19201	PRIVATE DUTY NURSING	0	0	0	0	0
192.02	19202	COMMUNITY HEALTH	243,185	0	0	49,475	292,660
192.03	19203	OCCUPATIONAL MEDICINE	366,098	3,949	990	77,151	448,188
192.04	19204	FAMILY PHARMACY	0	0	0	0	0
192.05	19205	ADULT DAY CARE	592,281	0	0	99,116	691,397
192.06	19206	PERSONAL TOUCH	0	0	0	0	0
192.07	19207	IV HEALTH CORP	4,909,528	0	0	1,322,920	6,232,448
192.08	19208	PUBLIC RELATIONS	0	3,140	787	0	3,927
192.09	19209	UTICA MEDICAL CENTER	123,623	0	0	37,423	161,046
192.10	19210	OGLESBY FAMILY MEDICINE	653,574	0	0	148,743	802,317
192.11	19211	RETAIL CLINIC	686,480	0	0	99,970	786,450
192.12	19212	IVCH CARE TODAY	452,406	0	0	25,597	478,003
192.13	19213	PPCC	903,627	0	0	0	903,627
192.14	19214	ADULT MEDICINE CLINIC	86,177	0	0	0	86,177
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	610,990	0	0	19,928	630,918
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers		0	0	0	0
202.00		TOTAL (sum lines 118-201)	61,166,788	4,021,369	1,008,043	7,318,356	61,166,788

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	9,451,700				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	691,248	0	4,473,418		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	63,622	0	169,105	580,833	8.00
9.00	00900	HOUSEKEEPING	188,476	0	113,746	0	1,333,472
10.00	01000	DIETARY	140,279	0	189,790	2,621	42,007
11.00	01100	CAFETERIA	71,996	0	110,810	0	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	133,318	0	62,606	0	12,379
14.00	01400	CENTRAL SERVICES & SUPPLY	56,766	0	122,965	4,517	27,294
15.00	01500	PHARMACY	177,474	0	57,882	0	10,654
16.00	01600	MEDICAL RECORDS & LIBRARY	177,330	0	77,329	0	8,219
17.00	01700	SOCIAL SERVICE	56,027	0	19,814	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	969,351	0	1,323,762	293,702	543,453
31.00	03100	INTENSIVE CARE UNIT	173,521	0	158,097	18,519	37,035
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	44,054	0	42,563	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	690,331	0	377,058	64,199	188,119
50.01	05001	SAME DAY SURGERY	103,753	0	142,778	45,354	65,141
50.02	05002	LITHOTRIPSY	0	0	0	0	0
50.03	05003	ENDOSCOPY	85,677	0	0	0	11,567
51.00	05100	RECOVERY ROOM	4,850	0	39,673	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	61,379	0	59,992	7,066	0
53.00	05300	ANESTHESIOLOGY	180,124	0	8,256	7,379	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	639,005	0	368,160	48,298	39,572
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	650,507	0	159,611	369	31,049
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	60,187	0	184,791	7,344	16,032
65.00	06500	RESPIRATORY THERAPY	105,568	0	44,764	0	11,872
66.00	06600	PHYSICAL THERAPY	340,006	0	217,401	35	7,509
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	50,490	0	24,584	6,395	10,857
69.02	06901	CARDIAC REHAB	31,093	0	125,579	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	34,004	0	3,715	0	10,553
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	117,846	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	471,084	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	289,839	0	0	0	0
76.00	03020	I/P AMBULANCE SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	330,837	0	150,530	40,050	75,085
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	18,368	0	1,926	11,924	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
116.00	11600	HOSPICE	112,017	0	87,832	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,320,427	0	4,445,119	557,772	1,148,397

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,839	0	15,044	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	24,511	0	0	0	0	192.00
192.01	19201	PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	53,488	0	0	0	1,218	192.02
192.03	19203	OCCUPATIONAL MEDICINE	81,913	0	7,384	0	25,570	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	126,363	0	0	9,806	14,611	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	1,139,063	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	718	0	5,871	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	29,434	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	146,635	0	0	0	0	192.10
192.11	19211	RETAIL CLINIC	143,736	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	87,362	0	0	0	6,088	192.12
192.13	19213	PPCC	165,151	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	15,750	0	0	0	0	192.14
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	115,310	0	0	13,255	137,588	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	9,451,700	0	4,473,418	580,833	1,333,472	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period: From 07/01/2012 To 06/30/2013

Worksheet B Part I Date/Time Prepared: 11/15/2013 10:24 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,142,233					10.00
11.00	01100	0	576,732				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	14,920	0	952,674		13.00
14.00	01400	0	9,697	0	0	531,835	14.00
15.00	01500	0	17,418	0	0	0	15.00
16.00	01600	0	35,698	0	0	0	16.00
17.00	01700	0	8,811	0	23,247	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	482,985	155,417	0	410,377	0	30.00
31.00	03100	35,353	25,116	0	66,312	0	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	5,041	0	13,339	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	31,452	0	83,059	0	50.00
50.01	05001	63,392	15,192	0	40,137	0	50.01
50.02	05002	0	0	0	0	0	50.02
50.03	05003	0	8,175	0	21,563	0	50.03
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	8,221	0	21,704	0	52.00
53.00	05300	0	9,946	0	26,277	0	53.00
54.00	05400	0	50,527	0	0	0	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	49,573	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	5,041	0	13,327	0	64.00
65.00	06500	0	17,781	0	0	0	65.00
66.00	06600	0	40,535	0	107,049	0	66.00
67.00	06700	0	3,111	0	0	0	67.00
68.00	06800	0	3,315	0	0	0	68.00
69.00	06900	0	7,971	0	0	0	69.00
69.02	06901	0	3,565	0	0	0	69.02
70.00	07000	0	114	0	0	0	70.00
71.00	07100	0	0	0	0	531,835	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	10,856	47,824	0	126,283	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	2,271	0	0	0	95.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
116.00	11600	0	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	592,586	576,732	0	952,674	531,835	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	19202 COMMUNITY HEALTH	0	0	0	0	0	192.02
192.03	19203 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04	19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205 ADULT DAY CARE	146,782	0	0	0	0	192.05
192.06	19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207 IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208 PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211 RETAIL CLINIC	0	0	0	0	0	192.11
192.12	19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213 PPCC	0	0	0	0	0	192.13
192.14	19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	402,865	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,142,233	576,732	0	952,674	531,835	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140234		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part I Date/Time Prepared: 11/15/2013 10:24 am	
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
			15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	1,234,476					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,268,837				16.00
17.00	01700	SOCIAL SERVICE	0	0	414,450			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0		19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	84,447	85,193	343,937	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	22,710	17,014	26,351	0	0	31.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	5,625	44,162	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	151,793	196,107	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	17,929	14,694	0	0	0	50.01
50.02	05002	LITHOTRIpsy	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	20,137	29,648	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	24,956	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	13,676	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	217,047	47,593	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	56,183	258,992	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	175,212	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
64.00	06400	INTRAVENOUS THERAPY	9,606	8,681	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,000	18,354	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	12,018	30,102	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	3,604	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	3,417	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,757	24,561	0	0	0	69.00
69.02	06901	CARDIAC REHAB	0	1,431	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,201	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	18,518	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	64,021	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	117,948	0	0	0	73.00
76.00	03020	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	57,028	97,794	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	131	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	401	3,364	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	659,056	1,268,837	414,450	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	19202 COMMUNITY HEALTH	7,941	0	0	0	0	192.02
192.03	19203 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04	19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205 ADULT DAY CARE	0	0	0	0	0	192.05
192.06	19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207 IV HEALTH CORP	419,895	0	0	0	0	192.07
192.08	19208 PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209 UTICA MEDICAL CENTER	14,342	0	0	0	0	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	2,840	0	0	0	0	192.10
192.11	19211 RETAIL CLINIC	0	0	0	0	0	192.11
192.12	19212 IVCH CARE TODAY	45	0	0	0	0	192.12
192.13	19213 PPCC	0	0	0	0	0	192.13
192.14	19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	130,357	0	0	0	0	194.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,234,476	1,268,837	414,450	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0			22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	0	0	9,996,437	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	1,529,448	0 31.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300 NURSERY	0	0	0	395,827	0 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0	5,559,269	0 50.00
50.01 05001 SAME DAY SURGERY	0	0	0	1,076,055	0 50.01
50.02 05002 LI THOTRI PSY	0	0	0	0	0 50.02
50.03 05003 ENDOSCOPY	0	0	0	645,548	0 50.03
51.00 05100 RECOVERY ROOM	0	0	0	96,015	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	507,872	0 52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	1,482,172	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	4,957,055	0 54.00
57.00 05700 CT SCAN	0	0	0	0	0 57.00
58.00 05800 MRI	0	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000 LABORATORY	0	0	0	4,625,574	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
64.00 06400 INTRAVENOUS THERAPY	0	0	0	634,325	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	778,955	0 65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	2,614,998	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	6,715	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	6,732	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	407,870	0 69.00
69.02 06901 CARDIAC REHAB	0	0	0	331,791	0 69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	242,641	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,312,996	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,112,642	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	1,993,644	0 73.00
76.00 03020 I/P AMBULANCE SERVICES	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100 EMERGENCY	0	0	0	2,746,463	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART					0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	0	135,120	0 95.00
99.00 09900 CMHC	0	0	0	0	0 99.00
99.10 09910 CORF	0	0	0	0	0 99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments		
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV					
		21.00	22.00					
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	816,518	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	46,012,682	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	26,945	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	158,622	0	192.00
192.01	19201	PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	0	355,307	0	192.02
192.03	19203	OCCUPATIONAL MEDICINE	0	0	0	563,055	0	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	0	988,959	0	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	0	7,791,406	0	192.07
192.08	19208	PUBLIC RELATIONS	0	0	0	10,516	0	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	0	204,822	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	0	951,792	0	192.10
192.11	19211	RETAIL CLINIC	0	0	0	930,186	0	192.11
192.12	19212	IVCH CARE TODAY	0	0	0	571,498	0	192.12
192.13	19213	PPCC	0	0	0	1,068,778	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	101,927	0	192.14
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	1,430,293	0	194.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	61,166,788	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	9,996,437	30.00
31.00	03100 INTENSIVE CARE UNIT	1,529,448	31.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	395,827	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	5,559,269	50.00
50.01	05001 SAME DAY SURGERY	1,076,055	50.01
50.02	05002 LI THOTRI PSY	0	50.02
50.03	05003 ENDOSCOPY	645,548	50.03
51.00	05100 RECOVERY ROOM	96,015	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	507,872	52.00
53.00	05300 ANESTHESIOLOGY	1,482,172	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,957,055	54.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MRI	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	4,625,574	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	634,325	64.00
65.00	06500 RESPIRATORY THERAPY	778,955	65.00
66.00	06600 PHYSICAL THERAPY	2,614,998	66.00
67.00	06700 OCCUPATIONAL THERAPY	6,715	67.00
68.00	06800 SPEECH PATHOLOGY	6,732	68.00
69.00	06900 ELECTROCARDIOLOGY	407,870	69.00
69.02	06901 CARDIAC REHAB	331,791	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	242,641	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	1,312,996	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,112,642	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,993,644	73.00
76.00	03020 I/P AMBULANCE SERVICES	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100 EMERGENCY	2,746,463	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	135,120	95.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
116.00	11600 HOSPICE	816,518	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	46,012,682	118.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,945	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	158,622	192.00
192.01	19201 PRIVATE DUTY NURSING	0	192.01
192.02	19202 COMMUNITY HEALTH	355,307	192.02
192.03	19203 OCCUPATIONAL MEDICINE	563,055	192.03
192.04	19204 FAMILY PHARMACY	0	192.04
192.05	19205 ADULT DAY CARE	988,959	192.05
192.06	19206 PERSONAL TOUCH	0	192.06
192.07	19207 IV HEALTH CORP	7,791,406	192.07
192.08	19208 PUBLIC RELATIONS	10,516	192.08
192.09	19209 UTICA MEDICAL CENTER	204,822	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	951,792	192.10
192.11	19211 RETAIL CLINIC	930,186	192.11
192.12	19212 IVCH CARE TODAY	571,498	192.12
192.13	19213 PPCC	1,068,778	192.13
192.14	19214 ADULT MEDICINE CLINIC	101,927	192.14
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	1,430,293	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	61,166,788	202.00

