

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: 150086	Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/24/2013 4:53 pm

PART I - COST REPORT STATUS		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/24/2013 Time: 4:53 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by DEARBORN COUNTY HOSPITAL (150086) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	88,667	47,763	-70,248	-791,052	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	88,667	47,763	-70,248	-791,052	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: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 4:52 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 47025-		4.00 County: DEARBORN		1.00
1.00	Street: 600 WILSON CREEK ROAD	State: IN		Zip Code: 47025-		County: DEARBORN		2.00
2.00	City: LAWRENCEBURG							

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DEARBORN COUNTY HOSPITAL	150086	17140	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	HEALTH SERVICES CORP. OF SE IN	157055	17140		10/01/1978	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	HOSPICE OF SOUTHEASTERN INDIANA	151531	17140		12/22/1994				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	9		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days	
24.00	1,064	0	230	0	1,551	0	24.00
25.00	0	0	0	0	0	0	25.00

		Urban/Rural S	Date of Geogr	
		1.00	2.00	
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.	1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.	1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.	0		35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 4:52 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150086

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

Worksheet S-2
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				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.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 4:52 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	158,793	0		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150086		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/24/2013 4:52 pm		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/24/2013 4:52 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	05/16/2013	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	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/20/2013	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: 150086

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

Worksheet S-2
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

	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			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			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.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	KYLE		SMITH	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	317-713-7957		KCSMITH@BLUEANDCO.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/20/2013	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.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150086

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

Worksheet S-3
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	70	25,620	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		70	25,620	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	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)		78	28,548	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		78				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Visits / Trips			Full Time Equivalents		
Component	Title XVII	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)	6,422	1,063	12,799			1.00
2.00 HMO	1,063	1,711				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,422	1,063	12,799			7.00
8.00 INTENSIVE CARE UNIT	1,007	0	1,918			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	925			13.00
14.00 Total (see instructions)	7,429	1,063	15,642	0.00	613.50	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	5,542	883	9,567	0.00	18.64	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	4,243	165	4,748	0.00	4.63	24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/24/2013 4:52 pm
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
27.00	Total (sum of lines 14-26)					27.00
28.00		91	1,385	0.00	636.77	28.00
29.00	0					29.00
30.00			0			30.00
31.00			0			31.00
32.00		71	119			32.00
33.00	0					33.00
				Discharges		
Component	Full Time Equivalents	Title V	Title XVIII	Title XIX	Total All Patients	
	Nonpaid Workers					
	11.00	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	1,680	236	4,112	1.00
2.00	HMO		259			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	1,680	236	4,112	14.00
15.00	CAH visits					15.00
16.00	SUBPROVIDER - IPF					16.00
17.00	SUBPROVIDER - IRF					17.00
18.00	SUBPROVIDER					18.00
19.00	SKILLED NURSING FACILITY					19.00
20.00	NURSING FACILITY					20.00
21.00	OTHER LONG TERM CARE					21.00
22.00	HOME HEALTH AGENCY	0.00				22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00	HOSPICE	0.00				24.00
25.00	CMHC - CMHC					25.00
26.00	RURAL HEALTH CLINIC					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00	Total (sum of lines 14-26)	0.00				27.00
28.00	Observation Bed Days					28.00
29.00	Ambulance Trips					29.00
30.00	Employee discount days (see instruction)					30.00
31.00	Employee discount days - IRF					31.00
32.00	Labor & delivery days (see instructions)					32.00
33.00	LTCH non-covered days					33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	32,758,870	0	32,758,870	1,319,096.00	24.83
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		1,293,489	0	1,293,489	13,739.00	94.15
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)		1,553,618	6,152	1,559,770	62,469.00	24.97
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		609,652	0	609,652	11,482.00	53.10
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		175,310	0	175,310	706.00	248.31
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		10,451,660	0	10,451,660		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		519,573	0	519,573		
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		201,845	0	201,845		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	390,578	0	390,578	11,919.00	32.77
27.00	Administrative & General	5.00	3,758,583	0	3,758,583	159,528.00	23.56
28.00	Administrative & General under contract (see inst.)		222,627	0	222,627	885.00	251.56
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	995,161	-6,152	989,009	40,137.00	24.64
31.00	Laundry & Linen Service	8.00	154,854	0	154,854	12,342.00	12.55
32.00	Housekeeping	9.00	750,199	0	750,199	64,999.00	11.54
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,015,309	-745,541	269,768	18,468.00	14.61
35.00	Dietary under contract (see instructions)		181,196	0	181,196	4,160.00	43.56
36.00	Cafeteria	11.00	0	745,541	745,541	51,423.00	14.50
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	794,481	0	794,481	21,295.00	37.31
39.00	Central Services and Supply	14.00	352,127	0	352,127	20,792.00	16.94
40.00	Pharmacy	15.00	1,446,883	0	1,446,883	42,153.00	34.32
41.00	Medical Records & Medical Records Library	16.00	876,775	0	876,775	44,728.00	19.60

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150086

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

Worksheet S-3
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	236,705	0	236,705	8,653.00	27.36	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: 150086

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

Worksheet S-3
Part III
Date/Time Prepared:
5/24/2013 4:52 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	31,869,204	0	31,869,204	1,310,402.00	24.32	1.00
2.00	Excluded area salaries (see instructions)	1,553,618	6,152	1,559,770	62,469.00	24.97	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30,315,586	-6,152	30,309,434	1,247,933.00	24.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	784,962	0	784,962	12,188.00	64.40	4.00
5.00	Subtotal wage-related costs (see inst.)	10,451,660	0	10,451,660	0.00	34.48	5.00
6.00	Total (sum of lines 3 thru 5)	41,552,208	-6,152	41,546,056	1,260,121.00	32.97	6.00
7.00	Total overhead cost (see instructions)	11,175,478	-6,152	11,169,326	501,482.00	22.27	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150086

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/24/2013 4:52 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	1,176,682	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)	6,630,171	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	196,581	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	43,205	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)	115,473	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	232,720	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	1,821,751	17.00
18.00	Medicare Taxes - Employers Portion Only	434,024	18.00
19.00	Unemployment Insurance	49,068	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	271,557	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	10,971,232	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	286,759	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150086

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

Worksheet S-3
Part V
Date/Time Prepared:
5/24/2013 4:52 pm

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

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150086 Component CCN: 157055		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/24/2013 4:52 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County			DEARBORN		0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	322.00	0.00	304.00	626.00	2.00
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	40.00		3.55	0.00	3.55	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			10.59	0.00	10.59	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			1.85	0.00	1.85	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.50	0.00	0.50	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.13	0.00	0.13	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.32	0.00	0.32	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			1.53	0.00	1.53	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	PERSONAL CARE ATTENDANT			0.17	0.00	0.17	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			2			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			17140			20.00
20.01				99915			20.01
				Full Episodes			
		Without Outliers	With Outliers	LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	2,091	212	159	32	2,494	21.00
22.00	Skilled Nursing Visit Charges	419,605	42,548	31,911	6,422	500,486	22.00
23.00	Physical Therapy Visits	1,287	4	75	39	1,405	23.00
24.00	Physical Therapy Visit Charges	283,462	881	16,519	8,590	309,452	24.00
25.00	Occupational Therapy Visits	325	4	13	14	356	25.00
26.00	Occupational Therapy Visit Charges	71,581	881	2,863	3,084	78,409	26.00
27.00	Speech Pathology Visits	65	0	0	1	66	27.00
28.00	Speech Pathology Visit Charges	14,316	0	0	220	14,536	28.00
29.00	Medical Social Service Visits	25	0	2	0	27	29.00
30.00	Medical Social Service Visit Charges	7,495	0	600	0	8,095	30.00
31.00	Home Health Aide Visits	1,104	78	4	8	1,194	31.00
32.00	Home Health Aide Visit Charges	160,395	16,089	788	1,022	178,294	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	4,897	298	253	94	5,542	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	956,854	60,399	52,681	19,338	1,089,272	35.00
36.00	Total Number of Episodes (standard/non outlier)	337		95	6	438	36.00
37.00	Total Number of Outlier Episodes		6		0	6	37.00
38.00	Total Non-Routine Medical Supply Charges	18,715	1,343	2,843	153	23,054	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150086
Component CCN: 151531

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/24/2013 4:52 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	4,098	151	0	0	300	4,549	2.00
3.00	Inpatient Respite Care	0	0	0	0	0	0	3.00
4.00	General Inpatient Care	145	14	0	0	40	199	4.00
5.00	Total Hospice Days	4,243	165	0	0	340	4,748	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	118	8	0	0	36	162	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)	35.96	20.63	0.00	0.00	9.44	29.31	8.00
9.00	Unduplicated Census Count	116	8	0	0	36	160	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150086

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

Worksheet S-10

Date/Time Prepared:
5/24/2013 4:52 pm

				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)			0.370279	1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid			3,767,723	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			521,921	5.00	
6.00	Medicaid charges			21,075,996	6.00	
7.00	Medicaid cost (line 1 times line 6)			7,803,999	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)			3,514,355	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)			3,514,355	19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility			1,501,620	726,476	2,228,096
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)			556,018	268,999	825,017
22.00	Partial payment by patients approved for charity care			0	0	0
23.00	Cost of charity care (line 21 minus line 22)			556,018	268,999	825,017
				1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?					24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit					0
26.00	Total bad debt expense for the entire hospital complex (see instructions)					8,087,801
27.00	Medicare bad debts for the entire hospital complex (see instructions)					335,235
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)					7,752,566
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)					2,870,612
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)					3,695,629
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)					7,209,984

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared: 5/24/2013 4:52 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		3,769,872	3,769,872	67,251	3,837,123	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP		2,755,576	2,755,576	49,103	2,804,679	2.00
3.00 00300 OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	390,578	11,123,532	11,514,110	0	11,514,110	4.00
5.01 00510 NONPATIENT TELEPHONES	118,092	196,527	314,619	0	314,619	5.01
5.02 00511 DATA PROCESSING	642,937	649,322	1,292,259	0	1,292,259	5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	238,246	32,469	270,715	0	270,715	5.03
5.04 00513 ADMI TTING	622,510	54,504	677,014	0	677,014	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	730,074	466,401	1,196,475	0	1,196,475	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	1,406,724	11,005,713	12,412,437	-129,712	12,282,725	5.06
7.00 00700 OPERATION OF PLANT	995,161	2,010,162	3,005,323	-51,934	2,953,389	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	154,854	116,800	271,654	0	271,654	8.00
9.00 00900 HOUSEKEEPING	750,199	258,558	1,008,757	10,854	1,019,611	9.00
10.00 01000 DIETARY	1,015,309	1,036,528	2,051,837	-1,506,665	545,172	10.00
11.00 01100 CAFETERIA	0	0	0	1,506,664	1,506,664	11.00
13.00 01300 NURSING ADMINISTRATION	794,481	43,190	837,671	-22	837,649	13.00
14.00 01401 CENTRAL SERVICE & SUPPLY	352,127	616,999	969,126	-523,462	445,664	14.00
15.00 01500 PHARMACY	1,446,883	93,183	1,540,066	-10,569	1,529,497	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	876,775	329,363	1,206,138	0	1,206,138	16.00
17.00 01700 SOCIAL SERVICE	236,705	3,547	240,252	0	240,252	17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	5,742,518	938,031	6,680,549	-698,618	5,981,931	30.00
31.00 03100 INTENSIVE CARE UNIT	1,201,390	62,952	1,264,342	22	1,264,364	31.00
43.00 04300 NURSERY	0	0	0	436,580	436,580	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,887,463	2,169,617	4,057,080	-1,606,327	2,450,753	50.00
51.00 05100 RECOVERY ROOM	826,470	27,004	853,474	-12,073	841,401	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	234,101	234,101	52.00
53.00 05300 ANESTHESIOLOGY	0	974,846	974,846	-40,238	934,608	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,490,140	1,133,236	3,623,376	-46,528	3,576,848	54.00
54.01 05401 ULTRASOUND	197,376	34,080	231,456	-3,544	227,912	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	384,109	343,457	727,566	-132,654	594,912	55.00
57.00 05700 CT SCAN	0	370,232	370,232	-65,128	305,104	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	372,877	372,877	-3,730	369,147	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	2,215,302	2,899,072	5,114,374	-999	5,113,375	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	817,354	115,121	932,475	-66,639	865,836	65.00
66.00 06600 PHYSICAL THERAPY	831,369	31,081	862,450	-8,113	854,337	66.00
67.00 06700 OCCUPATIONAL THERAPY	193,397	15,813	209,210	-8,442	200,768	67.00
68.00 06800 SPEECH PATHOLOGY	173,638	4,113	177,751	0	177,751	68.00
69.00 06900 ELECTROCARDIOLOGY	439,863	905,940	1,345,803	-534	1,345,269	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,630,622	2,630,622	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	2,078,943	2,078,943	0	2,078,943	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3,128,945	3,128,945	0	3,128,945	73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100 EMERGENCY	3,033,208	312,409	3,345,617	-9,103	3,336,514	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100 HOME HEALTH AGENCY	1,089,011	156,851	1,245,862	-10,488	1,235,374	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE		0	0	0	0	113.00
116.00 11600 HOSPICE	278,812	256,972	535,784	-50,512	485,272	116.00
118.00	32,573,075	50,893,838	83,466,913	-50,837	83,416,076	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	80,991	165	81,156	0	81,156	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	94,516	94,516	51,061	145,577	192.00
192.01 19201 PHYSICIAN CLINIC	80,542	34,868	115,410	-224	115,186	192.01
192.02 19202 LIFELINE	0	70,041	70,041	0	70,041	192.02
192.03 19203 CREDIT UNION	0	0	0	0	0	192.03
192.04 19204 BREAST MRI STUDY	0	0	0	0	0	192.04
194.00 07950 COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01 07951 MARKETING	24,262	3,263	27,525	0	27,525	194.01
200.00	32,758,870	51,096,691	83,855,561	0	83,855,561	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150086

