

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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 3:44 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/28/2013	Time: 3:44 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 FLOYD MEMORIAL HOSPITAL & HLTH SVCS ( 150044 ) 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-29,647	223,395	-193,160	12,840,089	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	-2,784	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	-29,647	220,611	-193,160	12,840,089	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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 2:30 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00					
1.00	Street: 1850 STATE STREET	PO Box:	Zip Code: 47150		County: FLOYD						1.00
2.00	City: NEW ALBANY	State: IN									2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FLOYD MEMORIAL HOSPITAL & HLTH SVCS	150044	31140	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	FLOYD MEMORIAL HOSPITAL & HLTH SVCS	157152	31140		07/01/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:				
						1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012				20.00
21.00	Type of Control (see instructions)					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	
1.00	2.00	3.00	4.00	5.00	6.00		
24.00	4,754	575	99	143	2,307	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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 2:30 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.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	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
<b>Teaching Hospitals</b>						
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.					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
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150044

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 2:30 pm		
		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
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
<b>Inpatient Rehabilitation Facility PPS</b>						
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		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N	80.00	
<b>TEFRA Providers</b>						
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		
<b>Title V and XIX Services</b>						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	90.00	
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N	92.00	
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N	93.00	
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N	94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N	96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
<b>Rural Providers</b>						
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.					109.00
				1.00	2.00	3.00
<b>Miscellaneous Cost Reporting Information</b>						
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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 2:30 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,040,143	402,502	0	
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
<b>Transplant Center Information</b>					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
<b>All Providers</b>					
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		
		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	
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	
			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		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150044			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 2:30 pm	
							1.00	
<b>Multi campus</b>								
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	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 2:30 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
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	03/22/2013	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	Type	Date	
		1.00	2.00	3.00	
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	Legal Oper.		
		1.00	2.00		
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)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/02/2013		Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150044		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 2:30 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					21.00
						1.00	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>							
<b>Capital Related Cost</b>							
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions						22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.						23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions						24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.						25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.						26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.						27.00
<b>Interest Expense</b>							
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.						28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions						29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.						30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.						31.00
<b>Purchased Services</b>							
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.						32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.						33.00
<b>Provider-Based Physicians</b>							
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.						34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.						35.00
						Y/N	Date
						1.00	2.00
<b>Home Office Costs</b>							
36.00	Were home office costs claimed on the cost report?						36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.						37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.						38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.						39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.						40.00
						1.00	2.00
<b>Cost Report Preparer Contact Information</b>							
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.	SEAN		TABOR			41.00
42.00	Enter the employer/company name of the cost report preparer.	FLOYD MEMORIAL HOSPITAL & HEALTH SVS					42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	812.948.6709		SEAN.TABOR@FMHS.COM			43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/02/2013	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	
<b>Cost Report Preparer Contact Information</b>			
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.	SUPERVISOR-BUDGET & REIMBURSEMENT	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: 150044

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 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	200	73,200	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)		200	73,200	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	16	5,856	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		216	79,056	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		216				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	29,542	4,374	58,110			1.00
2.00 HMO	2,566	2,940				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)	29,542	4,374	58,110			7.00
8.00 INTENSIVE CARE UNIT	3,028	380	5,051			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		0	0			13.00
14.00 Total (see instructions)	32,570	4,754	63,161	0.00	1,618.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE		0	0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	15,868	0	23,109	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150044

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents			
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll		
	6.00	7.00	8.00	9.00	10.00		
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,618.00	27.00
28.00	Observation Bed Days		19	5,006			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		184	385			32.00
33.00	LTCH non-covered days	0					33.00
Component	Full Time Equivalents	Discharges					
	Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients	
	11.00	12.00	13.00	14.00		15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	6,678	1,748	15,886	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	6,678	1,748	15,886	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 150044		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/23/2013 2:30 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
<b>PART II - WAGE DATA</b>								
<b>SALARIES</b>								
1.00	Total salaries (see instructions)	200.00	97,030,944	0	97,030,944	3,364,453.26	28.84	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		19,012,362	0	19,012,362	465,847.06	40.81	10.00
<b>OTHER WAGES &amp; RELATED COSTS</b>								
11.00	Contract labor (see instructions)		49,631	0	49,631	1,291.00	38.44	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
<b>WAGE-RELATED COSTS</b>								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		19,955,690	0	19,955,690			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		4,457,695	0	4,457,695			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
<b>OVERHEAD COSTS - DIRECT SALARIES</b>								
26.00	Employee Benefits	4.00	1,029,415	0	1,029,415	31,579.01	32.60	26.00
27.00	Administrative & General	5.00	9,799,402	-30,976	9,768,426	317,378.26	30.78	27.00
28.00	Administrative & General under contract (see inst.)		721,501	0	721,501	8,272.00	87.22	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,835,214	0	1,835,214	77,675.94	23.63	30.00
31.00	Laundry & Linen Service	8.00	136,434	0	136,434	8,199.03	16.64	31.00
32.00	Housekeeping	9.00	1,596,974	0	1,596,974	118,145.36	13.52	32.00
33.00	Housekeeping under contract (see instructions)		26,323	0	26,323	355.00	74.15	33.00
34.00	Dietary	10.00	1,845,645	0	1,845,645	114,159.97	16.17	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	0	0	0.00	0.00	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	0	0	0	0.00	0.00	38.00
39.00	Central Services and Supply	14.00	452,479	0	452,479	26,753.85	16.91	39.00
40.00	Pharmacy	15.00	2,725,066	0	2,725,066	61,820.56	44.08	40.00
41.00	Medical Records & Medical Records Library	16.00	4,379,607	0	4,379,607	156,570.56	27.97	41.00