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1	SQUARE FEET	2.00
4.00	EMPLOYEE BENEFITS DEPARTMENT	S	GROSS SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-1	ACCUM. COST	5.00
6.00	MAINTENANCE & REPAIRS	2	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	3	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	4	HOURS OF SERVICE	9.00
10.00	DIETARY	5	MEALS SERVED	10.00
11.00	CAFETERIA	6	FTES SERVED	11.00
12.00	MAINTENANCE OF PERSONNEL	7	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	8	DIRECT NRSG HR	13.00
14.00	CENTRAL SERVICES & SUPPLY	9	COSTED REQUIS	14.00
15.00	PHARMACY	10	COSTED REQUIS	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	P	TIME SPENT	17.00
19.00	NONPHYSICIAN ANESTHETISTS	11	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	12	ASSIGNED TIME	20.00
21.00	I&R SERVICES-SALARY & FRINGES APPRV	13	ASSIGNED TIME	21.00
22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	14	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	15	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	0	21,193	5,312	26,505	26,505 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	813,444	203,906	1,017,350	3,827 5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	0	794,359	199,123	993,482	717 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	90,437	22,670	113,107	37 8.00
9.00 00900	HOUSEKEEPING	0	60,831	15,249	76,080	580 9.00
10.00 01000	DIETARY	0	101,499	25,443	126,942	390 10.00
11.00 01100	CAFETERIA	0	59,261	14,855	74,116	290 11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00 01300	NURSING ADMINISTRATION	0	33,482	8,393	41,875	526 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	65,761	16,484	82,245	142 14.00
15.00 01500	PHARMACY	0	30,955	7,760	38,715	585 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	41,355	10,367	51,722	518 16.00
17.00 01700	SOCIAL SERVICE	0	10,596	2,656	13,252	218 17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	707,945	177,462	885,407	3,185 30.00
31.00 03100	INTENSIVE CARE UNIT	0	84,550	21,194	105,744	632 31.00
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	22,763	5,706	28,469	122 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	201,650	50,548	252,198	776 50.00
50.01 05001	SAME DAY SURGERY	0	76,358	19,141	95,499	357 50.01
50.02 05002	LITHOTRIpsy	0	0	0	0	0 50.02
50.03 05003	ENDOSCOPY	0	0	0	0	186 50.03
51.00 05100	RECOVERY ROOM	0	21,217	5,319	26,536	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	32,083	8,042	40,125	203 52.00
53.00 05300	ANESTHESIOLOGY	0	4,415	1,107	5,522	569 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	196,891	49,355	246,246	1,278 54.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	85,360	21,397	106,757	1,023 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
64.00 06400	INTRAVENOUS THERAPY	0	98,826	24,773	123,599	148 64.00
65.00 06500	RESPIRATORY THERAPY	0	23,940	6,001	29,941	421 65.00
66.00 06600	PHYSICAL THERAPY	0	116,266	29,144	145,410	1,155 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	13,147	3,296	16,443	121 69.00
69.02 06901	CARDIAC REHAB	0	67,159	16,835	83,994	64 69.02
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,987	498	2,485	1 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	I/P AMBULANCE SERVICES	0	0	0	0	0 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	0	80,503	20,180	100,683	1,221 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	1,030	258	1,288	60 95.00
99.00 09900	CMHC	0	0	0	0	0 99.00
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS DEPARTMENT	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	111.00
116.00 11600	HOSPICE	0	46,972	11,775	58,747	276,116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	4,006,235	1,004,249	5,010,484	19,628,118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,045	2,017	10,062	0,190.00
191.00 19100	RESEARCH	0	0	0	0	0,191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	68,192.00
192.01 19201	PRIVATE DUTY NURSING	0	0	0	0	0,192.01
192.02 19202	COMMUNITY HEALTH	0	0	0	0	179,192.02
192.03 19203	OCCUPATIONAL MEDICINE	0	3,949	990	4,939	279,192.03
192.04 19204	FAMILY PHARMACY	0	0	0	0	0,192.04
192.05 19205	ADULT DAY CARE	0	0	0	0	359,192.05
192.06 19206	PERSONAL TOUCH	0	0	0	0	0,192.06
192.07 19207	IV HEALTH CORP	0	0	0	0	4,790,192.07
192.08 19208	PUBLIC RELATIONS	0	3,140	787	3,927	0,192.08
192.09 19209	UTICA MEDICAL CENTER	0	0	0	0	136,192.09
192.10 19210	OGLESBY FAMILY MEDICINE	0	0	0	0	539,192.10
192.11 19211	RETAIL CLINIC	0	0	0	0	362,192.11
192.12 19212	IVCH CARE TODAY	0	0	0	0	93,192.12
192.13 19213	PPCC	0	0	0	0	0,192.13
192.14 19214	ADULT MEDICINE CLINIC	0	0	0	0	0,192.14
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	72,194.00
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	0,201.00
202.00	TOTAL (sum lines 118-201)	0	4,021,369	1,008,043	5,029,412	26,505,202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/15/2013 10:24 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	1,021,177			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	74,683	0	1,068,882	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	6,874	0	40,406	160,424	8.00	
9.00	00900	HOUSEKEEPING	20,363	0	27,178	0	124,201	9.00
10.00	01000	DIETARY	15,156	0	45,349	724	3,913	10.00
11.00	01100	CAFETERIA	7,778	0	26,477	0	0	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	14,404	0	14,959	0	1,153	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,133	0	29,381	1,248	2,542	14.00
15.00	01500	PHARMACY	19,174	0	13,830	0	992	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,159	0	18,477	0	766	16.00
17.00	01700	SOCIAL SERVICE	6,053	0	4,734	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	104,729	0	316,300	81,119	50,617	30.00
31.00	03100	INTENSIVE CARE UNIT	18,747	0	37,776	5,115	3,450	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,760	0	10,170	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	74,584	0	90,095	17,732	17,522	50.00
50.01	05001	SAME DAY SURGERY	11,210	0	34,116	12,527	6,067	50.01
50.02	05002	LITHOTRIPSY	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	9,257	0	0	0	1,077	50.03
51.00	05100	RECOVERY ROOM	524	0	9,480	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	6,631	0	14,334	1,951	0	52.00
53.00	05300	ANESTHESIOLOGY	19,461	0	1,973	2,038	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	69,038	0	87,968	13,340	3,686	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	70,281	0	38,138	102	2,892	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
64.00	06400	INTRAVENOUS THERAPY	6,503	0	44,154	2,028	1,493	64.00
65.00	06500	RESPIRATORY THERAPY	11,406	0	10,696	0	1,106	65.00
66.00	06600	PHYSICAL THERAPY	36,734	0	51,946	10	699	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	5,455	0	5,874	1,766	1,011	69.00
69.02	06901	CARDIAC REHAB	3,359	0	30,006	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	3,674	0	888	0	983	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	12,732	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	50,896	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	31,314	0	0	0	0	73.00
76.00	03020	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	35,744	0	35,968	11,062	6,994	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,984	0	460	3,293	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	12,102	0	20,987	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	790,902	0	1,062,120	154,055	106,963	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	199	0	3,595	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,648	0	0	0	0	192.00
192.01	19201	PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	5,779	0	0	0	113	192.02
192.03	19203	OCCUPATIONAL MEDICINE	8,850	0	1,764	0	2,382	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	13,652	0	0	2,708	1,361	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	123,075	0	0	0	0	192.07
192.08	19208	PUBLIC RELATIONS	78	0	1,403	0	0	192.08
192.09	19209	UTICA MEDICAL CENTER	3,180	0	0	0	0	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	15,843	0	0	0	0	192.10
192.11	19211	RETAIL CLINIC	15,529	0	0	0	0	192.11
192.12	19212	IVCH CARE TODAY	9,439	0	0	0	567	192.12
192.13	19213	PPCC	17,843	0	0	0	0	192.13
192.14	19214	ADULT MEDICINE CLINIC	1,702	0	0	0	0	192.14
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	12,458	0	0	3,661	12,815	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,021,177	0	1,068,882	160,424	124,201	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140234		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/15/2013 10:24 am	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	192,474					10.00
11.00	01100	CAFETERIA	0	108,661				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0			12.00
13.00	01300	NURSING ADMINISTRATION	0	2,811		75,728		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,827		0	123,518	14.00
15.00	01500	PHARMACY	0	3,282		0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,726		0	0	16.00
17.00	01700	SOCIAL SERVICE	0	1,660		1,848	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0		0	0	19.00
20.00	02000	NURSING SCHOOL	0	0		0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0		0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0		0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	81,386	29,280	0	32,623	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,957	4,732	0	5,271	0	31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	950	0	1,060	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	5,926	0	6,602	0	50.00
50.01	05001	SAME DAY SURGERY	10,682	2,862	0	3,190	0	50.01
50.02	05002	LITHOTRIpsy	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	1,540	0	1,714	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,549	0	1,725	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,874	0	2,089	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	9,520	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	9,340	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
64.00	06400	INTRAVENOUS THERAPY	0	950	0	1,059	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,350	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	7,637	0	8,509	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	586	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	625	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,502	0	0	0	69.00
69.02	06901	CARDIAC REHAB	0	672	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	21	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	123,518	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	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	1,829	9,011	0	10,038	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	428	0	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	99,854	108,661	0	75,728	123,518	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	19202 COMMUNITY HEALTH	0	0	0	0	0	192.02
192.03	19203 OCCUPATIONAL MEDICINE	0	0	0	0	0	192.03
192.04	19204 FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205 ADULT DAY CARE	24,734	0	0	0	0	192.05
192.06	19206 PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207 IV HEALTH CORP	0	0	0	0	0	192.07
192.08	19208 PUBLIC RELATIONS	0	0	0	0	0	192.08
192.09	19209 UTICA MEDICAL CENTER	0	0	0	0	0	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	0	0	0	0	0	192.10
192.11	19211 RETAIL CLINIC	0	0	0	0	0	192.11
192.12	19212 IVCH CARE TODAY	0	0	0	0	0	192.12
192.13	19213 PPCC	0	0	0	0	0	192.13
192.14	19214 ADULT MEDICINE CLINIC	0	0	0	0	0	192.14
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	67,886	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	192,474	108,661	0	75,728	123,518	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140234		Period: From 07/01/2012 To 06/30/2013		Worksheet B Part II Date/Time Prepared: 11/15/2013 10:24 am	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	76,578				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	97,368			16.00
17.00	01700	SOCIAL SERVICE	0	0	27,765		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,239	6,537	23,041		30.00
31.00	03100	INTENSIVE CARE UNIT	1,409	1,306	1,765		31.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0		40.00
41.00	04100	SUBPROVIDER - I/RF	0	0	0		41.00
42.00	04200	SUBPROVIDER	0	0	0		42.00
43.00	04300	NURSERY	0	432	2,959		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0		44.00
45.00	04500	NURSING FACILITY	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	9,416	15,048	0		50.00
50.01	05001	SAME DAY SURGERY	1,112	1,128	0		50.01
50.02	05002	LITHOTRIpsy	0	0	0		50.02
50.03	05003	ENDOSCOPY	1,249	2,275	0		50.03
51.00	05100	RECOVERY ROOM	0	1,915	0		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,049	0		52.00
53.00	05300	ANESTHESIOLOGY	13,464	3,652	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,485	19,877	0		54.00
57.00	05700	CT SCAN	0	0	0		57.00
58.00	05800	MRI	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	13,445	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400	INTRAVENOUS THERAPY	596	666	0		64.00
65.00	06500	RESPIRATORY THERAPY	186	1,408	0		65.00
66.00	06600	PHYSICAL THERAPY	746	2,310	0		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	277	0		67.00
68.00	06800	SPEECH PATHOLOGY	0	262	0		68.00
69.00	06900	ELECTROCARDIOLOGY	419	1,885	0		69.00
69.02	06901	CARDIAC REHAB	0	110	0		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	629	0		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,421	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,913	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	9,051	0		73.00
76.00	03020	I/P AMBULANCE SERVICES	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
91.00	09100	EMERGENCY	3,538	7,504	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	10	0		95.00
99.00	09900	CMHC	0	0	0		99.00
99.10	09910	CORF	0	0	0		99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
116.00	11600	HOSPICE	25	258	0		116.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	40,884	97,368	27,765	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00	19100 RESEARCH	0	0	0			191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0			192.00
192.01	19201 PRIVATE DUTY NURSING	0	0	0			192.01
192.02	19202 COMMUNITY HEALTH	493	0	0			192.02
192.03	19203 OCCUPATIONAL MEDICINE	0	0	0			192.03
192.04	19204 FAMILY PHARMACY	0	0	0			192.04
192.05	19205 ADULT DAY CARE	0	0	0			192.05
192.06	19206 PERSONAL TOUCH	0	0	0			192.06
192.07	19207 IV HEALTH CORP	26,046	0	0			192.07
192.08	19208 PUBLIC RELATIONS	0	0	0			192.08
192.09	19209 UTICA MEDICAL CENTER	890	0	0			192.09
192.10	19210 OGLESBY FAMILY MEDICINE	176	0	0			192.10
192.11	19211 RETAIL CLINIC	0	0	0			192.11
192.12	19212 IVCH CARE TODAY	3	0	0			192.12
192.13	19213 PPCC	0	0	0			192.13
192.14	19214 ADULT MEDICINE CLINIC	0	0	0			192.14
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	8,086	0	0			194.00
200.00	Cross Foot Adjustments				0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	76,578	97,368	27,765	0	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL					20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		0			22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS			1,619,463	0	30.00
31.00 03100	INTENSIVE CARE UNIT			191,904	0	31.00
40.00 04000	SUBPROVIDER - IPF			0	0	40.00
41.00 04100	SUBPROVIDER - IRF			0	0	41.00
42.00 04200	SUBPROVIDER			0	0	42.00
43.00 04300	NURSERY			48,922	0	43.00
44.00 04400	SKILLED NURSING FACILITY			0	0	44.00
45.00 04500	NURSING FACILITY			0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM			489,899	0	50.00
50.01 05001	SAME DAY SURGERY			178,750	0	50.01
50.02 05002	LITHOTRIpsy			0	0	50.02
50.03 05003	ENDOSCOPY			17,298	0	50.03
51.00 05100	RECOVERY ROOM			38,455	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM			67,567	0	52.00
53.00 05300	ANESTHESIOLOGY			50,642	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC			454,438	0	54.00
57.00 05700	CT SCAN			0	0	57.00
58.00 05800	MRI			0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION			0	0	59.00
60.00 06000	LABORATORY			241,978	0	60.00
60.01 06001	BLOOD LABORATORY			0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.			0	0	63.00
64.00 06400	INTRAVENOUS THERAPY			181,196	0	64.00
65.00 06500	RESPIRATORY THERAPY			58,514	0	65.00
66.00 06600	PHYSICAL THERAPY			255,156	0	66.00
67.00 06700	OCCUPATIONAL THERAPY			863	0	67.00
68.00 06800	SPEECH PATHOLOGY			887	0	68.00
69.00 06900	ELECTROCARDIOLOGY			34,476	0	69.00
69.02 06901	CARDIAC REHAB			118,205	0	69.02
70.00 07000	ELECTROENCEPHALOGRAPHY			8,681	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT			137,671	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS			55,809	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS			40,365	0	73.00
76.00 03020	I/P AMBULANCE SERVICES			0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC			0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER			0	0	89.00
91.00 09100	EMERGENCY			223,592	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART			0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES			7,523	0	95.00
99.00 09900	CMHC			0	0	99.00
99.10 09910	CORF			0	0	99.10
101.00 10100	HOME HEALTH AGENCY			0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
		21.00	22.00			
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION			0	0
110.00	11000	INTESTINAL ACQUISITION			0	0
111.00	11100	ISLET ACQUISITION			0	0
116.00	11600	HOSPICE			92,395	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	4,614,649
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN			13,856	0
191.00	19100	RESEARCH			0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES			2,716	0
192.01	19201	PRIVATE DUTY NURSING			0	0
192.02	19202	COMMUNITY HEALTH			6,564	0
192.03	19203	OCCUPATIONAL MEDICINE			18,214	0
192.04	19204	FAMILY PHARMACY			0	0
192.05	19205	ADULT DAY CARE			42,814	0
192.06	19206	PERSONAL TOUCH			0	0
192.07	19207	IV HEALTH CORP			153,911	0
192.08	19208	PUBLIC RELATIONS			5,408	0
192.09	19209	UTICA MEDICAL CENTER			4,206	0
192.10	19210	OGLESBY FAMILY MEDICINE			16,558	0
192.11	19211	RETAIL CLINIC			15,891	0
192.12	19212	IVCH CARE TODAY			10,102	0
192.13	19213	PPCC			17,843	0
192.14	19214	ADULT MEDICINE CLINIC			1,702	0
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS			104,978	0
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	0	0	5,029,412