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

Worksheet A
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-199,658	3,637,465	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-11,067	2,793,612	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-17,496	11,496,614	4.00
5.01	00510	NONPATIENT TELEPHONES	-14,326	300,293	5.01
5.02	00511	DATA PROCESSING	0	1,292,259	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	270,715	5.03
5.04	00513	ADMINITTING	0	677,014	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-21,739	1,174,736	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-10,151,185	2,131,540	5.06
7.00	00700	OPERATION OF PLANT	-97,406	2,855,983	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	271,654	8.00
9.00	00900	HOUSEKEEPING	0	1,019,611	9.00
10.00	01000	DIETARY	-2,597	542,575	10.00
11.00	01100	CAFETERIA	-394,596	1,112,068	11.00
13.00	01300	NURSING ADMINISTRATION	0	837,649	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	0	445,664	14.00
15.00	01500	PHARMACY	-39	1,529,458	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-26,268	1,179,870	16.00
17.00	01700	SOCIAL SERVICE	0	240,252	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-333,860	5,648,071	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,264,364	31.00
43.00	04300	NURSERY	0	436,580	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-59,964	2,390,789	50.00
51.00	05100	RECOVERY ROOM	0	841,401	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	234,101	52.00
53.00	05300	ANESTHESIOLOGY	-915,000	19,608	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-185,926	3,390,922	54.00
54.01	05401	ULTRASOUND	0	227,912	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	594,912	55.00
57.00	05700	CT SCAN	-2,550	302,554	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	369,147	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-102,096	5,011,279	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	-12,389	853,447	65.00
66.00	06600	PHYSICAL THERAPY	0	854,337	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	200,768	67.00
68.00	06800	SPEECH PATHOLOGY	0	177,751	68.00
69.00	06900	ELECTROCARDIOLOGY	-364,895	980,374	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,630,622	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,078,943	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-915,643	2,213,302	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100	EMERGENCY	-1,293,489	2,043,025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
101.00	10100	HOME HEALTH AGENCY	0	1,235,374	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	-4,362	480,910	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-15,126,551	68,289,525	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	81,156	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	145,577	192.00
192.01	19201	PHYSICIAN CLINIC	0	115,186	192.01
192.02	19202	LIFELINE	0	70,041	192.02
192.03	19203	CREDIT UNION	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	194.00
194.01	07951	MARKETING	0	27,525	194.01
200.00		TOTAL (SUM OF LINES 118-199)	-15,126,551	68,729,010	200.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/24/2013 4:52 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	745,541	761,123	1.00
	TOTALS		745,541	761,123	
B - NURSERY					
1.00	NURSERY	43.00	436,580	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	234,101	0	2.00
	TOTALS		670,681	0	
			0	0	
D - SECURITY GUARD					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	6,152	32,355	1.00
	TOTALS		6,152	32,355	
E - MED SUPPLY					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,630,622	1.00
2.00	INTENSIVE CARE UNIT	31.00	0	22	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
	TOTALS		0	2,630,644	
F - POB HOUSEKEEPING					
1.00	HOUSEKEEPING	9.00	0	10,917	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	2,326	2.00
	TOTALS		0	13,243	
G - INSURANCE					
1.00	OTHER CAPITAL RELATED COSTS	3.00	0	116,354	1.00
2.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	10,228	2.00
	TOTALS		0	126,582	
500.00	Grand Total: Increases		1,422,374	3,563,947	500.00

RECLASSIFICATIONS

Provider CCN: 150086

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

Worksheet A-6

Date/Time Prepared:
5/24/2013 4:52 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	745,541	761,123	0		1.00
	TOTALS		745,541	761,123			
B - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	670,681	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		670,681	0	0		
			0	0			
D - SECURITY GUARD							
1.00	OPERATION OF PLANT	7.00	6,152	32,355	0		1.00
	TOTALS		6,152	32,355			
E - MED SUPPLY							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	3,130	0		1.00
2.00	OPERATION OF PLANT	7.00	0	184	0		2.00
3.00	HOUSEKEEPING	9.00	0	63	0		3.00
4.00	DIETARY	10.00	0	1	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	22	0		5.00
6.00	CENTRAL SERVICE & SUPPLY	14.00	0	523,462	0		6.00
7.00	PHARMACY	15.00	0	10,569	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	27,937	0		8.00
9.00	OPERATING ROOM	50.00	0	1,606,327	0		9.00
10.00	RECOVERY ROOM	51.00	0	12,073	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	40,238	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	46,528	0		12.00
13.00	ULTRASOUND	54.01	0	3,544	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	132,654	0		14.00
15.00	CT SCAN	57.00	0	65,128	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	3,730	0		16.00
17.00	LABORATORY	60.00	0	999	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	66,639	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	8,113	0		19.00
20.00	OCCUPATIONAL THERAPY	67.00	0	8,442	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	534	0		21.00
22.00	EMERGENCY	91.00	0	9,103	0		22.00
23.00	HOME HEALTH AGENCY	101.00	0	10,488	0		23.00
24.00	HOSPICE	116.00	0	50,512	0		24.00
25.00	PHYSICIAN CLINIC	192.01	0	224	0		25.00
	TOTALS		0	2,630,644			
F - POB HOUSEKEEPING							
1.00	OPERATION OF PLANT	7.00	0	13,243	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	13,243			
G - INSURANCE							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	126,582	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	126,582			
500.00	Grand Total: Decreases		1,422,374	3,563,947			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	75,208	0	0	0	1.00	
2.00	Land Improvements	1,485,271	6,185	0	6,185	2.00	
3.00	Buildings and Fixtures	61,098,186	1,057,235	0	1,057,235	3.00	
4.00	Building Improvements	0	0	0	0	4.00	
5.00	Fixed Equipment	0	0	0	0	5.00	
6.00	Movable Equipment	45,243,203	1,794,292	0	1,794,292	6.00	
7.00	HIT designated Assets	0	0	0	0	7.00	
8.00	Subtotal (sum of lines 1-7)	107,901,868	2,857,712	0	2,857,712	8.00	
9.00	Reconciling Items	-1,771,044	-632,630	0	-632,630	-1,963,652	9.00
10.00	Total (line 8 minus line 9)	109,672,912	3,490,342	0	3,490,342	2,914,766	10.00
	Ending Balance		Fully Depreciated Assets				
	6.00		7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	75,208	0			1.00	
2.00	Land Improvements	1,491,456	0			2.00	
3.00	Buildings and Fixtures	62,155,421	0			3.00	
4.00	Building Improvements	0	0			4.00	
5.00	Fixed Equipment	0	0			5.00	
6.00	Movable Equipment	46,086,381	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	109,808,466	0			8.00	
9.00	Reconciling Items	-440,022	0			9.00	
10.00	Total (line 8 minus line 9)	110,248,488	0			10.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,249,146	97,957	422,769	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,370,854	384,722	0	0	0	2.00
3.00	Total (sum of lines 1-2)	5,620,000	482,679	422,769	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	3,769,872				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,755,576				2.00
3.00	Total (sum of lines 1-2)	0	6,525,448				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150086

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

Worksheet A-7
Part III
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	63,722,086	0	63,722,086	0.577986	67,251	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	46,526,402	0	46,526,402	0.422014	49,103	2.00
3.00	Total (sum of lines 1-2)	110,248,488	0	110,248,488	1.000000	116,354	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	67,251	3,089,544	97,957	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	49,103	2,359,787	384,722	2.00
3.00	Total (sum of lines 1-2)	0	0	116,354	5,449,331	482,679	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	382,713	67,251	0	0	3,637,465	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	49,103	0	0	2,793,612	2.00
3.00	Total (sum of lines 1-2)	382,713	116,354	0	0	6,431,077	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150086

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

Worksheet A-8

Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7	Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	2.00
3.00 Investment income - other (chapter 2)		0		0.00		0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-12,374	OTHER ADMINISTRATIVE AND GENERAL	5.06		0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-14,326	NONPATIENT TELEPHONES	5.01		0	7.00
8.00 Television and radio service (chapter 21)	A	-11,067	NEW CAP REL COSTS-MVBLE EQUIP	2.00		9	8.00
9.00 Parking lot (chapter 21)		0		0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-3,257,920				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0	12.00
13.00 Laundry and linen service		0		0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-394,596	CAFETERIA	11.00		0	14.00
15.00 Rental of quarters to employee and others		0		0.00		0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00 Sale of drugs to other than patients	B	-915,643	DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00 Sale of medical records and abstracts	B	-26,268	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		ORESPIRATORY THERAPY	65.00			23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00			25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0	27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00			28.00
29.00 Physicians' assistant			0	0.00		0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00			30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00			31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00		0	32.00
33.00 REV - FITNESS CENTER	B	-17,496	EMPLOYEE BENEFITS	4.00		0	33.00

Provider CCN: 150086
 Period: From 01/01/2012 To 12/31/2012
 Worksheet A-8
 Date/Time Prepared: 5/24/2013 4:52 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.		
			Cost Center	Line #			
			1.00	2.00		3.00	4.00
34.00	AMBULANCE BILLING OFFSET	B	-21,739	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	34.00
35.00	MISCELLANEOUS INCOME	B	-1,746	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	35.00
36.00	HEALTH SERV/WIC MANAGMNT FEE	B	-3,116	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	36.00
37.00	RENT - LUDLOW HILL CLINIC	B	-9,740	OPERATION OF PLANT	7.00	0	37.00
38.00	DIET - NUTRITION COUNSELING	B	-2,597	DIETARY	10.00	0	38.00
39.00	REV - COMMUNITY EDUCATION PROGRAM	B	-5,463	ADULTS & PEDIATRICS	30.00	0	39.00
40.00	CLINIC INCOME	B	-6,786	ADULTS & PEDIATRICS	30.00	0	40.00
41.00	ADVERTISING	A	-130,856	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	41.00
42.00	AHA & IHA DUES	A	-6,744	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	42.00
43.00	MI SC. OFFSET	A	-78,847	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	43.00
44.00	ADVERTISING STAFF	A	-76,423	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	44.00
45.00	NON ALLOWABLE REPAIRS	A	-56,843	OPERATION OF PLANT	7.00	0	45.00
45.01	PHYSICIAN RECRUITMENT & HSC LOSS	A	-3,859,241	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.01
45.02	MENTAL HEALTH UTILITIES	A	-30,823	OPERATION OF PLANT	7.00	0	45.02
45.03	MENTAL HEALTH PHAMACY	A	-39	PHARMACY	15.00	0	45.03
45.04	NON-ALLOWABLE DEPRECIATION	A	-159,602	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	45.04
45.05	NON ALLOWABLE INTEREST	A	-40,056	NEW CAP REL COSTS-BLDG & FIXT	1.00	11	45.05
45.06	MI SC. NONALLOWABLE	A	-4,362	HOSPICE	116.00	0	45.06
45.07	HAF OFFSET	A	-5,981,838	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	45.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-15,126,551				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150086