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet B Part II Date/Time Prepared: 11/15/2013 10:24 am
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS DEPARTMENT		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
6.00	00600 MAINTENANCE & REPAIRS		6.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
12.00	01200 MAINTENANCE OF PERSONNEL		12.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000 NURSING SCHOOL		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV		21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)		23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	1,619,463	30.00
31.00	03100 INTENSIVE CARE UNIT	191,904	31.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	48,922	43.00
44.00	04400 SKILLED NURSING FACILITY	0	44.00
45.00	04500 NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	489,899	50.00
50.01	05001 SAME DAY SURGERY	178,750	50.01
50.02	05002 LI THOTRI PSY	0	50.02
50.03	05003 ENDOSCOPY	17,298	50.03
51.00	05100 RECOVERY ROOM	38,455	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	67,567	52.00
53.00	05300 ANESTHESIOLOGY	50,642	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	454,438	54.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MRI	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	241,978	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	181,196	64.00
65.00	06500 RESPIRATORY THERAPY	58,514	65.00
66.00	06600 PHYSICAL THERAPY	255,156	66.00
67.00	06700 OCCUPATIONAL THERAPY	863	67.00
68.00	06800 SPEECH PATHOLOGY	887	68.00
69.00	06900 ELECTROCARDIOLOGY	34,476	69.00
69.02	06901 CARDIAC REHAB	118,205	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	8,681	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	137,671	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	55,809	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,365	73.00
76.00	03020 I/P AMBULANCE SERVICES	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100 EMERGENCY	223,592	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	7,523	95.00
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
109.00	10900 PANCREAS ACQUISITION	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	110.00
111.00	11100 ISLET ACQUISITION	0	111.00
116.00	11600 HOSPICE	92,395	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,614,649	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Total	
		26.00	
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	13,856	190.00
191.00	19100 RESEARCH	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,716	192.00
192.01	19201 PRIVATE DUTY NURSING	0	192.01
192.02	19202 COMMUNITY HEALTH	6,564	192.02
192.03	19203 OCCUPATIONAL MEDICINE	18,214	192.03
192.04	19204 FAMILY PHARMACY	0	192.04
192.05	19205 ADULT DAY CARE	42,814	192.05
192.06	19206 PERSONAL TOUCH	0	192.06
192.07	19207 IV HEALTH CORP	153,911	192.07
192.08	19208 PUBLIC RELATIONS	5,408	192.08
192.09	19209 UTICA MEDICAL CENTER	4,206	192.09
192.10	19210 OGLESBY FAMILY MEDICINE	16,558	192.10
192.11	19211 RETAIL CLINIC	15,891	192.11
192.12	19212 IVCH CARE TODAY	10,102	192.12
192.13	19213 PPCC	17,843	192.13
192.14	19214 ADULT MEDICINE CLINIC	1,702	192.14
194.00	07950 OTHER NONREIMBURSABLE COST CENTERS	104,978	194.00
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	5,029,412	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	163,946				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		163,946			2.00
4.00 00400	EMPLOYEE BENEFITS DEPARTMENT	864	864	26,326,703		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	33,163	33,163	3,800,714	-9,451,700	51,715,088
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	32,385	32,385	711,918	0	3,782,170
8.00 00800	LAUNDRY & LINEN SERVICE	3,687	3,687	37,141	0	348,106
9.00 00900	HOUSEKEEPING	2,480	2,480	575,498	0	1,031,250
10.00 01000	DIETARY	4,138	4,138	387,365	0	767,536
11.00 01100	CAFETERIA	2,416	2,416	287,857	0	393,926
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	1,365	1,365	522,509	0	729,451
14.00 01400	CENTRAL SERVICES & SUPPLY	2,681	2,681	140,876	0	310,596
15.00 01500	PHARMACY	1,262	1,262	581,055	0	971,048
16.00 01600	MEDICAL RECORDS & LIBRARY	1,686	1,686	514,831	0	970,261
17.00 01700	SOCIAL SERVICE	432	432	216,290	0	306,551
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	28,862	28,862	3,163,192	0	5,303,813
31.00 03100	INTENSIVE CARE UNIT	3,447	3,447	627,961	0	949,420
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/RF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	928	928	120,895	0	241,043
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,221	8,221	771,100	0	3,777,151
50.01 05001	SAME DAY SURGERY	3,113	3,113	354,377	0	567,685
50.02 05002	LITHOTRIpsy	0	0	0	0	0
50.03 05003	ENDOSCOPY	0	0	184,367	0	468,781
51.00 05100	RECOVERY ROOM	865	865	0	0	26,536
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,308	1,308	201,724	0	335,834
53.00 05300	ANESTHESIOLOGY	180	180	565,472	0	985,550
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,027	8,027	1,269,405	0	3,496,318
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MRI	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	3,480	3,480	1,016,271	0	3,559,253
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	4,029	4,029	147,306	0	329,316
65.00 06500	RESPIRATORY THERAPY	976	976	418,054	0	577,616
66.00 06600	PHYSICAL THERAPY	4,740	4,740	1,147,009	0	1,860,343
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	536	536	120,366	0	276,255
69.02 06901	CARDIAC REHAB	2,738	2,738	63,474	0	170,123
70.00 07000	ELECTROENCEPHALOGRAPHY	81	81	1,485	0	186,054
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	644,797
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	2,577,537
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,585,857
76.00 03020	I/P AMBULANCE SERVICES	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	3,282	3,282	1,212,504	0	1,810,176
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	42	42	59,597	0	100,500
99.00 09900	CMHC	0	0	0	0	0
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00					4.00	5A
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
116.00	11600	HOSPICE	1,915	1,915	274,181	0	612,904	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	163,329	163,329	19,494,794	-9,451,700	40,053,757	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	328	328	0	0	10,062	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	67,741	0	134,111	192.00
192.01	19201	PRIVATE DUTY NURSING	0	0	0	0	0	192.01
192.02	19202	COMMUNITY HEALTH	0	0	177,980	0	292,660	192.02
192.03	19203	OCCUPATIONAL MEDICINE	161	161	277,539	0	448,188	192.03
192.04	19204	FAMILY PHARMACY	0	0	0	0	0	192.04
192.05	19205	ADULT DAY CARE	0	0	356,555	0	691,397	192.05
192.06	19206	PERSONAL TOUCH	0	0	0	0	0	192.06
192.07	19207	IV HEALTH CORP	0	0	4,758,986	0	6,232,448	192.07
192.08	19208	PUBLIC RELATIONS	128	128	0	0	3,927	192.08
192.09	19209	UTICA MEDICAL CENTER	0	0	134,625	0	161,046	192.09
192.10	19210	OGLESBY FAMILY MEDICINE	0	0	535,083	0	802,317	192.10
192.11	19211	RETAIL CLINIC	0	0	359,629	0	786,450	192.11
192.12	19212	IVCH CARE TODAY	0	0	92,082	0	478,003	192.12
192.13	19213	PPCC	0	0	0	0	903,627	192.13
192.14	19214	ADULT MEDICINE CLINIC	0	0	0	0	86,177	192.14
194.00	07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	71,689	0	630,918	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	4,021,369	1,008,043	7,318,356		9,451,700	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	24.528619	6.148628	0.277982		0.182765	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			26,505		1,021,177	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.001007		0.019746	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	0					6.00
7.00	00700		97,534				7.00
8.00	00800		3,687	379,220			8.00
9.00	00900		2,480	0	13,142		9.00
10.00	01000		4,138	1,711	414	79,966	10.00
11.00	01100		2,416	0	0	0	11.00
12.00	01200		0	0	0	0	12.00
13.00	01300		1,365	0	122	0	13.00
14.00	01400		2,681	2,949	269	0	14.00
15.00	01500		1,262	0	105	0	15.00
16.00	01600		1,686	0	81	0	16.00
17.00	01700		432	0	0	0	17.00
19.00	01900		0	0	0	0	19.00
20.00	02000		0	0	0	0	20.00
21.00	02100		0	0	0	0	21.00
22.00	02200		0	0	0	0	22.00
23.00	02300		0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000		28,862	191,756	5,356	33,813	30.00
31.00	03100		3,447	12,091	365	2,475	31.00
40.00	04000		0	0	0	0	40.00
41.00	04100		0	0	0	0	41.00
42.00	04200		0	0	0	0	42.00
43.00	04300		928	0	0	0	43.00
44.00	04400		0	0	0	0	44.00
45.00	04500		0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000		8,221	41,915	1,854	0	50.00
50.01	05001		3,113	29,611	642	4,438	50.01
50.02	05002		0	0	0	0	50.02
50.03	05003		0	0	114	0	50.03
51.00	05100		865	0	0	0	51.00
52.00	05200		1,308	4,613	0	0	52.00
53.00	05300		180	4,818	0	0	53.00
54.00	05400		8,027	31,533	390	0	54.00
57.00	05700		0	0	0	0	57.00
58.00	05800		0	0	0	0	58.00
59.00	05900		0	0	0	0	59.00
60.00	06000		3,480	241	306	0	60.00
60.01	06001		0	0	0	0	60.01
63.00	06300		0	0	0	0	63.00
64.00	06400		4,029	4,795	158	0	64.00
65.00	06500		976	0	117	0	65.00
66.00	06600		4,740	23	74	0	66.00
67.00	06700		0	0	0	0	67.00
68.00	06800		0	0	0	0	68.00
69.00	06900		536	4,175	107	0	69.00
69.02	06901		2,738	0	0	0	69.02
70.00	07000		81	0	104	0	70.00
71.00	07100		0	0	0	0	71.00
72.00	07200		0	0	0	0	72.00
73.00	07300		0	0	0	0	73.00
76.00	03020		0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800		0	0	0	0	88.00
89.00	08900		0	0	0	0	89.00
91.00	09100		0	0	0	0	91.00
92.00	09200		3,282	26,148	740	760	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		42	7,785	0	0	95.00
99.00	09900		0	0	0	0	99.00
99.10	09910		0	0	0	0	99.10
101.00	10100		0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900		0	0	0	0	109.00
110.00	11000		0	0	0	0	110.00
111.00	11100		0	0	0	0	111.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
116.00	11600						116.00
			1,915	0	0	0	
118.00			96,917	364,164	11,318	41,486	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000		328	0	0	0	190.00
		0	0	0	0	0	
191.00	19100		0	0	0	0	191.00
		0	0	0	0	0	
192.00	19200		0	0	0	0	192.00
		0	0	0	0	0	
192.01	19201		0	0	0	0	192.01
		0	0	0	0	0	
192.02	19202		0	0	12	0	192.02
		0	0	0	12	0	
192.03	19203		161	0	252	0	192.03
		0	161	0	252	0	
192.04	19204		0	0	0	0	192.04
		0	0	0	0	0	
192.05	19205		0	6,402	144	10,276	192.05
		0	0	6,402	144	10,276	
192.06	19206		0	0	0	0	192.06
		0	0	0	0	0	
192.07	19207		0	0	0	0	192.07
		0	0	0	0	0	
192.08	19208		128	0	0	0	192.08
		0	128	0	0	0	
192.09	19209		0	0	0	0	192.09
		0	0	0	0	0	
192.10	19210		0	0	0	0	192.10
		0	0	0	0	0	
192.11	19211		0	0	0	0	192.11
		0	0	0	0	0	
192.12	19212		0	0	60	0	192.12
		0	0	0	60	0	
192.13	19213		0	0	0	0	192.13
		0	0	0	0	0	
192.14	19214		0	0	0	0	192.14
		0	0	0	0	0	
194.00	07950		0	8,654	1,356	28,204	194.00
		0	0	8,654	1,356	28,204	
200.00							200.00
201.00							201.00
202.00		0	4,473,418	580,833	1,333,472	1,142,233	202.00
		0	4,473,418	580,833	1,333,472	1,142,233	
203.00		0.000000	45.865216	1.531652	101.466443	14.283983	203.00
		0.000000	45.865216	1.531652	101.466443	14.283983	
204.00		0	1,068,882	160,424	124,201	192,474	204.00
		0	1,068,882	160,424	124,201	192,474	
205.00		0.000000	10.959071	0.423037	9.450692	2.406948	205.00
		0.000000	10.959071	0.423037	9.450692	2.406948	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
		11.00	12.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	25,397					11.00
12.00	01200	0	0				12.00
13.00	01300	657	0	330,471			13.00
14.00	01400	427	0	0	100		14.00
15.00	01500	767	0	0	0	138,669	15.00
16.00	01600	1,572	0	0	0	0	16.00
17.00	01700	388	0	8,064	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,844	0	142,355	0	9,486	30.00
31.00	03100	1,106	0	23,003	0	2,551	31.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	222	0	4,627	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,385	0	28,812	0	17,051	50.00
50.01	05001	669	0	13,923	0	2,014	50.01
50.02	05002	0	0	0	0	0	50.02
50.03	05003	360	0	7,480	0	2,262	50.03
51.00	05100	0	0	0	0	0	51.00
52.00	05200	362	0	7,529	0	0	52.00
53.00	05300	438	0	9,115	0	24,381	53.00
54.00	05400	2,225	0	0	0	6,311	54.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,183	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	0	63.00
64.00	06400	222	0	4,623	0	1,079	64.00
65.00	06500	783	0	0	0	337	65.00
66.00	06600	1,785	0	37,134	0	1,350	66.00
67.00	06700	137	0	0	0	0	67.00
68.00	06800	146	0	0	0	0	68.00
69.00	06900	351	0	0	0	759	69.00
69.02	06902	157	0	0	0	0	69.02
70.00	07000	5	0	0	0	0	70.00
71.00	07100	0	0	0	100	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
76.00	03020	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	2,106	0	43,806	0	6,406	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	100	0	0	0	0	95.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)	PHARMACY (COSTED REQUIS)	
		11.00	12.00	13.00	14.00	15.00	
111.00	11100	0	0	0	0	0	111.00
116.00	11600	0	0	0	0	45	116.00
118.00		25,397	0	330,471	100	74,032	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	892	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
192.05	19205	0	0	0	0	0	192.05
192.06	19206	0	0	0	0	0	192.06
192.07	19207	0	0	0	0	47,167	192.07
192.08	19208	0	0	0	0	0	192.08
192.09	19209	0	0	0	0	1,611	192.09
192.10	19210	0	0	0	0	319	192.10
192.11	19211	0	0	0	0	0	192.11
192.12	19212	0	0	0	0	5	192.12
192.13	19213	0	0	0	0	0	192.13
192.14	19214	0	0	0	0	0	192.14
194.00	07950	0	0	0	0	14,643	194.00
200.00							200.00
201.00							201.00
202.00		576,732	0	952,674	531,835	1,234,476	202.00
203.00		22.708666	0.000000	2.882776	5,318.350000	8.902321	203.00
204.00		108,661	0	75,728	123,518	76,578	204.00
205.00		4.278497	0.000000	0.229152	1,235.180000	0.552236	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	182,335,098					16.00
17.00 01700 SOCIAL SERVICE	0	9,075				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00 02000 NURSING SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	12,242,163	7,531		0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,444,930	577		0	0	31.00
40.00 04000 SUBPROVIDER - I/PF	0	0		0	0	40.00
41.00 04100 SUBPROVIDER - I/RF	0	0		0	0	41.00
42.00 04200 SUBPROVIDER	0	0		0	0	42.00
43.00 04300 NURSERY	808,253	967		0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		0	0	44.00
45.00 04500 NURSING FACILITY	0	0		0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	28,180,364	0	0	0	0	50.00
50.01 05001 SAME DAY SURGERY	2,111,495	0	0	0	0	50.01
50.02 05002 LI THOTRI PSY	0	0	0	0	0	50.02
50.03 05003 ENDOSCOPY	4,260,345	0	0	0	0	50.03
51.00 05100 RECOVERY ROOM	3,586,172	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,965,214	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	6,839,011	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	37,221,590	0	0	0	0	54.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	25,177,798	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
64.00 06400 INTRAVENOUS THERAPY	1,247,484	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,637,384	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	4,325,578	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	517,865	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	491,044	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	3,529,372	0	0	0	0	69.00
69.02 06901 CARDIAC REHAB	205,685	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	1,178,503	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,661,030	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	9,199,697	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,949,008	0	0	0	0	73.00
76.00 03020 I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100 EMERGENCY	14,052,888	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	18,852	0	0	0	0	95.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00 11600	HOSPICE	483,373	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	182,335,098	9,075	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01 19201	PRIVATE DUTY NURSING	0	0	0	0	0 192.01
192.02 19202	COMMUNITY HEALTH	0	0	0	0	0 192.02
192.03 19203	OCCUPATIONAL MEDICINE	0	0	0	0	0 192.03
192.04 19204	FAMILY PHARMACY	0	0	0	0	0 192.04
192.05 19205	ADULT DAY CARE	0	0	0	0	0 192.05
192.06 19206	PERSONAL TOUCH	0	0	0	0	0 192.06
192.07 19207	IV HEALTH CORP	0	0	0	0	0 192.07
192.08 19208	PUBLIC RELATIONS	0	0	0	0	0 192.08
192.09 19209	UTICA MEDICAL CENTER	0	0	0	0	0 192.09
192.10 19210	OGLESBY FAMILY MEDICINE	0	0	0	0	0 192.10
192.11 19211	RETAIL CLINIC	0	0	0	0	0 192.11
192.12 19212	IVCH CARE TODAY	0	0	0	0	0 192.12
192.13 19213	PPCC	0	0	0	0	0 192.13
192.14 19214	ADULT MEDICINE CLINIC	0	0	0	0	0 192.14
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,268,837	414,450	0	0	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.006959	45.669421	0.000000	0.000000	0.000000 203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	97,368	27,765	0	0	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000534	3.059504	0.000000	0.000000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
GENERAL SERVICE COST CENTERS			
1.00 00100 CAP REL COSTS-BLDG & FIXT			1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP			2.00
4.00 00400 EMPLOYEE BENEFITS DEPARTMENT			4.00
5.00 00500 ADMINISTRATIVE & GENERAL			5.00
6.00 00600 MAINTENANCE & REPAIRS			6.00
7.00 00700 OPERATION OF PLANT			7.00
8.00 00800 LAUNDRY & LINEN SERVICE			8.00
9.00 00900 HOUSEKEEPING			9.00
10.00 01000 DIETARY			10.00
11.00 01100 CAFETERIA			11.00
12.00 01200 MAINTENANCE OF PERSONNEL			12.00
13.00 01300 NURSING ADMINISTRATION			13.00
14.00 01400 CENTRAL SERVICES & SUPPLY			14.00
15.00 01500 PHARMACY			15.00
16.00 01600 MEDICAL RECORDS & LIBRARY			16.00
17.00 01700 SOCIAL SERVICE			17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS			19.00
20.00 02000 NURSING SCHOOL			20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0		21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000 ADULTS & PEDIATRICS	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	31.00
40.00 04000 SUBPROVIDER - I PF	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	42.00
43.00 04300 NURSERY	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
50.01 05001 SAME DAY SURGERY	0	0	50.01
50.02 05002 LI THOTRI PSY	0	0	50.02
50.03 05003 ENDOSCOPY	0	0	50.03
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MRI	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.02 06901 CARDIAC REHAB	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00 03020 I/P AMBULANCE SERVICES	0	0	76.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART			92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES	0	0	95.00
99.00 09900 CMHC	0	0	99.00
99.10 09910 CORF	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet B-1

Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	INTERNS & RESIDENTS	PARAMETERED PRGM (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)		
	22.00	23.00	
SPECIAL PURPOSE COST CENTERS			
109.00 10900	PANCREAS ACQUISITION	0	0
110.00 11000	INTESTINAL ACQUISITION	0	0
111.00 11100	ISLET ACQUISITION	0	0
116.00 11600	HOSPICE	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0
NONREIMBURSABLE COST CENTERS			
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
191.00 19100	RESEARCH	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0
192.01 19201	PRIVATE DUTY NURSING	0	0
192.02 19202	COMMUNITY HEALTH	0	0
192.03 19203	OCCUPATIONAL MEDICINE	0	0
192.04 19204	FAMILY PHARMACY	0	0
192.05 19205	ADULT DAY CARE	0	0
192.06 19206	PERSONAL TOUCH	0	0
192.07 19207	IV HEALTH CORP	0	0
192.08 19208	PUBLIC RELATIONS	0	0
192.09 19209	UTICA MEDICAL CENTER	0	0
192.10 19210	OGLESBY FAMILY MEDICINE	0	0
192.11 19211	RETAIL CLINIC	0	0
192.12 19212	IVCH CARE TODAY	0	0
192.13 19213	PPCC	0	0
192.14 19214	ADULT MEDICINE CLINIC	0	0
194.00 07950	OTHER NONREIMBURSABLE COST CENTERS	0	0
200.00	Cross Foot Adjustments		
201.00	Negative Cost Centers		
202.00	Cost to be allocated (per Wkst. B, Part I)	0	0
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000
204.00	Cost to be allocated (per Wkst. B, Part II)	0	0
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/15/2013 10:24 am

		Title XVIII		Hospital		PPS		
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
				Total Costs	RCE Disallowance			Total Costs
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,996,437		9,996,437	0	9,996,437	30.00
31.00	03100	INTENSIVE CARE UNIT	1,529,448		1,529,448	0	1,529,448	31.00
40.00	04000	SUBPROVIDER - I/P	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - I/R	0		0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	42.00
43.00	04300	NURSERY	395,827		395,827	0	395,827	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,559,269		5,559,269	0	5,559,269	50.00
50.01	05001	SAME DAY SURGERY	1,076,055		1,076,055	0	1,076,055	50.01
50.02	05002	LITHOTRIPSY	0		0	0	0	50.02
50.03	05003	ENDOSCOPY	645,548		645,548	0	645,548	50.03
51.00	05100	RECOVERY ROOM	96,015		96,015	0	96,015	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	507,872		507,872	0	507,872	52.00
53.00	05300	ANESTHESIOLOGY	1,482,172		1,482,172	0	1,482,172	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,957,055		4,957,055	0	4,957,055	54.00
57.00	05700	CT SCAN	0		0	0	0	57.00
58.00	05800	MRI	0		0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000	LABORATORY	4,625,574		4,625,574	0	4,625,574	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
64.00	06400	INTRAVENOUS THERAPY	634,325		634,325	0	634,325	64.00
65.00	06500	RESPIRATORY THERAPY	778,955	0	778,955	0	778,955	65.00
66.00	06600	PHYSICAL THERAPY	2,614,998	0	2,614,998	0	2,614,998	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,715	0	6,715	0	6,715	67.00
68.00	06800	SPEECH PATHOLOGY	6,732	0	6,732	0	6,732	68.00
69.00	06900	ELECTROCARDIOLOGY	407,870		407,870	0	407,870	69.00
69.02	06901	CARDIAC REHAB	331,791		331,791	0	331,791	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	242,641		242,641	0	242,641	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,312,996		1,312,996	0	1,312,996	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,112,642		3,112,642	0	3,112,642	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,993,644		1,993,644	0	1,993,644	73.00
76.00	03020	I/P AMBULANCE SERVICES	0		0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	89.00
91.00	09100	EMERGENCY	2,746,463		2,746,463	0	2,746,463	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,110,913		2,110,913	0	2,110,913	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	135,120		135,120	0	135,120	95.00
99.00	09900	CMHC	0		0	0	0	99.00
99.10	09910	CORF	0		0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0		0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0		0	0	0	111.00
116.00	11600	HOSPICE	816,518		816,518	0	816,518	116.00
200.00		Subtotal (see instructions)	48,123,595	0	48,123,595	0	48,123,595	200.00
201.00		Less Observation Beds	2,110,913		2,110,913	0	2,110,913	201.00
202.00		Total (see instructions)	46,012,682	0	46,012,682	0	46,012,682	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet C
Part I
Date/Time Prepared:
11/15/2013 10:24 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			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	9,093,567		9,093,567	30.00
31.00	03100	INTENSIVE CARE UNIT	2,444,930		2,444,930	31.00
40.00	04000	SUBPROVIDER - IPF	0		0	40.00
41.00	04100	SUBPROVIDER - IRF	0		0	41.00
42.00	04200	SUBPROVIDER	0		0	42.00
43.00	04300	NURSERY	808,253		808,253	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	44.00
45.00	04500	NURSING FACILITY	0		0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	6,820,548	21,359,816	28,180,364	0.197275 50.00
50.01	05001	SAME DAY SURGERY	0	2,111,495	2,111,495	0.509618 50.01
50.02	05002	LITHOTRIPSY	0	0	0	0.000000 50.02
50.03	05003	ENDOSCOPY	341,445	3,918,900	4,260,345	0.151525 50.03
51.00	05100	RECOVERY ROOM	895,153	2,691,019	3,586,172	0.026774 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,318,186	647,028	1,965,214	0.258431 52.00
53.00	05300	ANESTHESIOLOGY	701,652	6,137,359	6,839,011	0.216723 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,392,963	33,828,627	37,221,590	0.133177 54.00
57.00	05700	CT SCAN	0	0	0	0.000000 57.00
58.00	05800	MRI	0	0	0	0.000000 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000 59.00
60.00	06000	LABORATORY	4,835,116	20,342,682	25,177,798	0.183716 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000 63.00
64.00	06400	INTRAVENOUS THERAPY	482,244	765,240	1,247,484	0.508483 64.00
65.00	06500	RESPIRATORY THERAPY	1,653,388	983,996	2,637,384	0.295351 65.00
66.00	06600	PHYSICAL THERAPY	1,037,471	3,288,107	4,325,578	0.604543 66.00
67.00	06700	OCCUPATIONAL THERAPY	124,213	393,652	517,865	0.012967 67.00
68.00	06800	SPEECH PATHOLOGY	26,078	464,966	491,044	0.013710 68.00
69.00	06900	ELECTROCARDIOLOGY	1,242,454	2,286,918	3,529,372	0.115564 69.00
69.02	06901	CARDIAC REHAB	665	205,020	205,685	1.613103 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	15,436	1,163,067	1,178,503	0.205889 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,996,800	664,230	2,661,030	0.493416 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,831,630	3,368,067	9,199,697	0.338342 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,409,159	9,539,849	16,949,008	0.117626 73.00
76.00	03020	I/P AMBULANCE SERVICES	0	0	0	0.000000 76.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100	EMERGENCY	3,099,605	10,953,283	14,052,888	0.195438 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	382,860	2,765,736	3,148,596	0.670430 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	7,172	11,680	18,852	7.167409 95.00
99.00	09900	CMHC	0	0	0	99.00
99.10	09910	CORF	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
116.00	11600	HOSPICE	0	483,373	483,373	116.00
200.00		Subtotal (see instructions)	53,960,988	128,374,110	182,335,098	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	53,960,988	128,374,110	182,335,098	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet C Part I Date/Time Prepared: 11/15/2013 10:24 am
			Title XVII I	Hospital	PPS
Cost Center Description			PPS Inpatient Ratio		
INPATIENT ROUTINE SERVICE COST CENTERS			11.00		
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT			31.00
40.00	04000	SUBPROVIDER - I PF			40.00
41.00	04100	SUBPROVIDER - I RF			41.00
42.00	04200	SUBPROVIDER			42.00
43.00	04300	NURSERY			43.00
44.00	04400	SKILLED NURSING FACILITY			44.00
45.00	04500	NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.197275		50.00
50.01	05001	SAME DAY SURGERY	0.509618		50.01
50.02	05002	LITHOTRIpsy	0.000000		50.02
50.03	05003	ENDOSCOPY	0.151525		50.03
51.00	05100	RECOVERY ROOM	0.026774		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258431		52.00
53.00	05300	ANESTHESIOLOGY	0.216723		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133177		54.00
57.00	05700	CT SCAN	0.000000		57.00
58.00	05800	MRI	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000	LABORATORY	0.183716		60.00
60.01	06001	BLOOD LABORATORY	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	0.508483		64.00
65.00	06500	RESPIRATORY THERAPY	0.295351		65.00
66.00	06600	PHYSICAL THERAPY	0.604543		66.00
67.00	06700	OCCUPATIONAL THERAPY	0.012967		67.00
68.00	06800	SPEECH PATHOLOGY	0.013710		68.00
69.00	06900	ELECTROCARDIOLOGY	0.115564		69.00
69.02	06901	CARDIAC REHAB	1.613103		69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205889		70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.493416		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.338342		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117626		73.00
76.00	03020	I/P AMBULANCE SERVICES	0.000000		76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC			88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER			89.00
91.00	09100	EMERGENCY	0.195438		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.670430		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	7.167409		95.00
99.00	09900	CMHC			99.00
99.10	09910	CORF			99.10
101.00	10100	HOME HEALTH AGENCY			101.00
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION			109.00
110.00	11000	INTESTINAL ACQUISITION			110.00
111.00	11100	ISLET ACQUISITION			111.00
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