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

Worksheet A-8-2

Date/Time Prepared:
5/24/2013 4:52 pm

	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	321,611	321,611	0	0	0	1.00
2.00	50.00	OPERATING ROOM	59,964	59,964	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	915,000	915,000	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	185,926	185,926	0	0	0	4.00
5.00	57.00	CT SCAN	2,550	2,550	0	0	0	5.00
6.00	60.00	LABORATORY	175,310	0	175,310	215,700	706	6.00
7.00	65.00	RESPIRATORY THERAPY	12,389	12,389	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	364,895	364,895	0	0	0	8.00
9.00	91.00	EMERGENCY	1,293,489	1,293,489	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,331,134	3,155,824	175,310		706	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	50.00	OPERATING ROOM	0	0	0	0	0	2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	4.00
5.00	57.00	CT SCAN	0	0	0	0	0	5.00
6.00	60.00	LABORATORY	73,214	3,661	0	0	0	6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	0	0	7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	8.00
9.00	91.00	EMERGENCY	0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			73,214	3,661	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	30.00	ADULTS & PEDIATRICS	0	0	0	321,611		1.00
2.00	50.00	OPERATING ROOM	0	0	0	59,964		2.00
3.00	53.00	ANESTHESIOLOGY	0	0	0	915,000		3.00
4.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	185,926		4.00
5.00	57.00	CT SCAN	0	0	0	2,550		5.00
6.00	60.00	LABORATORY	0	73,214	102,096	102,096		6.00
7.00	65.00	RESPIRATORY THERAPY	0	0	0	12,389		7.00
8.00	69.00	ELECTROCARDIOLOGY	0	0	0	364,895		8.00
9.00	91.00	EMERGENCY	0	0	0	1,293,489		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	73,214	102,096	3,257,920		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	3,637,465	3,637,465			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	2,793,612		2,793,612		2.00
4.00 00400	EMPLOYEE BENEFITS	11,496,614	20,279	15,764	11,532,657	4.00
5.01 00510	NONPATIENT TELEPHONES	300,293	3,824	2,973	42,076	349,166 5.01
5.02 00511	DATA PROCESSING	1,292,259	22,996	17,877	229,075	17,220 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	270,715	80,398	62,500	84,886	4,397 5.03
5.04 00513	ADMINISTRATIVE	677,014	43,463	33,788	221,797	10,625 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	1,174,736	43,501	33,817	260,122	16,121 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	2,131,540	132,415	102,937	501,209	12,457 5.06
7.00 00700	OPERATION OF PLANT	2,855,983	1,227,677	954,376	352,379	27,113 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	271,654	20,027	15,569	55,174	366 8.00
9.00 00900	HOUSEKEEPING	1,019,611	14,819	11,520	267,292	4,763 9.00
10.00 01000	DIETARY	542,575	50,319	39,117	96,117	7,694 10.00
11.00 01100	CAFETERIA	1,112,068	35,689	27,744	265,633	0 11.00
13.00 01300	NURSING ADMINISTRATION	837,649	7,548	5,868	283,070	4,397 13.00
14.00 01401	CENTRAL SERVICE & SUPPLY	445,664	70,296	54,647	125,461	3,664 14.00
15.00 01500	PHARMACY	1,529,458	14,693	11,422	515,517	8,793 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,179,870	60,471	47,009	312,391	31,876 16.00
17.00 01700	SOCIAL SERVICE	240,252	7,334	5,701	84,337	3,297 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	5,648,071	682,555	530,607	1,807,066	46,163 30.00
31.00 03100	INTENSIVE CARE UNIT	1,264,364	93,091	72,367	428,049	5,862 31.00
43.00 04300	NURSERY	436,580	5,032	3,912	155,551	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	2,390,789	324,383	252,170	672,494	25,281 50.00
51.00 05100	RECOVERY ROOM	841,401	14,630	11,373	294,467	4,397 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	234,101	6,340	4,929	83,409	0 52.00
53.00 05300	ANESTHESIOLOGY	19,608	201	156	0	733 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,390,922	145,058	112,765	887,224	23,815 54.00
54.01 05401	ULTRASOUND	227,912	7,799	6,063	70,324	733 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	594,912	14,530	11,295	136,856	2,565 55.00
57.00 05700	CT SCAN	302,554	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	369,147	10,102	7,853	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,011,279	84,536	65,717	789,301	14,289 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	853,447	14,643	11,383	291,219	2,565 65.00
66.00 06600	PHYSICAL THERAPY	854,337	95,154	73,971	296,213	6,595 66.00
67.00 06700	OCCUPATIONAL THERAPY	200,768	9,988	7,765	68,906	3,664 67.00
68.00 06800	SPEECH PATHOLOGY	177,751	5,334	4,146	61,866	366 68.00
69.00 06900	ELECTROCARDIOLOGY	980,374	59,892	46,559	156,721	12,091 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,630,622	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	2,078,943	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,213,302	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	2,043,025	121,823	94,703	1,080,717	10,259 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	1,235,374	38,809	30,169	388,009	2,198 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	480,910	3,963	3,080	99,339	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	68,289,525	3,593,612	2,793,612	11,464,267	314,359 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,156	30,695	0	28,857	1,832 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	145,577	0	0	2,192	24,181 192.00
192.01 19201	PHYSICIAN CLINIC	115,186	0	0	28,697	4,397 192.01
192.02 19202	LIFELINE	70,041	0	0	0	0 192.02
192.03 19203	CREDIT UNION	0	13,158	0	0	3,664 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	27,525	0	0	8,644	733 194.01
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers					
202.00	TOTAL (sum lines 118-201)	68,729,010	3,637,465	2,793,612	11,532,657	349,166 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.02	5.03	5.04	5.05	5A.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING	1,579,427					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	22,134	525,030				5.03
5.04	00513	ADMINITTING	49,011	2,498	1,038,196			5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	91,698	1,180	0	1,621,175		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	90,117	1,738	0	0	2,972,413	5.06
7.00	00700	OPERATION OF PLANT	30,039	7,762	0	0	5,455,329	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,378	0	0	367,168	8.00
9.00	00900	HOUSEKEEPING	9,486	6,850	0	0	1,334,341	9.00
10.00	01000	DIETARY	49,011	7,923	0	0	792,756	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,441,134	11.00
13.00	01300	NURSING ADMINISTRATION	30,039	562	0	0	1,169,133	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	30,039	37,953	0	0	767,724	14.00
15.00	01500	PHARMACY	50,592	3,815	0	0	2,134,290	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	88,536	1,299	0	0	1,721,452	16.00
17.00	01700	SOCIAL SERVICE	15,810	189	0	0	356,920	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	320,948	14,724	829,929	113,106	9,993,169	30.00
31.00	03100	INTENSIVE CARE UNIT	45,849	2,151	96,623	23,773	2,032,129	31.00
43.00	04300	NURSERY	0	0	111,644	5,814	718,533	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	83,793	120,213	0	186,495	4,055,618	50.00
51.00	05100	RECOVERY ROOM	0	1,682	0	23,597	1,191,547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	17,612	346,391	52.00
53.00	05300	ANESTHESIOLOGY	0	2,790	0	12,565	36,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,604	26,925	0	167,099	4,853,412	54.00
54.01	05401	ULTRASOUND	0	1,292	0	32,167	346,290	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	23,715	17,298	0	50,240	851,411	55.00
57.00	05700	CT SCAN	0	7,532	0	151,228	461,314	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	3,234	0	88,077	478,413	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	118,576	92,838	0	297,379	6,473,915	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	52,173	3,871	0	59,210	1,288,511	65.00
66.00	06600	PHYSICAL THERAPY	37,944	1,594	0	38,377	1,404,185	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	744	0	5,117	296,952	67.00
68.00	06800	SPEECH PATHOLOGY	0	100	0	3,672	253,235	68.00
69.00	06900	ELECTROCARDIOLOGY	0	2,542	0	65,449	1,323,628	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	50,800	2,681,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	138,208	0	22,289	2,239,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	96,116	2,309,418	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	61,659	4,257	0	86,619	3,503,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	28,458	2,450	0	15,428	1,740,895	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	3,596	0	8,946	599,834	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,429,231	524,188	1,038,196	1,621,175	67,991,437	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	11	0	0	142,551	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	129,643	475	0	0	302,068	192.00
192.01	19201	PHYSICIAN CLINIC	20,553	226	0	0	169,059	192.01
192.02	19202	LIFELINE	0	12	0	0	70,053	192.02
192.03	19203	CREDIT UNION	0	0	0	0	16,822	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	118	0	0	37,020	194.01
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)	1,579,427	525,030	1,038,196	1,621,175	68,729,010	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMINITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	2,972,413				5.06
7.00	00700	OPERATION OF PLANT	246,597	5,701,926			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	16,597	55,355	439,120		8.00
9.00	00900	HOUSEKEEPING	60,316	40,960	57,309	1,492,926	9.00
10.00	01000	DIETARY	35,835	139,083	14,619	37,042	1,019,335
11.00	01100	CAFETERIA	65,144	98,645	0	26,272	0
13.00	01300	NURSING ADMINISTRATION	52,848	20,862	0	5,556	0
14.00	01401	CENTRAL SERVICE & SUPPLY	34,703	194,299	5,795	51,747	0
15.00	01500	PHARMACY	96,476	40,612	0	10,816	0
16.00	01600	MEDICAL RECORDS & LIBRARY	77,815	167,143	0	44,515	0
17.00	01700	SOCIAL SERVICE	16,134	20,271	0	5,399	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	451,741	1,886,598	152,212	502,452	778,293
31.00	03100	INTENSIVE CARE UNIT	91,858	257,304	21,800	68,527	70,307
43.00	04300	NURSERY	32,480	13,908	0	3,704	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	183,326	896,600	31,804	238,789	0
51.00	05100	RECOVERY ROOM	53,861	40,438	14,218	10,770	803
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,658	17,524	0	4,667	0
53.00	05300	ANESTHESIOLOGY	1,630	556	0	148	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	219,389	400,942	22,177	106,782	0
54.01	05401	ULTRASOUND	15,653	21,558	7,483	5,741	0
55.00	05500	RADIOLOGY-THERAPEUTIC	38,486	40,160	3,823	10,696	0
57.00	05700	CT SCAN	20,853	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	21,626	27,921	0	7,436	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	292,640	233,660	29	62,230	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	58,245	40,473	5,498	10,779	0
66.00	06600	PHYSICAL THERAPY	63,473	263,006	9,112	70,046	0
67.00	06700	OCCUPATIONAL THERAPY	13,423	27,608	435	7,353	0
68.00	06800	SPEECH PATHOLOGY	11,447	14,743	0	3,926	0
69.00	06900	ELECTROCARDIOLOGY	59,832	165,544	2,133	44,089	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	121,208	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	101,229	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	104,393	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	158,349	336,721	81,915	89,678	8,338
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	78,694	107,268	0	28,568	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	27,114	10,953	0	2,917	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,939,073	5,580,715	430,362	1,460,645	857,741
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	6,444	84,841	0	22,595	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	13,654	0	584	0	0
192.01	19201	PHYSICIAN CLINIC	7,642	0	0	0	0
192.02	19202	LIFELINE	3,167	0	0	0	0
192.03	19203	CREDIT UNION	760	36,370	0	9,686	0
192.04	19204	BREAST MRI STUDY	0	0	0	0	0
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	8,174	0	161,594
194.01	07951	MARKETING	1,673	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	2,972,413	5,701,926	439,120	1,492,926	1,019,335

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	1,631,195					11.00
13.00	01300	38,332	1,286,731				13.00
14.00	01401	37,099	56,386	1,147,753			14.00
15.00	01500	75,212	0	0	2,357,406		15.00
16.00	01600	79,991	0	0	0	2,090,916	16.00
17.00	01700	15,439	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	379,886	577,381	0	0	148,102	30.00
31.00	03100	76,156	115,749	0	0	31,129	31.00
43.00	04300	26,670	40,535	0	0	7,613	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	119,958	182,323	0	0	244,198	50.00
51.00	05100	47,897	72,798	0	0	30,898	51.00
52.00	05200	14,301	21,736	0	0	23,061	52.00
53.00	05300	0	0	0	0	16,453	53.00
54.00	05400	171,420	0	0	0	218,800	54.00
54.01	05401	11,221	0	0	0	42,119	54.01
55.00	05500	20,064	0	0	0	65,785	55.00
57.00	05700	0	0	0	0	198,019	57.00
58.00	05800	0	0	0	0	115,329	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	190,089	0	0	0	389,444	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	55,204	0	0	0	77,530	65.00
66.00	06600	51,740	0	0	0	50,251	66.00
67.00	06700	10,037	0	0	0	6,700	67.00
68.00	06800	7,719	0	0	0	4,808	68.00
69.00	06900	32,993	0	0	0	85,700	69.00
71.00	07100	0	0	1,147,753	0	66,518	71.00
72.00	07200	0	0	0	0	29,186	72.00
73.00	07300	0	0	0	2,357,406	125,854	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	144,631	219,823	0	0	113,419	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,606,059	1,286,731	1,147,753	2,357,406	2,090,916	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	13,641	0	0	0	0	190.00
192.00	19200	410	0	0	0	0	192.00
192.01	19201	10,229	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
194.00	07950	0	0	0	0	0	194.00
194.01	07951	856	0	0	0	0	194.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		1,631,195	1,286,731	1,147,753	2,357,406	2,090,916	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150086

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

Worksheet B
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00511	DATA PROCESSING				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES				5.03
5.04	00513	ADMITTING				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE				5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01401	CENTRAL SERVICE & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	414,163			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	380,956	15,250,790	0	15,250,790
31.00	03100	INTENSIVE CARE UNIT	12,305	2,777,264	0	2,777,264
43.00	04300	NURSERY	0	843,443	0	843,443
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	16,688	5,969,304	0	5,969,304
51.00	05100	RECOVERY ROOM	2,191	1,465,421	0	1,465,421
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	443,338	0	443,338
53.00	05300	ANESTHESIOLOGY	0	54,840	0	54,840
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,992,922	0	5,992,922
54.01	05401	ULTRASOUND	0	450,065	0	450,065
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,030,425	0	1,030,425
57.00	05700	CT SCAN	0	680,186	0	680,186
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	650,725	0	650,725
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	0	7,642,007	0	7,642,007
60.01	06001	BLOOD LABORATORY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	1,536,240	0	1,536,240
66.00	06600	PHYSICAL THERAPY	0	1,911,813	0	1,911,813
67.00	06700	OCCUPATIONAL THERAPY	0	362,508	0	362,508
68.00	06800	SPEECH PATHOLOGY	0	295,878	0	295,878
69.00	06900	ELECTROCARDIOLOGY	0	1,713,919	0	1,713,919
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,016,901	0	4,016,901
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	2,369,855	0	2,369,855
73.00	07300	DRUGS CHARGED TO PATIENTS	0	4,897,071	0	4,897,071
OUTPATIENT SERVICE COST CENTERS						
91.00	09100	EMERGENCY	2,023	4,657,959	0	4,657,959
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
OTHER REIMBURSABLE COST CENTERS						
101.00	10100	HOME HEALTH AGENCY	0	1,955,425	0	1,955,425
SPECIAL PURPOSE COST CENTERS						
113.00	11300	INTEREST EXPENSE				113.00
116.00	11600	HOSPICE	0	640,818	0	640,818
118.00		SUBTOTALS (SUM OF LINES 1-117)	414,163	67,609,117	0	67,609,117
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	270,072	0	270,072
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	316,716	0	316,716
192.01	19201	PHYSICIAN CLINIC	0	186,930	0	186,930
192.02	19202	LIFELINE	0	73,220	0	73,220
192.03	19203	CREDIT UNION	0	63,638	0	63,638
192.04	19204	BREAST MRI STUDY	0	0	0	0
194.00	07950	COMMUNITY MENTAL HEALTH	0	169,768	0	169,768
194.01	07951	MARKETING	0	39,549	0	39,549
200.00		Cross Foot Adjustments		0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	414,163	68,729,010	0	68,729,010