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,619,463	0	1,619,463	9,547	169.63	30.00
31.00	INTENSIVE CARE UNIT	191,904		191,904	577	332.59	31.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	48,922		48,922	967	50.59	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	1,860,289		1,860,289	11,091		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,849	822,536				
31.00	INTENSIVE CARE UNIT	330	109,755				
40.00	SUBPROVIDER - IPF	0	0				
41.00	SUBPROVIDER - IRF	0	0				
42.00	SUBPROVIDER	0	0				
43.00	NURSERY	0	0				
44.00	SKILLED NURSING FACILITY	0	0				
45.00	NURSING FACILITY	0	0				
200.00	Total (lines 30-199)	5,179	932,291				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part II Date/Time Prepared: 11/15/2013 10:24 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)	Hospital Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	489,899	28,180,364	0.017384	3,989,516	69,354	50.00
50.01	05001 SAME DAY SURGERY	178,750	2,111,495	0.084656	0	0	50.01
50.02	05002 LI THOTRI PSY	0	0	0.000000	0	0	50.02
50.03	05003 ENDOSCOPY	17,298	4,260,345	0.004060	0	0	50.03
51.00	05100 RECOVERY ROOM	38,455	3,586,172	0.010723	458,957	4,921	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	67,567	1,965,214	0.034381	3,224	111	52.00
53.00	05300 ANESTHESIOLOGY	50,642	6,839,011	0.007405	304,798	2,257	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	454,438	37,221,590	0.012209	3,242,387	39,586	54.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	241,978	25,177,798	0.009611	4,763,483	45,782	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	181,196	1,247,484	0.145249	4,317	627	64.00
65.00	06500 RESPIRATORY THERAPY	58,514	2,637,384	0.022186	1,338,599	29,698	65.00
66.00	06600 PHYSICAL THERAPY	255,156	4,325,578	0.058988	787,132	46,431	66.00
67.00	06700 OCCUPATIONAL THERAPY	863	517,865	0.001666	81,827	136	67.00
68.00	06800 SPEECH PATHOLOGY	887	491,044	0.001806	23,691	43	68.00
69.00	06900 ELECTROCARDIOLOGY	34,476	3,529,372	0.009768	1,240,777	12,120	69.00
69.02	06901 CARDIAC REHAB	118,205	205,685	0.574689	0	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	8,681	1,178,503	0.007366	13,964	103	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	137,671	2,661,030	0.051736	1,673,673	86,589	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	55,809	9,199,697	0.006066	3,592,848	21,794	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,365	16,949,008	0.002382	5,191,704	12,367	73.00
76.00	03020 I/P AMBULANCE SERVICES	0	0	0.000000	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100 EMERGENCY	223,592	14,052,888	0.015911	2,005,932	31,916	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	341,976	3,148,596	0.108612	382,669	41,562	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	2,996,418	169,486,123		29,099,498	445,397	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part III Date/Time Prepared: 11/15/2013 10:24 am
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Cost Center Description		Title XVIII					Hospital		PPS	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)				
		1.00	2.00	3.00	4.00	5.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0	0	0	0	0	42.00	
43.00	04300	NURSERY	0	0	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0	0	0	0	0	45.00	
200.00		Total (lines 30-199)	0	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)	PSA Adj. Nursing School				
		6.00	7.00	8.00	9.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	9,547	0.00	4,849	0	0	0	30.00	
31.00	03100	INTENSIVE CARE UNIT	577	0.00	330	0	0	0	31.00	
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	0	40.00	
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	0	0	41.00	
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	0	42.00	
43.00	04300	NURSERY	967	0.00	0	0	0	0	43.00	
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	0	44.00	
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	0	45.00	
200.00		Total (lines 30-199)	11,091		5,179	0	0	0	200.00	
Cost Center Description		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost							
		12.00	13.00							
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	0	0						30.00
31.00	03100	INTENSIVE CARE UNIT	0	0						31.00
40.00	04000	SUBPROVIDER - IPF	0	0						40.00
41.00	04100	SUBPROVIDER - IRF	0	0						41.00
42.00	04200	SUBPROVIDER	0	0						42.00
43.00	04300	NURSERY	0	0						43.00
44.00	04400	SKILLED NURSING FACILITY	0	0						44.00
45.00	04500	NURSING FACILITY	0	0						45.00
200.00		Total (lines 30-199)	0	0						200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002	LITHOTRIpsy	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
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
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part IV Date/Time Prepared: 11/15/2013 10:24 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	28,180,364	0.000000	0.000000	3,989,516	50.00
50.01	05001 SAME DAY SURGERY	0	2,111,495	0.000000	0.000000	0	50.01
50.02	05002 LI THOTRI PSY	0	0	0.000000	0.000000	0	50.02
50.03	05003 ENDOSCOPY	0	4,260,345	0.000000	0.000000	0	50.03
51.00	05100 RECOVERY ROOM	0	3,586,172	0.000000	0.000000	458,957	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,965,214	0.000000	0.000000	3,224	52.00
53.00	05300 ANESTHESIOLOGY	0	6,839,011	0.000000	0.000000	304,798	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	37,221,590	0.000000	0.000000	3,242,387	54.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	25,177,798	0.000000	0.000000	4,763,483	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,247,484	0.000000	0.000000	4,317	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,637,384	0.000000	0.000000	1,338,599	65.00
66.00	06600 PHYSICAL THERAPY	0	4,325,578	0.000000	0.000000	787,132	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	517,865	0.000000	0.000000	81,827	67.00
68.00	06800 SPEECH PATHOLOGY	0	491,044	0.000000	0.000000	23,691	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,529,372	0.000000	0.000000	1,240,777	69.00
69.02	06901 CARDIAC REHAB	0	205,685	0.000000	0.000000	0	69.02
70.00	07000 ELECTROENCEPHALOGRAPHY	0	1,178,503	0.000000	0.000000	13,964	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,661,030	0.000000	0.000000	1,673,673	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	9,199,697	0.000000	0.000000	3,592,848	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16,949,008	0.000000	0.000000	5,191,704	73.00
76.00	03020 I/P AMBULANCE SERVICES	0	0	0.000000	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	14,052,888	0.000000	0.000000	2,005,932	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,148,596	0.000000	0.000000	382,669	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	169,486,123			29,099,498	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/15/2013 10:24 am

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	0	10,462,772	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	0	50.01
50.02	05002	LITHOTRIpsy	0	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	2,124,731	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	3,962	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	2,563,575	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	11,977,333	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	837,310	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
64.00	06400	INTRAVENOUS THERAPY	0	0	896,918	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	150,232	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	936	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,717	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	2,209,377	0	0	69.00
69.02	06901	CARDIAC REHAB	0	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	373,091	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	246,873	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	2,152,162	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	4,454,139	0	0	73.00
76.00	03020	I/P AMBULANCE SERVICES	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	2,712,809	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	1,459,976	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00		Total (lines 50-199)	0	0	42,627,913	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet D
Part IV
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Title XVIII				Hospital	PPS
		PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost		
		21.00	22.00	23.00	24.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	SAME DAY SURGERY	0	0	0	0	50.01
50.02	05002	LITHOTRIpsy	0	0	0	0	50.02
50.03	05003	ENDOSCOPY	0	0	0	0	50.03
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
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
69.02	06901	CARDIAC REHAB	0	0	0	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	I/P AMBULANCE SERVICES	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/15/2013 10:24 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	0.197275	0	10,462,772	0	0	0	0	50.00
50.01 05001 SAME DAY SURGERY	0.509618	0	0	0	0	0	0	50.01
50.02 05002 LI THOTRI PSY	0.000000	0	0	0	0	0	0	50.02
50.03 05003 ENDOSCOPY	0.151525	0	0	0	0	0	0	50.03
51.00 05100 RECOVERY ROOM	0.026774	0	2,124,731	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.258431	0	3,962	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.216723	0	2,563,575	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.133177	0	11,977,333	0	0	0	0	54.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0.183716	0	837,310	8,728	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.508483	0	896,918	475	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.295351	0	150,232	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.604543	0	936	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.012967	0	1,717	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.013710	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.115564	0	2,209,377	0	0	0	0	69.00
69.02 06901 CARDIAC REHAB	1.613103	0	0	0	0	0	0	69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0.205889	0	373,091	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.493416	0	246,873	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.338342	0	2,152,162	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.117626	0	4,454,139	31	35,969	0	0	73.00
76.00 03020 I/P AMBULANCE SERVICES	0.000000	0	0	0	0	0	0	76.00
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0.000000							88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000							89.00
91.00 09100 EMERGENCY	0.195438	0	2,712,809	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.670430	0	1,459,976	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00 09500 AMBULANCE SERVICES	7.167409			0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	42,627,913	9,234	35,969	200.00	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00	201.00
202.00	Net Charges (line 200 +/- line 201)		0	42,627,913	9,234	35,969	202.00	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D Part V Date/Time Prepared: 11/15/2013 10:24 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	0	2,064,043	0	0		50.00
50.01 05001 SAME DAY SURGERY	0	0	0	0		50.01
50.02 05002 LI THOTRI PSY	0	0	0	0		50.02
50.03 05003 ENDOSCOPY	0	0	0	0		50.03
51.00 05100 RECOVERY ROOM	0	56,888	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	1,024	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	555,586	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,595,105	0	0		54.00
57.00 05700 CT SCAN	0	0	0	0		57.00
58.00 05800 MRI	0	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0		59.00
60.00 06000 LABORATORY	0	153,827	1,603	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
64.00 06400 INTRAVENOUS THERAPY	0	456,068	242	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	44,371	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	566	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	22	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	255,324	0	0		69.00
69.02 06901 CARDIAC REHAB	0	0	0	0		69.02
70.00 07000 ELECTROENCEPHALOGRAPHY	0	76,815	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	121,811	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	728,167	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	523,923	4	4,231		73.00
76.00 03020 I/P AMBULANCE SERVICES	0	0	0	0		76.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
91.00 09100 EMERGENCY	0	530,186	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	978,812	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES			0			95.00
200.00	Subtotal (see instructions)	0	8,142,538	1,849	4,231	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	8,142,538	1,849	4,231	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/15/2013 10:24 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,724	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,547	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)		7,531	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		177	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)		4,849	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)		169	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,996,437	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,996,437	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)		9,996,437	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,047.08	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,077,291	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,077,291	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D-1 Date/Time Prepared: 11/15/2013 10:24 am		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	1,529,448	577	2,650.69	330	874,728	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)					6,494,901	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,446,920	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)					932,291	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					445,397	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,377,688	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,069,232	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)					2,016	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,047.08	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,110,913	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140234		Period: From 07/01/2012 To 06/30/2013		Worksheet D-1 Date/Time Prepared: 11/15/2013 10:24 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,619,463	9,996,437	0.162004	2,110,913	341,976	90.00
91.00	Nursing School cost	0	9,996,437	0.000000	2,110,913	0	91.00
92.00	Allied health cost	0	9,996,437	0.000000	2,110,913	0	92.00
93.00	All other Medical Education	0	9,996,437	0.000000	2,110,913	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3 Date/Time Prepared: 11/15/2013 10:24 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		4,397,911	30.00
31.00	03100	INTENSIVE CARE UNIT		690,220	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.197275	3,989,516	787,032 50.00
50.01	05001	SAME DAY SURGERY	0.509618	0	0 50.01
50.02	05002	LITHOTRIpsy	0.000000	0	0 50.02
50.03	05003	ENDOSCOPY	0.151525	0	0 50.03
51.00	05100	RECOVERY ROOM	0.026774	458,957	12,288 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258431	3,224	833 52.00
53.00	05300	ANESTHESIOLOGY	0.216723	304,798	66,057 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133177	3,242,387	431,811 54.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.183716	4,763,483	875,128 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.508483	4,317	2,195 64.00
65.00	06500	RESPIRATORY THERAPY	0.295351	1,338,599	395,357 65.00
66.00	06600	PHYSICAL THERAPY	0.604543	787,132	475,855 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.012967	81,827	1,061 67.00
68.00	06800	SPEECH PATHOLOGY	0.013710	23,691	325 68.00
69.00	06900	ELECTROCARDIOLOGY	0.115564	1,240,777	143,389 69.00
69.02	06901	CARDIAC REHAB	1.613103	0	0 69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205889	13,964	2,875 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.493416	1,673,673	825,817 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.338342	3,592,848	1,215,611 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117626	5,191,704	610,679 73.00
76.00	03020	I/P AMBULANCE SERVICES	0.000000	0	0 76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
91.00	09100	EMERGENCY	0.195438	2,005,932	392,035 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.670430	382,669	256,553 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		29,099,498	6,494,901 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		29,099,498	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet D-3	
		Component CCN: 14U234		Date/Time Prepared: 11/15/2013 10:24 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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.197275	0	50.00
50.01	05001	SAME DAY SURGERY	0.509618	0	50.01
50.02	05002	LITHOTRIpsy	0.000000	0	50.02
50.03	05003	ENDOSCOPY	0.151525	0	50.03
51.00	05100	RECOVERY ROOM	0.026774	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.258431	0	52.00
53.00	05300	ANESTHESIOLOGY	0.216723	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.133177	10,346	54.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.183716	25,592	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.508483	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.295351	34,266	65.00
66.00	06600	PHYSICAL THERAPY	0.604543	40,716	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.012967	4,544	67.00
68.00	06800	SPEECH PATHOLOGY	0.013710	462	68.00
69.00	06900	ELECTROCARDIOLOGY	0.115564	1,288	69.00
69.02	06901	CARDIAC REHAB	1.613103	0	69.02
70.00	07000	ELECTROENCEPHALOGRAPHY	0.205889	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.493416	43,809	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.338342	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.117626	84,438	73.00
76.00	03020	I/P AMBULANCE SERVICES	0.000000	0	76.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.195438	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.670430	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		245,461	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)		245,461	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/15/2013 10:24 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		7,883,804		1.00
2.00	Outlier payments for discharges. (see instructions)		198,569		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)		49.99		4.00
Indirect Medical Education Adjustment					
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00		5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00		6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(1)		0.00		7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(F)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00		7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00		8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00		8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00		8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00		9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00		10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00		11.00
12.00	Current year allowable FTE (see instructions)		0.00		12.00
13.00	Total allowable FTE count for the prior year.		0.00		13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00		14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00		15.00
16.00	Adjustment for residents in initial years of the program		0.00		16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00		17.00
18.00	Adjusted rolling average FTE count		0.00		18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000		19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000		20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000		21.00
22.00	IME payment adjustment (see instructions)		0		22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA					
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (F)(1)(iv)(C).		0.00		23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00		24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00		25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000		26.00
27.00	IME payments adjustment. (see instructions)		0.000000		27.00
28.00	IME Adjustment (see instructions)		0		28.00
29.00	Total IME payment (sum of lines 22 and 28)		0		29.00
Disproportionate Share Adjustment					
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.41		30.00
31.00	Percentage of Medicaid patient days (see instructions)		17.20		31.00
32.00	Sum of lines 30 and 31		19.61		32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.50		33.00
34.00	Disproportionate share adjustment (see instructions)		433,609		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: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/15/2013 10:24 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)		8,515,982		47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		10,730,821		48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		10,177,111		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		659,049		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)		10,836,160		59.00
60.00	Primary payer payments		8,159		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		10,828,001		61.00
62.00	Deductibles billed to program beneficiaries		1,148,548		62.00
63.00	Coinurance billed to program beneficiaries		6,216		63.00
64.00	Allowable bad debts (see instructions)		195,348		64.00
65.00	Adjusted reimbursable bad debts (see instructions)		136,744		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		170,743		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		9,809,981		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			0		70.00
70.01			0		70.01
70.92	Bundled Model 1 discount amount		0		70.92
70.93	HVBP incentive payment (see instructions)		8,279		70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0		70.94
70.95	Recovery of Accelerated Depreciation		0		70.95
70.96	Low Volume Payment-1 (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)		9,818,260		71.00
71.01	Sequestration adjustment (see instructions)		49,091		71.01
72.00	Interim payments		9,817,142		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		-47,973		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0		75.00
TO BE COMPLETED BY CONTRACTOR					
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)		0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2		0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)		0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)		0		93.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part A Date/Time Prepared: 11/15/2013 10:24 am	
		Title XVIII	Hospital	PPS	
			before 1/1	on/after 1/1	
		0	1.00		
94.00	The rate used to calculate the Time Value of Money		0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)		0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)		0		96.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140234		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF THE DSH PAYMENT PERCENTAGE							
1.00	Percentage of SSI patient days to Medicare Part A days (Previous from E, Part A, line 30 - Revised from CMS)	2.41	0.00	0.00	0.00	0.00	1.00
2.00	Percentage of Medicaid patient days to total days (From line 27)	17.20	0.00			17.20	2.00
3.00	Sum of lines 1 and 2, if less than 15% DSH Payment Percentage = 0	19.61	0.00			17.20	3.00
4.00	Provider Type * (urban, rural, SCH, RRC, pickle - If pickle worksheet NA)	MDH				MDH	4.00
5.00	Bed days available divided by number of days in the cost reporting period (Worksheet E, Part A, Line 4)	49.99	0.00			49.99	5.00
6.00	Disproportionate Share Payment Percentage (transfer to Worksheet E, Part A, line 33)	5.50	0.00			0.00	6.00
7.00	Qualify for Operating DSH Eligibility (DPP 15% or more)?	Yes				Yes	7.00
8.00	S-2, Line 22	Yes				Yes	8.00
9.00	Qualify for Capital DSH Eligibility (Urban with 100 or more beds)?	No				No	9.00
10.00	S-2, Line 45	No				No	10.00
11.00	Is the provider reimbursed under the fully prospective method? (Worksheet L, Part I, line 1 greater than -0-)	Yes				Yes	11.00
12.00	Percentage of SSI patient days to Medicare Part A days (Previous from L, Part I, line 7 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	12.00
13.00	Is this an IRF provider or a provider with an IRF excluded unit (Worksheet S-2, line 75, column 1 = "Y")	No				No	13.00
14.00	Medicare SSI ratio (Previous from E-3, Part III, line 2 - Revised from CMS)	0.00	0.00	0.00	0.00	0.00	14.00
CALCULATION OF THE PERCENTAGE OF MEDICAID DAYS TO TOTAL DAYS							
15.00	In-State Medicaid paid days (Worksheet S-2, line 24, column 1)	1,355	0			1,355	15.00
16.00	In-State Medicaid eligible unpaid paid days (Worksheet S-2, line 24, column 2)	233	0			233	16.00
17.00	Out-of-State Medicaid paid days (Worksheet S-2, line 24, column 3)	0	0			0	17.00
18.00	Out-of-State Medicaid eligible unpaid days (Worksheet S-2, line 24, column 4)	0	0			0	18.00
18.01	N/A	0	0			0	18.01
19.00	Medicaid HMO days (Worksheet S-2, line 24, column 5)	3	0			3	19.00
20.00	Other Medicaid days (Worksheet S-2, line 24, column 6)	0	0			0	20.00
21.00	Total Medicaid patient days for the DSH calculation (sum of lines 15-20)	1,591	0			1,591	21.00
22.00	Total patient days (Worksheet S-3, Part I, Column 8, Line 14)	9,252	0			9,252	22.00
23.00	Plus total labor room days (Worksheet S-3, Part I, Column 8, Line 32)	175	0			175	23.00
24.00	Plus total employee discount days (Worksheet S-3, Part I, Column 8, Line 30)	0	0			0	24.00
25.00	Less total Swing-bed SNF and NF patient days (Worksheet S-3, Part I, Column 8, Lines 5 and 6)	177	0			177	25.00
26.00	Total Medicaid patient days for the DSH calculation (sum of lines 22-24, less line 25)	9,250	0			9,250	26.00
27.00	Percentage of Medicaid patient days to total days (Line 21 divided by line 26)	17.20	0.00			17.20	27.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140234		Period: From 07/01/2012 To 06/30/2013		Worksheet DSH Date/Time Prepared: 11/15/2013 10:24 am	
		Title XVIII		Hospital		PPS	
		Original .mcrx Values		Adjusted .mcax Values		Revised	
		Condition	Percentage	Condition	Percentage	Condition	
		1.00	2.00	3.00	4.00	5.00	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE							
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	False	0.00		0.00	False	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	True	5.50		0.00	True	29.00
30.00	Line 28 or 29 as applicable		5.50		0.00		30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.		0.00		0.00		31.00
		Original .mcrx Values	Adjusted .mcax Values	HFS Look Up	Override Value	Revised Value	
		1.00	2.00	3.00	4.00	5.00	
DETERMINATION OF PROVIDER TYPE							
32.00	Does the hospital qualify under the Pickle amendment? (Worksheet S-2, Part I, Line 22, column 2 = "Y")	False				False	32.00
33.00	Is This a Rural Referral Center? (Worksheet S-2, Part I, line 116, column 1 = "Y")	False				False	33.00
34.00	Is this a Medicare Dependant Hospital? (Worksheet S-2, Part I, Line 37 greater than -0-)	True				True	34.00
35.00	Is this a Sole Community hospital? (Worksheet S-2, Part I, Line 35 greater than -0-)	False				False	35.00
36.00	Is this an Urban or Rural hospital? (Worksheet S-2, Part I, Line 26, Column 1, Urban=1, Rural=2)	Rural				Rural	36.00

CALCULATION OF DSH PAYMENT PERCENTAGE		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet DSH Date/Time Prepared: 11/15/2013 10:24 am
		Title XVIII	Hospital	PPS

		Revised Percentage	
CALCULATION OF MAXIMUM DSH PAYMENT PERCENTAGE		6.00	
28.00	If line 3 is greater than 20.2% - 5.88% plus 82.5% of the difference between 20.2% and line 3	0.00	28.00
29.00	If line 3 is less than 20.2% - 2.5% plus 65% of the difference between 15% and line 3	3.93	29.00
30.00	Line 28 or 29 as applicable	3.93	30.00
31.00	If Urban and fewer than 100 beds, Rural and fewer than 500 beds, or an SCH the lower of line 30 or .1200, if RRC, MDH or otherwise enter line 30.	0.00	31.00

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/15/2013 10:24 am

		Title XVIII			Hospital		PPS	
		W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01		
		0	1.00	2.00	3.00	4.00		
1.00	DRG amounts other than outlier payments	1.00	7,883,804	0	1,970,951	5,912,853	1.00	
2.00	Outlier payments for discharges (see instructions)	2.00	198,569	0	49,642	148,927	2.00	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0550	0.0550	0.0550	0.0550	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	433,609	0	108,402	325,207	11.00	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	8,515,982	0	2,128,995	6,386,987	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	10,730,821	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	10,177,111	0	2,128,995	8,048,116	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	659,049	0	164,762	494,287	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	2,293,757	8,542,403	19.00	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	622,524	0	155,631	466,893	20.00	
21.00	Capital DRG outlier payments	2.00	36,525	0	9,131	27,394	21.00	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00	
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	24.00	
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	659,049	0	164,762	494,287	26.00	
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.001071	0.010714	27.00	
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			2,457		28.00	
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				91,523	29.00	
100.00	Transfer low volume adjustments to W/S E Part A.		Y				100.00	

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
11/15/2013 10:24 am

Title XVII

Hospital

PPS

		Total (Col 2 through 4)		
		5.00		
1.00	DRG amounts other than outlier payments	7,883,804		1.00
2.00	Outlier payments for discharges (see instructions)	198,569		2.00
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	0		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	0		6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	Amount from Worksheet E Part A, line 27 (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
9.00	Total IME payment (sum of lines 6 and 8)	0		9.00
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	433,609		11.00
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	8,515,982		13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	10,177,111		15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	659,049		16.00
17.00	Special add-on payments for new technologies	0		17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	10,836,160		19.00
		5.00		
20.00	Capital DRG other than outlier	622,524		20.00
21.00	Capital DRG outlier payments	36,525		21.00
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	0		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	0		25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	659,049		26.00
		5.00		
27.00	Low volume adjustment factor			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	2,457		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	91,523		29.00
100.00	Transfer low volume adjustments to W/S E Part A.			100.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/15/2013 10:24 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)		6,080	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.796	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		6,080	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		45,203	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)		45,203	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)		45,203	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		39,123	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)		6,080	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)		8,985,364	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,119,391	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)		6,872,053	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)		6,872,053	30.00
31.00	Primary payer payments		247	31.00
32.00	Subtotal (line 30 minus line 31)		6,871,806	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)		296,179	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		207,325	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		259,389	36.00
37.00	Subtotal (see instructions)		7,079,131	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-11	38.00
39.00			0	39.00
39.01			0	39.01
39.98			0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (see instructions)		7,079,142	40.00
40.01	Sequestration adjustment (see instructions)		35,396	40.01
41.00	Interim payments		6,995,333	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (see instructions)		48,413	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet E Part B Date/Time Prepared: 11/15/2013 10:24 am
	Title XVIII	Hospital	PPS
			Overrides
			1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/15/2013 10:24 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		9,649,097		6,833,010	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		53,892		67,571	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	02/15/2013	114,153	02/15/2013	94,752	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)		114,153		94,752	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)		9,817,142		6,995,333	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		1,118		83,809	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		9,818,260		7,079,142	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: 140234
Component CCN: 14U234

Period:
From 07/01/2012
To 06/30/2013

Worksheet E-1
Part I
Date/Time Prepared:
11/15/2013 10:24 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		43,292		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)		43,292		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		207		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		43,499		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: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet E-1 Part II Date/Time Prepared: 11/15/2013 10:24 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		2,623	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		5,179	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		0	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		8,108	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		182,335,098	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		2,839,158	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)		1,488,866	8.00
9.00	Sequestration adjustment amount (see instructions)		0	9.00
10.00	Calculation of the HIT incentive payment after sequestration (see instructions)		1,488,866	10.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,498,280	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)		-9,414	32.00
				Overrides
				1.00
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0108.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet E-2
		Component CCN: 14U234		Date/Time Prepared: 11/15/2013 10:24 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)	47,302	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	169	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)	47,302	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	47,302	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)	47,302	0	12.00
13.00	Coinurance billed to program patients (from provider records) (exclude coinurance for physician professional services)	3,803	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)	43,499	0	15.00
16.00		0	0	16.00
16.01		0	0	16.01
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)	43,499	0	19.00
19.01	Sequestration adjustment (see instructions)	217	0	19.01
20.00	Interim payments	43,292	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	-10	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: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet G