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	20,279	15,764	36,043	36,043 4.00
5.01 00510	NONPATIENT TELEPHONES	0	3,824	2,973	6,797	132 5.01
5.02 00511	DATA PROCESSING	0	22,996	17,877	40,873	716 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	80,398	62,500	142,898	265 5.03
5.04 00513	ADMITTING	0	43,463	33,788	77,251	693 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	43,501	33,817	77,318	813 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	0	132,415	102,937	235,352	1,567 5.06
7.00 00700	OPERATION OF PLANT	0	1,227,677	954,376	2,182,053	1,102 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	20,027	15,569	35,596	173 8.00
9.00 00900	HOUSEKEEPING	0	14,819	11,520	26,339	836 9.00
10.00 01000	DIETARY	0	50,319	39,117	89,436	301 10.00
11.00 01100	CAFETERIA	0	35,689	27,744	63,433	831 11.00
13.00 01300	NURSING ADMINISTRATION	0	7,548	5,868	13,416	885 13.00
14.00 01401	CENTRAL SERVICE & SUPPLY	0	70,296	54,647	124,943	392 14.00
15.00 01500	PHARMACY	0	14,693	11,422	26,115	1,612 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	60,471	47,009	107,480	977 16.00
17.00 01700	SOCIAL SERVICE	0	7,334	5,701	13,035	264 17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	682,555	530,607	1,213,162	5,633 30.00
31.00 03100	INTENSIVE CARE UNIT	0	93,091	72,367	165,458	1,338 31.00
43.00 04300	NURSERY	0	5,032	3,912	8,944	486 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	324,383	252,170	576,553	2,103 50.00
51.00 05100	RECOVERY ROOM	0	14,630	11,373	26,003	921 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	6,340	4,929	11,269	261 52.00
53.00 05300	ANESTHESIOLOGY	0	201	156	357	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	145,058	112,765	257,823	2,774 54.00
54.01 05401	ULTRASOUND	0	7,799	6,063	13,862	220 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	14,530	11,295	25,825	428 55.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	10,102	7,853	17,955	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	84,536	65,717	150,253	2,468 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00 06500	RESPIRATORY THERAPY	0	14,643	11,383	26,026	911 65.00
66.00 06600	PHYSICAL THERAPY	0	95,154	73,971	169,125	926 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	9,988	7,765	17,753	215 67.00
68.00 06800	SPEECH PATHOLOGY	0	5,334	4,146	9,480	193 68.00
69.00 06900	ELECTROCARDIOLOGY	0	59,892	46,559	106,451	490 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS						
91.00 09100	EMERGENCY	0	121,823	94,703	216,526	3,379 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
101.00 10100	HOME HEALTH AGENCY	0	38,809	30,169	68,978	1,213 101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	0	3,963	3,080	7,043	311 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	3,593,612	2,793,612	6,387,224	35,829 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	30,695	0	30,695	90 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	7 192.00
192.01 19201	PHYSICIAN CLINIC	0	0	0	0	90 192.01
192.02 19202	LIFELINE	0	0	0	0	0 192.02
192.03 19203	CREDIT UNION	0	13,158	0	13,158	0 192.03
192.04 19204	BREAST MRI STUDY	0	0	0	0	0 192.04
194.00 07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01 07951	MARKETING	0	0	0	0	27 194.01
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	0	3,637,465	2,793,612	6,431,077	36,043 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150086		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/24/2013 4:52 pm	
Cost Center Description			NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES	6,929					5.01
5.02	00511	DATA PROCESSING	342	41,931				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	87	588	143,838			5.03
5.04	00513	ADMINISTRATIVE	211	1,301	684	80,140		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	320	2,434	323	0	81,208	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	247	2,392	476	0	0	5.06
7.00	00700	OPERATION OF PLANT	538	797	2,126	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7	0	1,199	0	0	8.00
9.00	00900	HOUSEKEEPING	95	252	1,877	0	0	9.00
10.00	01000	DIETARY	153	1,301	2,170	0	0	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	87	797	154	0	0	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	73	797	10,397	0	0	14.00
15.00	01500	PHARMACY	174	1,343	1,045	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	633	2,350	356	0	0	16.00
17.00	01700	SOCIAL SERVICE	65	420	52	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	913	8,522	4,034	64,063	5,665	30.00
31.00	03100	INTENSIVE CARE UNIT	116	1,217	589	7,459	1,191	31.00
43.00	04300	NURSERY	0	0	0	8,618	291	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	502	2,225	32,933	0	9,341	50.00
51.00	05100	RECOVERY ROOM	87	0	461	0	1,182	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	882	52.00
53.00	05300	ANESTHESIOLOGY	15	0	764	0	629	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	473	2,644	7,376	0	8,369	54.00
54.01	05401	ULTRASOUND	15	0	354	0	1,611	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	51	630	4,739	0	2,516	55.00
57.00	05700	CT SCAN	0	0	2,064	0	7,575	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	886	0	4,411	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	284	3,148	25,433	0	14,906	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	51	1,385	1,061	0	2,966	65.00
66.00	06600	PHYSICAL THERAPY	131	1,007	437	0	1,922	66.00
67.00	06700	OCCUPATIONAL THERAPY	73	0	204	0	256	67.00
68.00	06800	SPEECH PATHOLOGY	7	0	27	0	184	68.00
69.00	06900	ELECTROCARDIOLOGY	240	0	696	0	3,278	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	2,544	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	37,869	0	1,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	4,814	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	204	1,637	1,166	0	4,338	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	44	756	671	0	773	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	985	0	448	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	6,238	37,943	143,608	80,140	81,208	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	36	0	3	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	480	3,442	130	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	87	546	62	0	0	192.01
192.02	19202	LIFELINE	0	0	3	0	0	192.02
192.03	19203	CREDIT UNION	73	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	15	0	32	0	0	194.01
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)	6,929	41,931	143,838	80,140	81,208	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150086		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/24/2013 4:52 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINISTRATIVE						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	240,034					5.06
7.00	00700	OPERATION OF PLANT	19,912	2,206,528				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,340	21,421	59,736			8.00
9.00	00900	HOUSEKEEPING	4,870	15,851	7,796	57,916		9.00
10.00	01000	DIETARY	2,894	53,822	1,989	1,437	153,503	10.00
11.00	01100	CAFETERIA	5,260	38,174	0	1,019	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,267	8,073	0	216	0	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	2,802	75,190	788	2,007	0	14.00
15.00	01500	PHARMACY	7,790	15,716	0	420	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,283	64,681	0	1,727	0	16.00
17.00	01700	SOCIAL SERVICE	1,303	7,845	0	209	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	36,500	730,073	20,707	19,494	117,203	30.00
31.00	03100	INTENSIVE CARE UNIT	7,417	99,571	2,966	2,658	10,588	31.00
43.00	04300	NURSERY	2,623	5,382	0	144	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,803	346,966	4,326	9,263	0	50.00
51.00	05100	RECOVERY ROOM	4,349	15,649	1,934	418	121	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,264	6,782	0	181	0	52.00
53.00	05300	ANESTHESIOLOGY	132	215	0	6	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,715	155,156	3,017	4,142	0	54.00
54.01	05401	ULTRASOUND	1,264	8,342	1,018	223	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	3,108	15,541	520	415	0	55.00
57.00	05700	CT SCAN	1,684	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,746	10,805	0	288	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	23,630	90,422	4	2,414	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,703	15,662	748	418	0	65.00
66.00	06600	PHYSICAL THERAPY	5,125	101,778	1,240	2,717	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,084	10,684	59	285	0	67.00
68.00	06800	SPEECH PATHOLOGY	924	5,705	0	152	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,831	64,062	290	1,710	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	9,787	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	8,174	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,429	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	12,786	130,304	11,143	3,479	1,256	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	6,354	41,510	0	1,108	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,189	4,239	0	113	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	237,342	2,159,621	58,545	56,663	129,168	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	520	32,832	0	877	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,103	0	79	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	617	0	0	0	0	192.01
192.02	19202	LIFELINE	256	0	0	0	0	192.02
192.03	19203	CREDIT UNION	61	14,075	0	376	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	1,112	0	24,335	194.00
194.01	07951	MARKETING	135	0	0	0	0	194.01
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)	240,034	2,206,528	59,736	57,916	153,503	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150086		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/24/2013 4:52 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
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	108,717					11.00
13.00	01300	NURSING ADMINISTRATION	2,555	30,450				13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	2,473	1,334	221,196			14.00
15.00	01500	PHARMACY	5,013	0	0	59,228		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,331	0	0	0	189,818	16.00
17.00	01700	SOCIAL SERVICE	1,029	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,321	13,664	0	0	13,445	30.00
31.00	03100	INTENSIVE CARE UNIT	5,076	2,739	0	0	2,826	31.00
43.00	04300	NURSERY	1,777	959	0	0	691	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,995	4,315	0	0	22,168	50.00
51.00	05100	RECOVERY ROOM	3,192	1,723	0	0	2,805	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	953	514	0	0	2,093	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	1,494	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,425	0	0	0	19,863	54.00
54.01	05401	ULTRASOUND	748	0	0	0	3,824	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,337	0	0	0	5,972	55.00
57.00	05700	CT SCAN	0	0	0	0	17,976	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	10,470	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	12,669	0	0	0	35,357	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	3,679	0	0	0	7,038	65.00
66.00	06600	PHYSICAL THERAPY	3,448	0	0	0	4,562	66.00
67.00	06700	OCCUPATIONAL THERAPY	669	0	0	0	608	67.00
68.00	06800	SPEECH PATHOLOGY	514	0	0	0	436	68.00
69.00	06900	ELECTROCARDIOLOGY	2,199	0	0	0	7,780	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	221,196	0	6,039	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	2,650	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	59,228	11,425	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	9,639	5,202	0	0	10,296	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	107,042	30,450	221,196	59,228	189,818	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	909	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	27	0	0	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	682	0	0	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	0	192.02
192.03	19203	CREDIT UNION	0	0	0	0	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	57	0	0	0	0	194.01
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)	108,717	30,450	221,196	59,228	189,818	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150086

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

Worksheet B
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01401	CENTRAL SERVICE & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE	24,222				17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,280	2,300,679	0	2,300,679	30.00
31.00	03100	INTENSIVE CARE UNIT	720	311,929	0	311,929	31.00
43.00	04300	NURSERY	0	29,915	0	29,915	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	976	1,034,469	0	1,034,469	50.00
51.00	05100	RECOVERY ROOM	128	58,973	0	58,973	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	24,199	0	24,199	52.00
53.00	05300	ANESTHESIOLOGY	0	3,612	0	3,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	490,777	0	490,777	54.00
54.01	05401	ULTRASOUND	0	31,481	0	31,481	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	61,082	0	61,082	55.00
57.00	05700	CT SCAN	0	29,299	0	29,299	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	46,561	0	46,561	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	360,988	0	360,988	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	64,648	0	64,648	65.00
66.00	06600	PHYSICAL THERAPY	0	292,418	0	292,418	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	31,890	0	31,890	67.00
68.00	06800	SPEECH PATHOLOGY	0	17,622	0	17,622	68.00
69.00	06900	ELECTROCARDIOLOGY	0	192,027	0	192,027	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	239,566	0	239,566	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	49,809	0	49,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	83,896	0	83,896	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	118	411,473	0	411,473	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	0	121,407	0	121,407	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	15,328	0	15,328	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	24,222	6,304,048	0	6,304,048	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	65,962	0	65,962	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	5,268	0	5,268	192.00
192.01	19201	PHYSICIAN CLINIC	0	2,084	0	2,084	192.01
192.02	19202	LIFELINE	0	259	0	259	192.02
192.03	19203	CREDIT UNION	0	27,743	0	27,743	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	25,447	0	25,447	194.00
194.01	07951	MARKETING	0	266	0	266	194.01
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	24,222	6,431,077	0	6,431,077	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		CAPITAL RELATED COSTS					
		NEW BLDG & FIXT	NEW MVBLE EQUIP	EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
		(SQUARE FEET)	(SQUARE FEET)	(GROSS SALARIES)	(PHONES)	(DP EQUIPMENT)	
		1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	289,151				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		285,665			2.00
4.00	00400	EMPLOYEE BENEFITS	1,612	1,612	32,368,292		4.00
5.01	00510	NONPATIENT TELEPHONES	304	304	118,092	953	5.01
5.02	00511	DATA PROCESSING	1,828	1,828	642,937	47	999 5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	6,391	6,391	238,246	12	14 5.03
5.04	00513	ADMITTING	3,455	3,455	622,510	29	31 5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	3,458	3,458	730,074	44	58 5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	10,526	10,526	1,406,724	34	57 5.06
7.00	00700	OPERATION OF PLANT	97,591	97,591	989,009	74	19 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,592	1,592	154,854	1	0 8.00
9.00	00900	HOUSEKEEPING	1,178	1,178	750,199	13	6 9.00
10.00	01000	DIETARY	4,000	4,000	269,768	21	31 10.00
11.00	01100	CAFETERIA	2,837	2,837	745,541	0	0 11.00
13.00	01300	NURSING ADMINISTRATION	600	600	794,481	12	19 13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	5,588	5,588	352,127	10	19 14.00
15.00	01500	PHARMACY	1,168	1,168	1,446,883	24	32 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	4,807	876,775	87	56 16.00
17.00	01700	SOCIAL SERVICE	583	583	236,705	9	10 17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,258	54,258	5,071,837	126	203 30.00
31.00	03100	INTENSIVE CARE UNIT	7,400	7,400	1,201,390	16	29 31.00
43.00	04300	NURSERY	400	400	436,580	0	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,786	25,786	1,887,463	69	53 50.00
51.00	05100	RECOVERY ROOM	1,163	1,163	826,470	12	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	504	504	234,101	0	0 52.00
53.00	05300	ANESTHESIOLOGY	16	16	0	2	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,531	11,531	2,490,140	65	63 54.00
54.01	05401	ULTRASOUND	620	620	197,376	2	0 54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,155	1,155	384,109	7	15 55.00
57.00	05700	CT SCAN	0	0	0	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	803	803	0	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000	LABORATORY	6,720	6,720	2,215,302	39	75 60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0 60.01
65.00	06500	RESPIRATORY THERAPY	1,164	1,164	817,354	7	33 65.00
66.00	06600	PHYSICAL THERAPY	7,564	7,564	831,369	18	24 66.00
67.00	06700	OCCUPATIONAL THERAPY	794	794	193,397	10	0 67.00
68.00	06800	SPEECH PATHOLOGY	424	424	173,638	1	0 68.00
69.00	06900	ELECTROCARDIOLOGY	4,761	4,761	439,863	33	0 69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,684	9,684	3,033,208	28	39 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,085	3,085	1,089,011	6	18 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	315	315	278,812	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	285,665	285,665	32,176,345	858	904 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	80,991	5	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	6,152	66	82 192.00
192.01	19201	PHYSICIAN CLINIC	0	0	80,542	12	13 192.01
192.02	19202	LIFELINE	0	0	0	0	0 192.02
192.03	19203	CREDIT UNION	1,046	0	0	10	0 192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0 192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0 194.00
194.01	07951	MARKETING	0	0	24,262	2	0 194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,637,465	2,793,612	11,532,657	349,166	1,579,427 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	12.579811	9.779329	0.356295	366.386149	1,581.008008 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			36,043	6,929	41,931 204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part 11)			0.001114	7.270724	41.972973	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description			PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
			5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	7,897,384					5.03
5.04	00513	ADMINISTRATIVE	37,569	4,631				5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	17,751	0	187,104,668			5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	26,147	0	0	-2,972,413	65,756,597	5.06
7.00	00700	OPERATION OF PLANT	116,750	0	0	0	5,455,329	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	65,859	0	0	0	367,168	8.00
9.00	00900	HOUSEKEEPING	103,038	0	0	0	1,334,341	9.00
10.00	01000	DIETARY	119,170	0	0	0	792,756	10.00
11.00	01100	CAFETERIA	0	0	0	0	1,441,134	11.00
13.00	01300	NURSING ADMINISTRATION	8,448	0	0	0	1,169,133	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	570,873	0	0	0	767,724	14.00
15.00	01500	PHARMACY	57,378	0	0	0	2,134,290	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,536	0	0	0	1,721,452	16.00
17.00	01700	SOCIAL SERVICE	2,849	0	0	0	356,920	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	221,475	3,702	13,053,205	0	9,993,169	30.00
31.00	03100	INTENSIVE CARE UNIT	32,350	431	2,743,585	0	2,032,129	31.00
43.00	04300	NURSERY	0	498	670,942	0	718,533	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,808,203	0	21,522,811	0	4,055,618	50.00
51.00	05100	RECOVERY ROOM	25,299	0	2,723,266	0	1,191,547	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	2,032,496	0	346,391	52.00
53.00	05300	ANESTHESIOLOGY	41,960	0	1,450,132	0	36,053	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	404,998	0	19,284,306	0	4,853,412	54.00
54.01	05401	ULTRASOUND	19,441	0	3,712,260	0	346,290	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	260,184	0	5,798,081	0	851,411	55.00
57.00	05700	CT SCAN	113,299	0	17,452,774	0	461,314	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	48,641	0	10,164,723	0	478,413	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	1,396,431	0	34,329,508	0	6,473,915	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	58,231	0	6,833,212	0	1,288,511	65.00
66.00	06600	PHYSICAL THERAPY	23,982	0	4,428,990	0	1,404,185	66.00
67.00	06700	OCCUPATIONAL THERAPY	11,190	0	590,527	0	296,952	67.00
68.00	06800	SPEECH PATHOLOGY	1,502	0	423,769	0	253,235	68.00
69.00	06900	ELECTROCARDIOLOGY	38,241	0	7,553,312	0	1,323,628	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	5,862,672	0	2,681,422	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,078,943	0	2,572,350	0	2,239,440	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	11,092,400	0	2,309,418	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	64,039	0	9,996,396	0	3,503,062	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	36,859	0	1,780,536	0	1,740,895	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	54,084	0	1,032,415	0	599,834	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	7,884,720	4,631	187,104,668	-2,972,413	65,019,024	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	165	0	0	0	142,551	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,140	0	0	0	302,068	192.00
192.01	19201	PHYSICIAN CLINIC	3,402	0	0	0	169,059	192.01
192.02	19202	LIFELINE	188	0	0	0	70,053	192.02
192.03	19203	CREDIT UNION	0	0	0	0	16,822	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	0	192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	0	0	0	0	194.00
194.01	07951	MARKETING	1,769	0	0	0	37,020	194.01
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)	525,030	1,038,196	1,621,175		2,972,413	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.066482	224.183978	0.008665		0.045203	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	143,838	80,140	81,208		240,034	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		5.03 PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	5.04 ADMINISTRATIVE (ADMISSIONS)	5.05 CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	5A.06 Reconciliation	5.06 OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.018213	17.305118	0.000434		0.003650	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMINISTRATIVE					5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT	163,986				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,592	847,052			8.00
9.00	00900	HOUSEKEEPING	1,178	110,548	161,216		9.00
10.00	01000	DIETARY	4,000	28,200	4,000	59,661	10.00
11.00	01100	CAFETERIA	2,837	0	2,837	0	11.00
13.00	01300	NURSING ADMINISTRATION	600	0	600	0	13.00
14.00	01401	CENTRAL SERVICE & SUPPLY	5,588	11,179	5,588	0	14.00
15.00	01500	PHARMACY	1,168	0	1,168	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,807	0	4,807	0	16.00
17.00	01700	SOCIAL SERVICE	583	0	583	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	54,258	293,614	54,258	45,553	30.00
31.00	03100	INTENSIVE CARE UNIT	7,400	42,052	7,400	4,115	31.00
43.00	04300	NURSERY	400	0	400	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	25,786	61,349	25,786	0	50.00
51.00	05100	RECOVERY ROOM	1,163	27,427	1,163	47	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	504	0	504	0	52.00
53.00	05300	ANESTHESIOLOGY	16	0	16	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,531	42,779	11,531	0	54.00
54.01	05401	ULTRASOUND	620	14,434	620	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,155	7,374	1,155	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	803	0	803	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	6,720	55	6,720	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,164	10,605	1,164	0	65.00
66.00	06600	PHYSICAL THERAPY	7,564	17,577	7,564	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	794	840	794	0	67.00
68.00	06800	SPEECH PATHOLOGY	424	0	424	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,761	4,114	4,761	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	EMERGENCY	9,684	158,012	9,684	488	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	HOME HEALTH AGENCY	3,085	0	3,085	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	315	0	315	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	160,500	830,159	157,730	50,203	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,440	0	2,440	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,126	0	0	192.00
192.01	19201	PHYSICIAN CLINIC	0	0	0	0	192.01
192.02	19202	LIFELINE	0	0	0	0	192.02
192.03	19203	CREDIT UNION	1,046	0	1,046	0	192.03
192.04	19204	BREAST MRI STUDY	0	0	0	0	192.04
194.00	07950	COMMUNITY MENTAL HEALTH	0	15,767	0	9,458	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	5,701,926	439,120	1,492,926	1,019,335	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	34.770810	0.518410	9.260408	17.085449	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	2,206,528	59,736	57,916	153,503	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	13.455588	0.070522	0.359245	2.572920	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	474,477					13.00
14.00	01401	20,792	100				14.00
15.00	01500	0	0	100			15.00
16.00	01600	0	0	0	184,291,717		16.00
17.00	01700	0	0	0	0	2,457	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	212,907	0	0	13,053,205	2,260	30.00
31.00	03100	42,682	0	0	2,743,585	73	31.00
43.00	04300	14,947	0	0	670,942	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	67,231	0	0	21,522,811	99	50.00
51.00	05100	26,844	0	0	2,723,266	13	51.00
52.00	05200	8,015	0	0	2,032,496	0	52.00
53.00	05300	0	0	0	1,450,132	0	53.00
54.00	05400	0	0	0	19,284,306	0	54.00
54.01	05401	0	0	0	3,712,260	0	54.01
55.00	05500	0	0	0	5,798,081	0	55.00
57.00	05700	0	0	0	17,452,774	0	57.00
58.00	05800	0	0	0	10,164,723	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	34,329,508	0	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	0	0	0	6,833,212	0	65.00
66.00	06600	0	0	0	4,428,990	0	66.00
67.00	06700	0	0	0	590,527	0	67.00
68.00	06800	0	0	0	423,769	0	68.00
69.00	06900	0	0	0	7,553,312	0	69.00
71.00	07100	0	100	0	5,862,672	0	71.00
72.00	07200	0	0	0	2,572,350	0	72.00
73.00	07300	0	0	100	11,092,400	0	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100	81,059	0	0	9,996,396	12	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		474,477	100	100	184,291,717	2,457	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
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	0	192.02
192.03	19203	0	0	0	0	0	192.03
192.04	19204	0	0	0	0	0	192.04
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
200.00							200.00
201.00							201.00
202.00		1,286,731	1,147,753	2,357,406	2,090,916	414,163	202.00
203.00		2.711893	11,477.530000	23,574.060000	0.011346	168.564510	203.00
204.00		30,450	221,196	59,228	189,818	24,222	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

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

Worksheet B-1

Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
205.00	Unit cost multiplier (Wkst. B, Part II)	0.064176	2,211.960000	592.280000	0.001030	9.858364	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	15,250,790		15,250,790	0	15,250,790	11,335,506	30.00
31.00	03100	INTENSIVE CARE UNIT	2,777,264		2,777,264	0	2,777,264	2,724,764	31.00
43.00	04300	NURSERY	843,443		843,443	0	843,443	670,942	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,969,304		5,969,304	0	5,969,304	5,048,738	50.00
51.00	05100	RECOVERY ROOM	1,465,421		1,465,421	0	1,465,421	447,297	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	443,338		443,338	0	443,338	1,852,521	52.00
53.00	05300	ANESTHESIOLOGY	54,840		54,840	0	54,840	462,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,992,922		5,992,922	0	5,992,922	2,959,434	54.00
54.01	05401	ULTRASOUND	450,065		450,065	0	450,065	641,515	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,030,425		1,030,425	0	1,030,425	3,004,332	55.00
57.00	05700	CT SCAN	680,186		680,186	0	680,186	3,407,215	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	650,725		650,725	0	650,725	911,232	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	7,642,007		7,642,007	102,096	7,744,103	9,543,977	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,536,240	0	1,536,240	0	1,536,240	5,608,916	65.00
66.00	06600	PHYSICAL THERAPY	1,911,813	0	1,911,813	0	1,911,813	1,430,115	66.00
67.00	06700	OCCUPATIONAL THERAPY	362,508	0	362,508	0	362,508	272,338	67.00
68.00	06800	SPEECH PATHOLOGY	295,878	0	295,878	0	295,878	110,462	68.00
69.00	06900	ELECTROCARDIOLOGY	1,713,919		1,713,919	0	1,713,919	1,810,263	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,016,901		4,016,901	0	4,016,901	4,074,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,369,855		2,369,855	0	2,369,855	1,839,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,897,071		4,897,071	0	4,897,071	7,424,045	73.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	4,657,959		4,657,959	0	4,657,959	1,489,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,489,166		1,489,166		1,489,166	128,886	92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,955,425		1,955,425		1,955,425	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	640,818		640,818		640,818	0	116.00
200.00		Subtotal (see instructions)	69,098,283	0	69,098,283	102,096	69,200,379	67,198,625	200.00
201.00		Less Observation Beds	1,489,166		1,489,166		1,489,166		201.00
202.00		Total (see instructions)	67,609,117	0	67,609,117	102,096	67,711,213	67,198,625	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		11,335,506					30.00
31.00	03100	INTENSIVE CARE UNIT		2,724,764					31.00
43.00	04300	NURSERY		670,942					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,415,970	21,464,708	0.278099	0.000000	0.278099		50.00
51.00	05100	RECOVERY ROOM	2,275,363	2,722,660	0.538231	0.000000	0.538231		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,721	1,961,242	0.226050	0.000000	0.226050		52.00
53.00	05300	ANESTHESIOLOGY	987,759	1,450,132	0.037817	0.000000	0.037817		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,821,186	18,780,620	0.319101	0.000000	0.319101		54.00
54.01	05401	ULTRASOUND	3,070,746	3,712,261	0.121237	0.000000	0.121237		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,764,591	5,768,923	0.178617	0.000000	0.178617		55.00
57.00	05700	CT SCAN	14,045,559	17,452,774	0.038973	0.000000	0.038973		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,183,334	10,094,566	0.064463	0.000000	0.064463		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000		59.00
60.00	06000	LABORATORY	24,785,531	34,329,508	0.222608	0.000000	0.225582		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	1,151,431	6,760,347	0.227243	0.000000	0.227243		65.00
66.00	06600	PHYSICAL THERAPY	2,998,875	4,428,990	0.431659	0.000000	0.431659		66.00
67.00	06700	OCCUPATIONAL THERAPY	318,189	590,527	0.613872	0.000000	0.613872		67.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00					
68.00	06800	SPEECH PATHOLOGY	313,307	423,769	0.698206	0.000000	0.698206		68.00
69.00	06900	ELECTROCARDIOLOGY	4,640,009	6,450,272	0.265713	0.000000	0.265713		69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,788,369	5,862,672	0.685166	0.000000	0.685166		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	866,763	2,706,356	0.875663	0.000000	0.875663		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,668,355	11,092,400	0.441480	0.000000	0.441480		73.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	6,120,628	7,610,486	0.612045	0.000000	0.612045		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,253,610	1,382,496	1.077158	0.000000	1.077158		92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,780,536	1,780,536					101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	1,032,415	1,032,415					116.00
200.00		Subtotal (see instructions)	115,391,247	182,589,872					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	115,391,247	182,589,872					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C Part I Date/Time Prepared: 5/24/2013 4:52 pm