Date/Time Prepared:
11/15/2013 10:24 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	2,189,450	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	12,103,374	0	0	0	4.00
5.00	Other receivable	331,039	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,757,971	0	0	0	7.00
8.00	Prepaid expenses	1,126,314	0	0	0	8.00
9.00	Other current assets	381,214	0	0	0	9.00
10.00	Due from other funds	1,799,675	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	20,689,037	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,476,235	0	0	0	12.00
13.00	Land improvements	1,163,647	0	0	0	13.00
14.00	Accumulated depreciation	-1,003,981	0	0	0	14.00
15.00	Buildings	51,037,754	0	0	0	15.00
16.00	Accumulated depreciation	-26,844,973	0	0	0	16.00
17.00	Leasehold improvements	294,066	0	0	0	17.00
18.00	Accumulated depreciation	-144,565	0	0	0	18.00
19.00	Fixed equipment	14,741,416	0	0	0	19.00
20.00	Accumulated depreciation	-6,914,811	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	38,057,446	0	0	0	23.00
24.00	Accumulated depreciation	-31,872,969	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)	39,989,265	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	5,005,640	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	12,044,152	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	17,049,792	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	77,728,094	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	3,351,241	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	3,349,999	0	0	0	43.00
44.00	Other current liabilities	5,161,432	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	11,862,672	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	22,688,312	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	8,697,491	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	31,385,803	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	43,248,475	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	34,479,619				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)	34,479,619	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	77,728,094	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-1

Date/Time Prepared:
11/15/2013 10:24 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		29,511,217			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,991,605				2.00
3.00	Total (sum of line 1 and line 2)		31,502,822			0	3.00
4.00	PENSION EQUITY ADJUSTMENT	3,312,572		0		0	4.00
5.00	CONTRIBUTIONS	49,896		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		3,362,468			0	10.00
11.00	Subtotal (line 3 plus line 10)		34,865,290			0	11.00
12.00	NET ASSETS RELEASED FROM RESTRICTION	385,671		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		385,671			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		34,479,619			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	PENSION EQUITY ADJUSTMENT		0				4.00
5.00	CONTRIBUTIONS		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	NET ASSETS RELEASED FROM RESTRICTION		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	9,901,820		9,901,820	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	9,901,820		9,901,820	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,444,930		2,444,930	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)	2,444,930		2,444,930	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	12,346,750		12,346,750	17.00
18.00	Ancillary services	40,012,238	135,331,835	175,344,073	18.00
19.00	Outpatient services	0	10,953,283	10,953,283	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		0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	483,373	483,373	26.00
27.00	NONREIMBURSABLE/PROFESSIONAL FEES	0	13,070,972	13,070,972	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	52,358,988	159,839,463	212,198,451	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		70,854,257		29.00
30.00		0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	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)		70,854,257		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140234

Period:
From 07/01/2012
To 06/30/2013

Worksheet G-3

Date/Time Prepared:
11/15/2013 10:24 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	212,198,451	1.00
2.00	Less contractual allowances and discounts on patients' accounts	143,938,568	2.00
3.00	Net patient revenues (line 1 minus line 2)	68,259,883	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	70,854,257	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-2,594,374	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,669,571	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	UNREALIZED CHANGE FAIR VALUE	916,408	24.00
25.00	Total other income (sum of lines 6-24)	4,585,979	25.00
26.00	Total (line 5 plus line 25)	1,991,605	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	1,991,605	29.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140234

Period: From 07/01/2012

Worksheet K

Hospice CCN: 141533

To 06/30/2013

Date/Time Prepared: 11/15/2013 10:24 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	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	274,181	0	16,742	0	188,464	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	Total (sum of lines 1 thru 38)	274,181	0	16,742	0	188,464	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140234

Period: From 07/01/2012

Worksheet K

Hospice CCN: 141533

To 06/30/2013

Date/Time Prepared: 11/15/2013 10:24 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	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	479,387	-1,447	477,940	0	477,940	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	Total (sum of lines 1 thru 38)	479,387	-1,447	477,940	0	477,940	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140234

Period: From 07/01/2012

Worksheet K-1

Hospice CCN: 141533

To 06/30/2013

Date/Time Prepared: 11/15/2013 10:24 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	57,179	0	0	158,173	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	57,179	0	0	158,173	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140234
 Hospice CCN: 141533

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet K-1
 Date/Time Prepared:
 11/15/2013 10:24 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		9,538	49,291	274,181	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	9,538	49,291	274,181	39.00

HOSPICE COMPENSATION ANALYSIS CONTRACTED SERVICES/PURCHASED SERVICES		Provider CCN: 140234 Hospice CCN: 141533		Period: From 07/01/2012 To 06/30/2013		Worksheet K-3 Date/Time Prepared: 11/15/2013 10:24 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: 140234 Hospice CCN: 141533		Period: From 07/01/2012 To 06/30/2013		Worksheet K-3 Date/Time Prepared: 11/15/2013 10:24 am	
		Hospice I					
		Total Therapists	Aides	All-Other	Total (1)		
		6.00	7.00	8.00	9.00		
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance		0	0	0		3.00
4.00	Transportation - Staff		0	0	0		4.00
5.00	Volunteer Service Coordination		0	0	0		5.00
6.00	Administrative and General		0	0	0		6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care		0	0	0		7.00
8.00	Inpatient - Respite Care		0	0	0		8.00
VISITING SERVICES							
9.00	Physician Services		0	0	0		9.00
10.00	Nursing Care		0	0	0		10.00
11.00	Nursing Care-Continuous Home Care		0	0	0		11.00
12.00	Physical Therapy	0	0	0	0		12.00
13.00	Occupational Therapy	0	0	0	0		13.00
14.00	Speech/ Language Pathology	0	0	0	0		14.00
15.00	Medical Social Services		0	0	0		15.00
16.00	Spiritual Counseling		0	0	0		16.00
17.00	Dietary Counseling		0	0	0		17.00
18.00	Counseling - Other		0	0	0		18.00
19.00	Home Health Aide and Homemaker		0	0	0		19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0		20.00
21.00	Other		0	0	0		21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation		0	0	0		27.00
28.00	Imaging Services		0	0	0		28.00
29.00	Labs and Diagnostics		0	0	0		29.00
30.00	Medical Supplies		0	0	0		30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0		31.00
32.00	Radiation Therapy		0	0	0		32.00
33.00	Chemotherapy		0	0	0		33.00
34.00	Other		0	0	0		34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs		0	0	0		35.00
36.00	Volunteer Program Costs		0	0	0		36.00
37.00	Fundraising		0	0	0		37.00
38.00	Other Program Costs		0	0	0		38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0		39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140234
 Hospice CCN: 141533

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet K-4
 Part I
 Date/Time Prepared:
 11/15/2013 10:24 am

		Hospice I				
		NET EXPENSES FOR COST ALLOCATION	CAPITAL RELATED COST		PLANT OPERATION & MAINT.	TRANSPORTATION
			BUILDINGS & FIXTURES	MOVABLE EQUIPMENT		
		0	1.00	2.00	3.00	4.00
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	0	0			1.00
2.00	Capital Related Costs-Movable Equip.	0		0		2.00
3.00	Plant Operation and Maintenance	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	9.00
10.00	Nursing Care	477,940	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	20.00
21.00	Other	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	33.00
34.00	Other	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	477,940	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140234	Period: From 07/01/2012	Worksheet K-4
		Hospice CCN: 141533	To 06/30/2013	Part I Date/Time Prepared: 11/15/2013 10:24 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I	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	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	477,940	0	0	477,940	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	Total (sum of lines 1 thru 38)	0	477,940			477,940	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140234
 Hospice CCN: 141533

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet K-4
 Part II
 Date/Time Prepared:
 11/15/2013 10:24 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: 140234
Hospice CCN: 141533

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-4
Part II
Date/Time Prepared:
11/15/2013 10:24 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	0		5.00
6.00	Administrative and General	0	477,940	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	477,940	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	0	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	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	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	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		0	39.00
40.00	Unit Cost Multiplier		0.000000	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140234

Period: From 07/01/2012

Worksheet K-5

Hospice CCN: 141533

To 06/30/2013

Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
			1.00	2.00			
		0	1.00	2.00	4.00	4A	
1.00	Administrative and General		0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	477,940	46,972	11,775	76,217	612,904	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	477,940	46,972	11,775	76,217	612,904	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140234

Period:

Worksheet K-5

Hospice CCN: 141533

From 07/01/2012
To 06/30/2013

Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Hospice I					
		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	112,017	0	87,832	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	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)	112,017	0	87,832	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140234

Period: From 07/01/2012

Worksheet K-5

Hospice CCN: 141533

To 06/30/2013

Part I
Date/Time Prepared:
11/15/2013 10:24 am

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140234

Period: From 07/01/2012

Worksheet K-5

Hospice CCN: 141533

To 06/30/2013

Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Hospice I					
		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	
		15.00	16.00	17.00	19.00	20.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	401	3,364	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	401	3,364	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140234

Period:

Worksheet K-5

Hospice CCN: 141533

From 07/01/2012
To 06/30/2013

Part I
Date/Time Prepared:
11/15/2013 10:24 am

Hospice I

Cost Center Description	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	816,518	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	0	816,518	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140234

Period: From 07/01/2012

Worksheet K-5

Hospice CCN: 141533

To 06/30/2013

Part I
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	816,518	0	816,518		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	0	0	0		7.00
8.00	Occupational Therapy	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	0	0		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	816,518		816,518		34.00
35.00	Unit Cost Multiplier (see instructions)		0.000000			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS DEPARTMENT (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,915	1,915	274,181	0	612,904	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,915	1,915	274,181		612,904	34.00
35.00	Total cost to be allocated	46,972	11,775	76,217		112,017	35.00
36.00	Unit Cost Multiplier (see instructions)	24.528460	6.148825	0.277981		0.182764	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	Hospice I					DIETARY (MEALS SERVED)	
	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)			
	6.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	1,915	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	1,915	0	0	0	0	34.00
35.00 Total cost to be allocated	0	87,832	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	45.865274	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description	Hospice I					PHARMACY (COSTED REQUIS)	
	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS)			
	11.00	12.00	13.00	14.00	15.00		
1.00 Administrative and General	0	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	519	0	0	0	45	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	519	0	0	0	45	0	34.00
35.00 Total cost to be allocated	0	0	0	0	401	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	8.911111	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234
Hospice CCN: 141533

Period:
From 07/01/2012
To 06/30/2013

Worksheet K-5
Part II
Date/Time Prepared:
11/15/2013 10:24 am

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	Hospice I	
						INTERNS & RESIDENTS	SERVICES-SALARY & FRINGES APPRV (ASSIGNED TIME)
		16.00	17.00	19.00	20.00	21.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	483,373	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	483,373	0	0	0	0	34.00
35.00	Total cost to be allocated	3,364	0	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.006959	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140234

Period:

Worksheet K-5

Hospice CCN: 141533

From 07/01/2012
To 06/30/2013

Part II
Date/Time Prepared:
11/15/2013 10:24 am

Hospice I

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

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 140234
 Hospice CCN: 141533

Period:
 From 07/01/2012
 To 06/30/2013

Worksheet K-5
 Part III
 Date/Time Prepared:
 11/15/2013 10:24 am

Cost Center Description		Hospice I			
		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	0.604543	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.012967	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.013710	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.117626	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.183716	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0.493416	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			9.00
10.00	I/P AMBULANCE SERVICES	76.00	0.000000	0	0 10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140234

Period:

Worksheet K-6

Hospice CCN: 141533

From 07/01/2012
To 06/30/2013

Date/Time Prepared:
11/15/2013 10:24 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				816,518	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				2,823	2.00
3.00	Average cost per diem (line 1 divided by line 2)				289.24	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	2,823				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	816,525				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			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)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140234	Period: From 07/01/2012 To 06/30/2013	Worksheet L Parts I-III Date/Time Prepared: 11/15/2013 10:24 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		622,524	1.00
2.00	Capital DRG outlier payments		36,525	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		22.21	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)		659,049	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