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	15,250,790		15,250,790	0	0	11,335,506	30.00
31.00	03100	INTENSIVE CARE UNIT	2,777,264		2,777,264	0	0	2,724,764	31.00
43.00	04300	NURSERY	843,443		843,443	0	0	670,942	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,969,304		5,969,304	0	0	5,048,738	50.00
51.00	05100	RECOVERY ROOM	1,465,421		1,465,421	0	0	447,297	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	443,338		443,338	0	0	1,852,521	52.00
53.00	05300	ANESTHESIOLOGY	54,840		54,840	0	0	462,373	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,992,922		5,992,922	0	0	2,959,434	54.00
54.01	05401	ULTRASOUND	450,065		450,065	0	0	641,515	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	1,030,425		1,030,425	0	0	3,004,332	55.00
57.00	05700	CT SCAN	680,186		680,186	0	0	3,407,215	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	650,725		650,725	0	0	911,232	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	7,642,007		7,642,007	0	0	9,543,977	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,536,240	0	1,536,240	0	0	5,608,916	65.00
66.00	06600	PHYSICAL THERAPY	1,911,813	0	1,911,813	0	0	1,430,115	66.00
67.00	06700	OCCUPATIONAL THERAPY	362,508	0	362,508	0	0	272,338	67.00
68.00	06800	SPEECH PATHOLOGY	295,878	0	295,878	0	0	110,462	68.00
69.00	06900	ELECTROCARDIOLOGY	1,713,919		1,713,919	0	0	1,810,263	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,016,901		4,016,901	0	0	4,074,303	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,369,855		2,369,855	0	0	1,839,593	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,897,071		4,897,071	0	0	7,424,045	73.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	4,657,959		4,657,959	0	0	1,489,858	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,489,166		1,489,166	0	0	128,886	92.00
OTHER REIMBURSABLE COST CENTERS									
101.00	10100	HOME HEALTH AGENCY	1,955,425		1,955,425		0	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	640,818		640,818		0	0	116.00
200.00		Subtotal (see instructions)	69,098,283	0	69,098,283	0	0	67,198,625	200.00
201.00		Less Observation Beds	1,489,166		1,489,166		0	0	201.00
202.00		Total (see instructions)	67,609,117	0	67,609,117	0	0	67,198,625	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		11,335,506					30.00
31.00	03100	INTENSIVE CARE UNIT		2,724,764					31.00
43.00	04300	NURSERY		670,942					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	16,415,970	21,464,708	0.278099	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	2,275,363	2,722,660	0.538231	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	108,721	1,961,242	0.226050	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	987,759	1,450,132	0.037817	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,821,186	18,780,620	0.319101	0.000000	0.000000		54.00
54.01	05401	ULTRASOUND	3,070,746	3,712,261	0.121237	0.000000	0.000000		54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,764,591	5,768,923	0.178617	0.000000	0.000000		55.00
57.00	05700	CT SCAN	14,045,559	17,452,774	0.038973	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	9,183,334	10,094,566	0.064463	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000		59.00
60.00	06000	LABORATORY	24,785,531	34,329,508	0.222608	0.000000	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
65.00	06500	RESPIRATORY THERAPY	1,151,431	6,760,347	0.227243	0.000000	0.000000		65.00
66.00	06600	PHYSICAL THERAPY	2,998,875	4,428,990	0.431659	0.000000	0.000000		66.00
67.00	06700	OCCUPATIONAL THERAPY	318,189	590,527	0.613872	0.000000	0.000000		67.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150086

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

Worksheet C
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
68.00	06800	SPEECH PATHOLOGY	313,307	423,769	0.698206	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	4,640,009	6,450,272	0.265713	0.000000	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,788,369	5,862,672	0.685166	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	866,763	2,706,356	0.875663	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,668,355	11,092,400	0.441480	0.000000	0.000000	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	6,120,628	7,610,486	0.612045	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,253,610	1,382,496	1.077158	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
101.00	10100	HOME HEALTH AGENCY	1,780,536	1,780,536				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,032,415	1,032,415				116.00
200.00		Subtotal (see instructions)	115,391,247	182,589,872				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	115,391,247	182,589,872				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/24/2013 4:52 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,300,679	0	2,300,679	14,184	162.20	30.00
31.00	INTENSIVE CARE UNIT	311,929		311,929	1,918	162.63	31.00
43.00	NURSERY	29,915		29,915	925	32.34	43.00
200.00	Total (Lines 30-199)	2,642,523		2,642,523	17,027		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	6,422	1,041,648	30.00
31.00	INTENSIVE CARE UNIT	1,007	163,768	31.00
43.00	NURSERY	0	0	43.00
200.00	Total (Lines 30-199)	7,429	1,205,416	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/24/2013 4:52 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,034,469	21,464,708	0.048194	3,123,777	150,547	50.00
51.00	05100	RECOVERY ROOM	58,973	2,722,660	0.021660	201,818	4,371	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,199	1,961,242	0.012339	11,146	138	52.00
53.00	05300	ANESTHESIOLOGY	3,612	1,450,132	0.002491	176,739	440	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	490,777	18,780,620	0.026132	1,297,543	33,907	54.00
54.01	05401	ULTRASOUND	31,481	3,712,261	0.008480	231,547	1,964	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	61,082	5,768,923	0.010588	1,691,554	17,910	55.00
57.00	05700	CT SCAN	29,299	17,452,774	0.001679	1,926,790	3,235	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	46,561	10,094,566	0.004612	397,433	1,833	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	360,988	34,329,508	0.010515	5,190,562	54,579	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	64,648	6,760,347	0.009563	1,388,245	13,276	65.00
66.00	06600	PHYSICAL THERAPY	292,418	4,428,990	0.066024	908,852	60,006	66.00
67.00	06700	OCCUPATIONAL THERAPY	31,890	590,527	0.054003	147,882	7,986	67.00
68.00	06800	SPEECH PATHOLOGY	17,622	423,769	0.041584	85,032	3,536	68.00
69.00	06900	ELECTROCARDIOLOGY	192,027	6,450,272	0.029770	1,699,851	50,605	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	239,566	5,862,672	0.040863	3,709,907	151,598	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	49,809	2,706,356	0.018404	16,792	309	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	83,896	11,092,400	0.007563	4,223,314	31,941	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	411,473	7,610,486	0.054067	794,839	42,975	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	224,650	1,382,496	0.162496	121,539	19,750	92.00
200.00		Total (lines 50-199)	3,749,440	165,045,709		27,345,162	650,906	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150086		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/24/2013 4:52 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,184	0.00	6,422	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,918	0.00	1,007	0		31.00
43.00	04300	NURSERY	925	0.00	0	0		43.00
200.00		Total (lines 30-199)	17,027		7,429	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150086

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

Worksheet D
Part IV
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS									
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 4:52 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	21,464,708	0.000000	0.000000	3,123,777	50.00
51.00	05100 RECOVERY ROOM	0	2,722,660	0.000000	0.000000	201,818	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,961,242	0.000000	0.000000	11,146	52.00
53.00	05300 ANESTHESIOLOGY	0	1,450,132	0.000000	0.000000	176,739	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	18,780,620	0.000000	0.000000	1,297,543	54.00
54.01	05401 ULTRASOUND	0	3,712,261	0.000000	0.000000	231,547	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	5,768,923	0.000000	0.000000	1,691,554	55.00
57.00	05700 CT SCAN	0	17,452,774	0.000000	0.000000	1,926,790	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	10,094,566	0.000000	0.000000	397,433	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	34,329,508	0.000000	0.000000	5,190,562	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	6,760,347	0.000000	0.000000	1,388,245	65.00
66.00	06600 PHYSICAL THERAPY	0	4,428,990	0.000000	0.000000	908,852	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	590,527	0.000000	0.000000	147,882	67.00
68.00	06800 SPEECH PATHOLOGY	0	423,769	0.000000	0.000000	85,032	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,450,272	0.000000	0.000000	1,699,851	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,862,672	0.000000	0.000000	3,709,907	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,706,356	0.000000	0.000000	16,792	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,092,400	0.000000	0.000000	4,223,314	73.00
OUTPATIENT SERVICE COST CENTERS							
91.00	09100 EMERGENCY	0	7,610,486	0.000000	0.000000	794,839	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,382,496	0.000000	0.000000	121,539	92.00
200.00	Total (lines 50-199)	0	165,045,709			27,345,162	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/24/2013 4:52 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00	
50.00	05000 OPERATING ROOM	0	5,175,508	0	50.00
51.00	05100 RECOVERY ROOM	0	723,854	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	462	0	52.00
53.00	05300 ANESTHESIOLOGY	0	148,409	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	4,491,965	0	54.00
54.01	05401 ULTRASOUND	0	507,240	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	1,082,922	0	55.00
57.00	05700 CT SCAN	0	4,150,831	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,258,656	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	740,555	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	172,194	0	65.00
66.00	06600 PHYSICAL THERAPY	0	154,811	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,514	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	435	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,646,605	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	293,824	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	258,013	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,161,249	0	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0	1,245,046	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	456,646	0	92.00
200.00	Total (Lines 50-199)	0	24,671,739	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 4:52 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.278099	5,175,508	0	0	1,439,304	50.00
51.00	05100	RECOVERY ROOM	0.538231	723,854	0	0	389,601	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.226050	462	0	0	104	52.00
53.00	05300	ANESTHESIOLOGY	0.037817	148,409	0	0	5,612	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.319101	4,491,965	0	0	1,433,391	54.00
54.01	05401	ULTRASOUND	0.121237	507,240	0	0	61,496	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.178617	1,082,922	0	0	193,428	55.00
57.00	05700	CT SCAN	0.038973	4,150,831	0	0	161,770	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.064463	2,258,656	0	0	145,600	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.222608	740,555	0	0	164,853	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.227243	172,194	0	0	39,130	65.00
66.00	06600	PHYSICAL THERAPY	0.431659	154,811	0	0	66,826	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.613872	2,514	0	0	1,543	67.00
68.00	06800	SPEECH PATHOLOGY	0.698206	435	0	0	304	68.00
69.00	06900	ELECTROCARDIOLOGY	0.265713	1,646,605	0	0	437,524	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.685166	293,824	1,344	0	201,318	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.875663	258,013	0	0	225,932	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.441480	1,161,249	0	2,959	512,668	73.00
OUTPATIENT SERVICE COST CENTERS								
91.00	09100	EMERGENCY	0.612045	1,245,046	0	0	762,024	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.077158	456,646	0	0	491,880	92.00
200.00		Subtotal (see instructions)		24,671,739	1,344	2,959	6,734,308	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		24,671,739	1,344	2,959	6,734,308	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/24/2013 4:52 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 ULTRASOUND	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	921	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,306	73.00
OUTPATIENT SERVICE COST CENTERS				
91.00	09100 EMERGENCY	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00	Subtotal (see instructions)	921	1,306	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	921	1,306	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/24/2013 4:52 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,184	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,184	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)		12,799	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,422	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		15,250,790	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)		15,250,790	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		14,731,212	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		14,731,212	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.035271	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,150.97	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)		15,250,790	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,075.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,904,999	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)		6,904,999	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/24/2013 4:52 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,777,264	1,918	1,448.00	1,007	1,458,136		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)					9,350,533		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					17,713,668		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,205,416		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					650,906		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,856,322		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					15,857,346		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)					1,385		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,075.21		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,489,166		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/24/2013 4:52 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,300,679	15,250,790	0.150856	1,489,166	224,650	90.00
91.00	Nursing School cost	0	15,250,790	0.000000	1,489,166	0	91.00
92.00	Allied health cost	0	15,250,790	0.000000	1,489,166	0	92.00
93.00	All other Medical Education	0	15,250,790	0.000000	1,489,166	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/24/2013 4:52 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,184	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,184	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)		12,799	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,063	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		925	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)		15,250,790	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)		15,250,790	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		14,731,212	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		14,731,212	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.035271	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,150.97	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)		15,250,790	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,075.21	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,142,948	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)		1,142,948	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/24/2013 4:52 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	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)	843,443	925	911.83	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,777,264	1,918	1,448.00	0	0	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,120,838	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,263,786	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,385	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,075.21	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,489,166	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150086

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

Worksheet D-1
Date/Time Prepared:
5/24/2013 4:52 pm

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 4:52 pm
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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		3,918,735		30.00
31.00	03100 INTENSIVE CARE UNIT		1,352,401		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.278099	3,123,777	868,719	50.00
51.00	05100 RECOVERY ROOM	0.538231	201,818	108,625	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.226050	11,146	2,520	52.00
53.00	05300 ANESTHESIOLOGY	0.037817	176,739	6,684	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.319101	1,297,543	414,047	54.00
54.01	05401 ULTRASOUND	0.121237	231,547	28,072	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.178617	1,691,554	302,140	55.00
57.00	05700 CT SCAN	0.038973	1,926,790	75,093	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064463	397,433	25,620	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.225582	5,190,562	1,170,897	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.227243	1,388,245	315,469	65.00
66.00	06600 PHYSICAL THERAPY	0.431659	908,852	392,314	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.613872	147,882	90,781	67.00
68.00	06800 SPEECH PATHOLOGY	0.698206	85,032	59,370	68.00
69.00	06900 ELECTROCARDIOLOGY	0.265713	1,699,851	451,673	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.685166	3,709,907	2,541,902	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.875663	16,792	14,704	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.441480	4,223,314	1,864,509	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.612045	794,839	486,477	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.077158	121,539	130,917	92.00
200.00	Total (sum of lines 50-94 and 96-98)		27,345,162	9,350,533	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		27,345,162		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/24/2013 4:52 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		762,204		30.00
31.00	03100 INTENSIVE CARE UNIT		112,876		31.00
43.00	04300 NURSERY		218,802		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.278099	354,023	98,453	50.00
51.00	05100 RECOVERY ROOM	0.538231	24,385	13,125	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.226050	581,983	131,557	52.00
53.00	05300 ANESTHESIOLOGY	0.037817	27,636	1,045	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.319101	131,546	41,976	54.00
54.01	05401 ULTRASOUND	0.121237	97,237	11,789	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.178617	125,274	22,376	55.00
57.00	05700 CT SCAN	0.038973	183,087	7,135	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.064463	72,469	4,672	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.222608	588,629	131,034	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0.227243	165,909	37,702	65.00
66.00	06600 PHYSICAL THERAPY	0.431659	51,024	22,025	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.613872	12,141	7,453	67.00
68.00	06800 SPEECH PATHOLOGY	0.698206	4,182	2,920	68.00
69.00	06900 ELECTROCARDIOLOGY	0.265713	75,173	19,974	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.685166	362,241	248,195	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.875663	47,793	41,851	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.441480	522,667	230,747	73.00
OUTPATIENT SERVICE COST CENTERS					
91.00	09100 EMERGENCY	0.612045	64,781	39,649	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.077158	6,647	7,160	92.00
200.00	Total (sum of lines 50-94 and 96-98)		3,498,827	1,120,838	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		3,498,827		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 4:52 pm
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		11,075,238	1.00
2.00	Outlier payments for discharges. (see instructions)		235,749	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)		74.22	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	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)		4.74	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.05	31.00
32.00	Sum of lines 30 and 31		22.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.02	33.00
34.00	Disproportionate share adjustment (see instructions)		888,234	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		12,199,221	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		12,199,221	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		927,849	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/24/2013 4:52 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			13,127,070 59.00
60.00	Primary payer payments			3,583 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			13,123,487 61.00
62.00	Deductibles billed to program beneficiaries			1,327,764 62.00
63.00	Coinurance billed to program beneficiaries			29,478 63.00
64.00	Allowable bad debts (see instructions)			208,848 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			146,194 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-29,368 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			11,912,439 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-347 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-15,659 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			11,896,433 71.00
72.00	Interim payments			11,807,766 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			88,667 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			80,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/24/2013 4:52 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		2,227	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		6,734,308	2.00
3.00	PPS payments		5,417,876	3.00
4.00	Outlier payment (see instructions)		9,956	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		2,227	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		4,303	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)		4,303	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)		4,303	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		2,076	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		2,227	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)		5,427,832	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		269	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,328,308	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)		4,101,482	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)		4,101,482	30.00
31.00	Primary payer payments		2,907	31.00
32.00	Subtotal (line 30 minus line 31)		4,098,575	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)		270,058	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		189,041	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		62,734	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		4,287,616	37.00
38.00	MSP-LCC reconciliation amount from PS&R		479	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		4,287,137	40.00
41.00	Interim payments		4,239,374	41.00
42.00	Tentative settlement (for contractors use only)		0	42.00
43.00	Balance due provider/program (line 40 minus the sum of lines 41, and 42)		47,763	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150086

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

Worksheet E-1
Part I
Date/Time Prepared:
5/24/2013 4:52 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		11,588,611		4,096,614	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	12/31/2012	219,155	12/31/2012	142,760	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)		219,155		142,760	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		11,807,766		4,239,374	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		88,667		47,763	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		11,896,433		4,287,137	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/24/2013 4:52 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			4,112 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			7,429 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			1,063 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			14,717 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			182,589,872 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			2,228,096 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)			1,514,506 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			1,584,754 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-70,248 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/24/2013 4:52 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		2,263,786		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		2,263,786	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		2,263,786	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		1,100,529		8.00
9.00	Ancillary service charges		3,498,827	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		4,599,356	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		4,599,356	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		2,335,570	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		2,263,786	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		2,263,786	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		2,263,786	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		2,263,786	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		2,263,786	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		2,263,786	0	40.00
41.00	Interim payments		3,054,838	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-791,052	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

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

Provider CCN: 150086

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

Worksheet G

Date/Time Prepared:
5/24/2013 4:52 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	11,372,713	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	43,483,119	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-17,817,043	0	0	0	6.00
7.00	Inventory	1,312,611	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	37,507,503	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	75,858,903	0	0	0	11.00
FIXED ASSETS						
12.00	Land	75,208	0	0	0	12.00
13.00	Land improvements	1,491,456	0	0	0	13.00
14.00	Accumulated depreciation	-945,336	0	0	0	14.00
15.00	Buildings	62,595,444	0	0	0	15.00
16.00	Accumulated depreciation	-30,981,697	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	46,086,381	0	0	0	23.00
24.00	Accumulated depreciation	-35,485,739	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)	42,835,717	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	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	24,347,856	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	24,347,856	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	143,042,476	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	17,578,184	0	0	0	37.00
38.00	Salaries, wages, and fees payable	4,691,459	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	525,780	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	29,166,605	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	51,962,028	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	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	23,435	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	23,435	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	51,985,463	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	91,057,013				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)	91,057,013	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	143,042,476	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150086

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

Worksheet G-1

Date/Time Prepared:
5/24/2013 4:52 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		83,586,307		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		7,470,706			2.00
3.00	Total (sum of line 1 and line 2)		91,057,013		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		91,057,013		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		91,057,013		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00			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: 150086

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	13,724,148		13,724,148	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	13,724,148		13,724,148	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,743,585		2,743,585	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)	2,743,585		2,743,585	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	16,467,733		16,467,733	17.00
18.00	Ancillary services	50,914,382	106,913,206	157,827,588	18.00
19.00	Outpatient services	1,489,858	6,121,780	7,611,638	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY		1,780,536	1,780,536	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	1,032,415	1,032,415	26.00
27.00	PRO FEES	431,869	1,952,890	2,384,759	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	69,303,842	117,800,827	187,104,669	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		83,855,561		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		83,855,561		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150086

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

Worksheet G-3

Date/Time Prepared:
5/24/2013 4:52 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	187,104,669	1.00
2.00	Less contractual allowances and discounts on patients' accounts	106,346,118	2.00
3.00	Net patient revenues (line 1 minus line 2)	80,758,551	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	83,855,561	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,097,010	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	4,559,601	24.00
24.01	INVESTMENT INCOME	3,157,559	24.01
24.02	NET OTHER LTC INCOME	2,856,953	24.02
24.03	MISC INCOME	2,604	24.03
24.04		0	24.04
24.05		0	24.05
25.00	Total other income (sum of lines 6-24)	10,576,717	25.00
26.00	Total (line 5 plus line 25)	7,479,707	26.00
27.00	LOSS ON DISPOSAL	9,001	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	9,001	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	7,470,706	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet H

HHA CCN: 157055

To 12/31/2012

Date/Time Prepared: 5/24/2013 4:52 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	224,158	0	0	0	156,851	381,009	5.00
HHA REIMBURSABLE SERVICES							
6.00	626,327	0	0	0	0	626,327	6.00
7.00	127,613	0	0	0	0	127,613	7.00
8.00	36,362	0	0	0	0	36,362	8.00
9.00	10,838	0	0	0	0	10,838	9.00
10.00	18,626	0	0	0	0	18,626	10.00
11.00	38,992	0	0	0	0	38,992	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	6,095	0	0	0	0	6,095	23.00
24.00	1,089,011	0	0	0	156,851	1,245,862	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-10,488	370,521	0	370,521			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	626,327	0	626,327			6.00
7.00	0	127,613	0	127,613			7.00
8.00	0	36,362	0	36,362			8.00
9.00	0	10,838	0	10,838			9.00
10.00	0	18,626	0	18,626			10.00
11.00	0	38,992	0	38,992			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	6,095	0	6,095			23.00
24.00	-10,488	1,235,374	0	1,235,374			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/24/2013 4:52 pm
		HHA CCN: 157055	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)	
		Bldgs & Fixtures	Movable Equipment				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	370,521	0	0	0	370,521	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	626,327	0	0	0	626,327	6.00
7.00	Physical Therapy	127,613	0	0	0	127,613	7.00
8.00	Occupational Therapy	36,362	0	0	0	36,362	8.00
9.00	Speech Pathology	10,838	0	0	0	10,838	9.00
10.00	Medical Social Services	18,626	0	0	0	18,626	10.00
11.00	Home Health Aide	38,992	0	0	0	38,992	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	6,095	0	0	0	6,095	23.00
24.00	Total (sum of lines 1-23)	1,235,374	0	0	0	1,235,374	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures						1.00
2.00	Capital Related - Movable Equipment						2.00
3.00	Plant Operation & Maintenance						3.00
4.00	Transportation						4.00
5.00	Administrative and General	370,521					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	268,332	894,659				6.00
7.00	Physical Therapy	54,672	182,285				7.00
8.00	Occupational Therapy	15,578	51,940				8.00
9.00	Speech Pathology	4,643	15,481				9.00
10.00	Medical Social Services	7,980	26,606				10.00
11.00	Home Health Aide	16,705	55,697				11.00
12.00	Supplies (see instructions)	0	0				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	2,611	8,706				23.00
24.00	Total (sum of lines 1-23)		1,235,374				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet H-1

HHA CCN: 157055

To 12/31/2012

Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-370,521	864,853
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	626,327
7.00	Physical Therapy	0	0	0	0	0	127,613
8.00	Occupational Therapy	0	0	0	0	0	36,362
9.00	Speech Pathology	0	0	0	0	0	10,838
10.00	Medical Social Services	0	0	0	0	0	18,626
11.00	Home Health Aide	0	0	0	0	0	38,992
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	6,095
24.00	Total (sum of lines 1-23)	0	0	0	0	-370,521	864,853
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		370,521
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.428421

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

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

Worksheet H-2 Part I

HHA CCN: 157055

Date/Time Prepared: 5/24/2013 4:52 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP					
		1.00	2.00					
1.00 Administrative and General	0	38,809	30,169	388,009	2,198	28,458	1.00	
2.00 Skilled Nursing Care	894,659	0	0	0	0	0	2.00	
3.00 Physical Therapy	182,285	0	0	0	0	0	3.00	
4.00 Occupational Therapy	51,940	0	0	0	0	0	4.00	
5.00 Speech Pathology	15,481	0	0	0	0	0	5.00	
6.00 Medical Social Services	26,606	0	0	0	0	0	6.00	
7.00 Home Health Aide	55,697	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	8,706	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	1,235,374	38,809	30,169	388,009	2,198	28,458	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	
Cost Center Description	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT		
	5.03	5.04	5.05	5A.05	5.06	7.00		
1.00 Administrative and General	2,450	0	15,428	505,521	22,851	107,268	1.00	
2.00 Skilled Nursing Care	0	0	0	894,659	40,440	0	2.00	
3.00 Physical Therapy	0	0	0	182,285	8,240	0	3.00	
4.00 Occupational Therapy	0	0	0	51,940	2,348	0	4.00	
5.00 Speech Pathology	0	0	0	15,481	700	0	5.00	
6.00 Medical Social Services	0	0	0	26,606	1,203	0	6.00	
7.00 Home Health Aide	0	0	0	55,697	2,518	0	7.00	
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	8,706	394	0	19.00	
20.00 Total (sum of lines 1-19) (2)	2,450	0	15,428	1,740,895	78,694	107,268	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.				0.000000			21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157055

To 12/31/2012

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	28,568	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	28,568	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		15.00	16.00	17.00	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	664,208	0	664,208	1.00
2.00	Skilled Nursing Care	0	0	0	935,099	0	935,099	2.00
3.00	Physical Therapy	0	0	0	190,525	0	190,525	3.00
4.00	Occupational Therapy	0	0	0	54,288	0	54,288	4.00
5.00	Speech Pathology	0	0	0	16,181	0	16,181	5.00
6.00	Medical Social Services	0	0	0	27,809	0	27,809	6.00
7.00	Home Health Aide	0	0	0	58,215	0	58,215	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	9,100	0	9,100	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	1,955,425	0	1,955,425	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157055

To 12/31/2012

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Home Health Agency I

PPS

Cost Center Description		Allocated HHA A&G (see Part II)	Total HHA Costs		
		27.00	28.00		
1.00	Administrative and General				1.00
2.00	Skilled Nursing Care	481,019	1,416,118		2.00
3.00	Physical Therapy	98,007	288,532		3.00
4.00	Occupational Therapy	27,926	82,214		4.00
5.00	Speech Pathology	8,324	24,505		5.00
6.00	Medical Social Services	14,305	42,114		6.00
7.00	Home Health Aide	29,946	88,161		7.00
8.00	Supplies (see instructions)	0	0		8.00
9.00	Drugs	0	0		9.00
10.00	DME	0	0		10.00
11.00	Home Dialysis Aide Services	0	0		11.00
12.00	Respiratory Therapy	0	0		12.00
13.00	Private Duty Nursing	0	0		13.00
14.00	Clinic	0	0		14.00
15.00	Health Promotion Activities	0	0		15.00
16.00	Day Care Program	0	0		16.00
17.00	Home Delivered Meals Program	0	0		17.00
18.00	Homemaker Service	0	0		18.00
19.00	All Others (specify)	4,681	13,781		19.00
20.00	Total (sum of lines 1-19) (2)	664,208	1,955,425		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.514405			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-2 Part II
Date/Time Prepared: 5/24/2013 4:52 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	3,085	3,085	1,089,011	6	18	36,859	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	3,085	3,085	1,089,011	6	18	36,859	20.00
21.00 Total cost to be allocated	38,809	30,169	388,009	2,198	28,458	2,450	21.00
22.00 Unit cost multiplier	12.579903	9.779254	0.356295	366.333333	1,581.000000	0.066470	22.00
Cost Center Description	ADMINISTRATIVE (ADMINISTRATIONS)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5.05	5A.06	5.06	7.00	8.00	
1.00 Administrative and General	0	1,780,536	0	505,521	3,085	0	1.00
2.00 Skilled Nursing Care	0	0	0	894,659	0	0	2.00
3.00 Physical Therapy	0	0	0	182,285	0	0	3.00
4.00 Occupational Therapy	0	0	0	51,940	0	0	4.00
5.00 Speech Pathology	0	0	0	15,481	0	0	5.00
6.00 Medical Social Services	0	0	0	26,606	0	0	6.00
7.00 Home Health Aide	0	0	0	55,697	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	8,706	0	0	19.00
20.00 Total (sum of lines 1-19)	0	1,780,536	0	1,740,895	3,085	0	20.00
21.00 Total cost to be allocated	0	15,428	0	78,694	107,268	0	21.00
22.00 Unit cost multiplier	0.000000	0.008665	0	0.045203	34.770827	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-2
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	3,085	0	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	3,085	0	0	0	0	0	20.00
21.00	Total cost to be allocated	28,568	0	0	0	0	0	21.00
22.00	Unit cost multiplier	9.260292	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description		MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)	SOCIAL SERVICE (TIME SPENT)					
		16.00	17.00					
1.00	Administrative and General	0	0					1.00
2.00	Skilled Nursing Care	0	0					2.00
3.00	Physical Therapy	0	0					3.00
4.00	Occupational Therapy	0	0					4.00
5.00	Speech Pathology	0	0					5.00
6.00	Medical Social Services	0	0					6.00
7.00	Home Health Aide	0	0					7.00
8.00	Supplies (see instructions)	0	0					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19)	0	0					20.00
21.00	Total cost to be allocated	0	0					21.00
22.00	Unit cost multiplier	0.000000	0.000000					22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/24/2013 4:52 pm
		HHA CCN: 157055	Title XVIII	Home Health Agency I PPS

Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,416,118		1,416,118	4,023	352.01	1.00
2.00	Physical Therapy	3.00	288,532	0	288,532	2,446	117.96	2.00
3.00	Occupational Therapy	4.00	82,214	0	82,214	621	132.39	3.00
4.00	Speech Pathology	5.00	24,505	0	24,505	134	182.87	4.00
5.00	Medical Social Services	6.00	42,114		42,114	50	842.28	5.00
6.00	Home Health Aide	7.00	88,161		88,161	2,293	38.45	6.00
7.00	Total (sum of lines 1-6)		1,941,644	0	1,941,644	9,567		7.00

Cost Center Description	Cost Limits	CBSA No. (1)	Part A	Program Visits		Ratio (col. 3 ÷ col. 4)
				Not Subject to Deductibles & Coinsurance	Subject to Deductibles	
	0	1.00	2.00	3.00	4.00	5.00

Limitation Cost Computation							
8.00	Skilled Nursing Care		17140	1,135	1,196		8.00
8.01	Skilled Nursing Care		99915	113	50		8.01
9.00	Physical Therapy		17140	853	387		9.00
9.01	Physical Therapy		99915	114	51		9.01
10.00	Occupational Therapy		17140	248	57		10.00
10.01	Occupational Therapy		99915	41	10		10.01
11.00	Speech Pathology		17140	47	6		11.00
11.01	Speech Pathology		99915	13	0		11.01
12.00	Medical Social Services		17140	10	12		12.00
12.01	Medical Social Services		99915	3	2		12.01
13.00	Home Health Aide		17140	229	890		13.00
13.01	Home Health Aide		99915	61	14		13.01
14.00	Total (sum of lines 8-13)			2,867	2,675		14.00

Cost Center Description	From Wkst. H-2 Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Charges (from HHA Record)	Ratio (col. 3 ÷ col. 4)
	0	1.00	2.00	3.00	4.00	5.00

Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	0	0	0	10,488	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00

Cost Center Description	Part A	Program Visits		Cost of Services	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	1,248	1,246		439,308	438,604	1.00
2.00	Physical Therapy	967	438		114,067	51,666	2.00
3.00	Occupational Therapy	289	67		38,261	8,870	3.00
4.00	Speech Pathology	60	6		10,972	1,097	4.00
5.00	Medical Social Services	13	14		10,950	11,792	5.00
6.00	Home Health Aide	290	904		11,151	34,759	6.00
7.00	Total (sum of lines 1-6)	2,867	2,675		624,709	546,788	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-3
Part I
Date/Time Prepared:
5/24/2013 4:52 pm
PPS

Title XVII I

Home Health
Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		301	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	877,912					1.00
2.00	Physical Therapy	165,733					2.00
3.00	Occupational Therapy	47,131					3.00
4.00	Speech Pathology	12,069					4.00
5.00	Medical Social Services	22,742					5.00
6.00	Home Health Aide	45,910					6.00
7.00	Total (sum of lines 1-6)	1,171,497					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-3
Part II
Date/Time Prepared:
5/24/2013 4:52 pm
PPS

Title XVIII

Home Health Agency I

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.431659	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.613872	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.698206	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.685166	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.441480	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-11 Date/Time Prepared: 5/24/2013 4:52 pm	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	0	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	0 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		479,354	316,552	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		4,595	9,193	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		17,088	16,503	13.00
14.00	Total PPS Reimbursement - PEP Episodes		6,291	1,163	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		760	3,746	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		508,088	347,157	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		508,088	347,157	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		508,088	347,157	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/24/2013 4:52 pm	
		Title XVIII	Home Health Agency I	PPS	
			Part A Services	Part B Services	
			1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)		508,088	347,157	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	302	30.00
31.00	Subtotal (line 29 plus/minus line 30)		508,088	347,459	31.00
32.00	Interim payments (see instructions)		508,088	347,459	32.00
33.00	Tentative settlement (for contractor use only)		0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)		0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		0	0	35.00

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

Provider CCN: 150086
HHA CCN: 157055

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

Worksheet H-5
Date/Time Prepared:
5/24/2013 4:52 pm
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		508,088		347,459	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		508,088		347,459	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		508,088		347,459	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 150086 HHA CCN: 157055	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/24/2013 4:52 pm
			Home Health Agency I	PPS
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K

Hospice CCN: 151531

To 12/31/2012

Date/Time Prepared: 5/24/2013 4:52 pm

		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	140,105	0	0	0	256,972	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	65,164	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	43,195	0	0	0	0	15.00
16.00	Spiritual Counseling	17,721	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	12,627	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)	278,812	0	0	0	256,972	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K

Hospice CCN: 151531

To 12/31/2012

Date/Time Prepared: 5/24/2013 4:52 pm

		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	397,077	-50,512	346,565	-4,362	342,203	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	65,164	0	65,164	0	65,164	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	43,195	0	43,195	0	43,195	15.00
16.00	Spiritual Counseling	17,721	0	17,721	0	17,721	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	12,627	0	12,627	0	12,627	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)	535,784	-50,512	485,272	-4,362	480,910	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 151531

To 12/31/2012

Date/Time Prepared: 5/24/2013 4:52 pm

		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	28,197	0	75,351	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	65,164	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	43,195	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	28,197	43,195	75,351	65,164	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 151531

To 12/31/2012

Date/Time Prepared: 5/24/2013 4:52 pm

		Hospice I			
		Total Therapists	Aides	All-Other	Total (1)
		6.00	7.00	8.00	9.00
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance		0	0	3.00
4.00	Transportation - Staff		0	0	4.00
5.00	Volunteer Service Coordination		0	0	5.00
6.00	Administrative and General		0	36,557	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care		0	0	7.00
8.00	Inpatient - Respite Care		0	0	8.00
VISITING SERVICES					
9.00	Physician Services		0	0	9.00
10.00	Nursing Care		0	0	10.00
11.00	Nursing Care-Continuous Home Care		0	0	11.00
12.00	Physical Therapy	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services		0	0	15.00
16.00	Spiritual Counseling		0	17,721	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		12,627	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	20.00
21.00	Other		0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy				22.00
23.00	Analgesics				23.00
24.00	Sedatives / Hypnotics				24.00
25.00	Other - Specify				25.00
26.00	Durable Medical Equipment/Oxygen				26.00
27.00	Patient Transportation		0	0	27.00
28.00	Imaging Services		0	0	28.00
29.00	Labs and Diagnostics		0	0	29.00
30.00	Medical Supplies		0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	31.00
32.00	Radiation Therapy		0	0	32.00
33.00	Chemotherapy		0	0	33.00
34.00	Other		0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs		0	0	35.00
36.00	Volunteer Program Costs		0	0	36.00
37.00	Fundraising		0	0	37.00
38.00	Other Program Costs		0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	12,627	54,278	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086
 Hospice CCN: 151531

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/24/2013 4:52 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	342,203	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	65,164	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	43,195	0	0	0	0	15.00
16.00	Spiritual Counseling	17,721	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	12,627	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)	480,910	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151531

To 12/31/2012

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

		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	342,203	342,203			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	0	65,164	160,766		225,930	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	43,195	106,566		149,761	15.00
16.00	Spiritual Counseling	0	17,721	43,719		61,440	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	12,627	31,152		43,779	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)	0	480,910			480,910	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151531

To 12/31/2012

Part II
Date/Time Prepared:
5/24/2013 4:52 pm

		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: 150086
Hospice CCN: 151531

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

Worksheet K-4
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-342,203	138,707	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	65,164	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	43,195	15.00
16.00	Spiritual Counseling	0	17,721	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	12,627	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)		342,203	39.00
40.00	Unit Cost Multiplier		2.467093	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151531

To 12/31/2012

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
1.00 Administrative and General	0	3,963	3,080	99,339	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	225,930	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	149,761	0	0	0	0	10.00
11.00 Spiritual Counseling	61,440	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	43,779	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)	480,910	3,963	3,080	99,339	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151531

To 12/31/2012

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		Hospice I				Subtotal	
		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.02	5.03	5.04	5.05	5A.05	
1.00	Administrative and General	0	3,596	0	8,946	118,924	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	225,930	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	149,761	10.00
11.00	Spiritual Counseling	0	0	0	0	61,440	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	43,779	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	3,596	0	8,946	599,834	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151531

To 12/31/2012

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.06	7.00	8.00	9.00	10.00	
1.00 Administrative and General	5,376	10,953	0	2,917	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	10,212	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	6,770	0	0	0	0	10.00
11.00 Spiritual Counseling	2,777	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	1,979	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)	27,114	10,953	0	2,917	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151531

To 12/31/2012

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICE & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	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: 150086

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151531

To 12/31/2012

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		Hospice I					
		SOCIAL SERVICE	Subtotal (col.s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	138,170				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	236,142	0	236,142	64,912	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	156,531	0	156,531	43,028	10.00
11.00	Spiritual Counseling	0	64,217	0	64,217	17,652	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	45,758	0	45,758	12,578	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	640,818	0	640,818		34.00
35.00	Unit Cost Multiplier (see instructions)					0.274884	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150086

Period:

Worksheet K-5

Hospice CCN: 151531

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

Part I
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		Total Hospice Costs (cols. 26 ± 27)	Hospice I
		28.00	
1.00	Administrative and General		1.00
2.00	Inpatient - General Care	0	2.00
3.00	Inpatient - Respite Care	0	3.00
4.00	Physician Services	0	4.00
5.00	Nursing Care	301,054	5.00
6.00	Nursing Care-Continuous Home Care	0	6.00
7.00	Physical Therapy	0	7.00
8.00	Occupational Therapy	0	8.00
9.00	Speech/ Language Pathology	0	9.00
10.00	Medical Social Services	199,559	10.00
11.00	Spiritual Counseling	81,869	11.00
12.00	Dietary Counseling	0	12.00
13.00	Counseling - Other	0	13.00
14.00	Home Health Aide and Homemaker	58,336	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	15.00
16.00	Other	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	17.00
18.00	Analgesics	0	18.00
19.00	Sedatives / Hypnotics	0	19.00
20.00	Other - Specify	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	21.00
22.00	Patient Transportation	0	22.00
23.00	Imaging Services	0	23.00
24.00	Labs and Diagnostics	0	24.00
25.00	Medical Supplies	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	26.00
27.00	Radiation Therapy	0	27.00
28.00	Chemotherapy	0	28.00
29.00	Other	0	29.00
30.00	Bereavement Program Costs	0	30.00
31.00	Volunteer Program Costs	0	31.00
32.00	Fundraising	0	32.00
33.00	Other Program Costs	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	640,818	34.00
35.00	Unit Cost Multiplier (see instructions)		35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	DATA PROCESSING (DP EQUIPMENT)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
1.00	Administrative and General	315	315	278,812	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	315	315	278,812	0	0	34.00
35.00	Total cost to be allocated	3,963	3,080	99,339	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	12.580952	9.777778	0.356294	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description		Hospice I					
		PURCHASING, RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (ADMISSIONS)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
1.00	Administrative and General	54,084	0	1,032,415	0	118,924	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	225,930	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	149,761	10.00
11.00	Spiritual Counseling	0	0	0	0	61,440	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	43,779	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)	54,084	0	1,032,415		599,834	34.00
35.00	Total cost to be allocated	3,596	0	8,946		27,114	35.00
36.00	Unit Cost Multiplier (see instructions)	0.066489	0.000000	0.008665		0.045203	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description	Hospice I					
	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
	7.00	8.00	9.00	10.00	11.00	
1.00 Administrative and General	315	0	315	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	315	0	315	0	0	34.00
35.00 Total cost to be allocated	10,953	0	2,917	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	34.771429	0.000000	9.260317	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150086
Hospice CCN: 151531

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

Worksheet K-5
Part II
Date/Time Prepared:
5/24/2013 4:52 pm

Cost Center Description	Hospice I					SOCIAL SERVICE (TIME SPENT)	
	NURSING ADMINISTRATION (GROSS HOURS)	CENTRAL SERVICE & SUPPLY (100%)	PHARMACY (100%)	MEDICAL RECORDS & LIBRARY (ADJUSTED CHARGES)			
	13.00	14.00	15.00	16.00	17.00		
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 Total cost to be allocated	0	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150086
 Hospice CCN: 151531

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

Worksheet K-5
 Part III
 Date/Time Prepared:
 5/24/2013 4:52 pm

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
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.431659	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.613872	0	0 2.00
3.00	SPEECH PATHOLOGY	68.00	0.698206	0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.441480	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00			5.00
6.00	LABORATORY	60.00	0.225582	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.685166	0	0 7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00			8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.178617	0	0 9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150086

Period: From 01/01/2012

Worksheet K-6

Hospice CCN: 151531

To 12/31/2012

Date/Time Prepared: 5/24/2013 4:52 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				640,818	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				4,748	2.00
3.00	Average cost per diem (line 1 divided by line 2)				134.97	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	4,243				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	572,678				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		165			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		22,270			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)			340		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			45,890		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150086	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/24/2013 4:52 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		887,126	1.00
2.00	Capital DRG outlier payments		40,723	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		40.21	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 reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		927,849	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