HOSPITAL WAGE INDEX INFORMATION		Worksheet A		Amount		Reclassification of Salaries		Adjusted Salaries		Paid Hours		Average Hourly Wage	
		Line Number	Reported	(from Worksheet A-6)	(col. 2 ± col. 3)	Related to Salaries in		col. 4		Wage (col. 4 ÷ col. 5)			
		1.00	2.00	3.00	4.00	5.00		6.00					
42.00	Social Service	17.00	0	0	0	0.00		0.00		42.00			
43.00	Other General Service	18.00	0	0	0	0.00		0.00		43.00			

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150044

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/23/2013 2:30 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	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	97,778,768	0	97,778,768	3,373,080.26	28.99	1.00
2.00	Excluded area salaries (see instructions)	19,012,362	0	19,012,362	465,847.06	40.81	2.00
3.00	Subtotal salaries (line 1 minus line 2)	78,766,406	0	78,766,406	2,907,233.20	27.09	3.00
4.00	Subtotal other wages & related costs (see inst.)	49,631	0	49,631	1,291.00	38.44	4.00
5.00	Subtotal wage-related costs (see inst.)	19,955,690	0	19,955,690	0.00	25.34	5.00
6.00	Total (sum of lines 3 thru 5)	98,771,727	0	98,771,727	2,908,524.20	33.96	6.00
7.00	Total overhead cost (see instructions)	24,548,060	-30,976	24,517,084	920,909.54	26.62	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2013 2:30 pm
				Amount Reported
				1.00
<b>PART IV - WAGE RELATED COSTS</b>				
<b>Part A - Core List</b>				
<b>RETIREMENT COST</b>				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		1,244,152	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		2,678,713	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>				
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
<b>HEALTH AND INSURANCE COST</b>				
8.00	Health Insurance (Purchased or Self Funded)		11,395,648	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		499,130	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		407,985	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)		216,275	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		307,201	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
<b>TAXES</b>				
17.00	FICA-Employers Portion Only		7,080,009	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		230,142	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
<b>OTHER</b>				
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		274,045	23.00
24.00	<b>Total Wage Related cost (Sum of lines 1 -23)</b>		<b>24,333,300</b>	<b>24.00</b>
<b>Part B - Other than Core Related Cost</b>				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/23/2013 2:30 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
<b>PART V - Contract Labor and Benefit Cost</b>				
<b>Hospital and Hospital-Based Component Identification:</b>				
1.00	Total facility's contract labor and benefit cost		797,455	0 1.00
2.00	Hospital		797,455	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150044 Component CCN: 157152		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/23/2013 2:30 pm		
				Home Health Agency I		PPS		
				1.00				
0.00	County	FLOYD				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	832.00	62.00	527.00	1,421.00	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)	50.00			0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)				1.79	0.00	1.79	4.00
5.00	Other Administrative Personnel				7.36	0.00	7.36	5.00
6.00	Direct Nursing Service				14.24	0.00	14.24	6.00
7.00	Nursing Supervisor				0.00	0.00	0.00	7.00
8.00	Physical Therapy Service				4.45	0.00	4.45	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service				1.12	0.00	1.12	10.00
11.00	Occupational Therapy Supervisor				0.00	0.00	0.00	11.00
12.00	Speech Pathology Service				0.16	0.00	0.16	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	0.00	13.00
14.00	Medical Social Service				0.19	0.00	0.19	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	0.00	15.00
16.00	Home Health Aide				1.44	0.00	1.44	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES								
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				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).	31140						20.00
20.01		99915						20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (col s. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	7,820	103	274	248	8,445	21.00	
22.00	Skilled Nursing Visit Charges	1,505,360	19,325	57,250	48,760	1,630,695	22.00	
23.00	Physical Therapy Visits	3,671	4	73	92	3,840	23.00	
24.00	Physical Therapy Visit Charges	690,835	740	16,295	17,290	725,160	24.00	
25.00	Occupational Therapy Visits	991	1	7	38	1,037	25.00	
26.00	Occupational Therapy Visit Charges	183,150	185	1,295	7,030	191,660	26.00	
27.00	Speech Pathology Visits	75	0	2	0	77	27.00	
28.00	Speech Pathology Visit Charges	13,875	0	370	0	14,245	28.00	
29.00	Medical Social Service Visits	112	1	3	6	122	29.00	
30.00	Medical Social Service Visit Charges	24,640	220	660	1,320	26,840	30.00	
31.00	Home Health Aide Visits	2,299	19	4	25	2,347	31.00	
32.00	Home Health Aide Visit Charges	183,920	1,520	320	2,000	187,760	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	14,968	128	363	409	15,868	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)	2,601,780	21,990	76,190	76,400	2,776,360	35.00	
36.00	Total Number of Episodes (standard/non outlier)	1,050		146	38	1,234	36.00	
37.00	Total Number of Outlier Episodes		3		0	3	37.00	
38.00	Total Non-Routine Medical Supply Charges	47,361	568	2,394	738	51,061	38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10	Date/Time Prepared: 5/23/2013 2:30 pm
				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.247639	1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid			26,299,832	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			Y	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			70,931,401	6.00
7.00	Medicaid cost (line 1 times line 6)			17,565,381	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)			0	8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
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
<b>Other state or local government indigent care program (see instructions for each line)</b>					
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)			1,378,949	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			341,482	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)			341,482	16.00
<b>Uncompensated care (see instructions for each line)</b>					
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			24,145	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			341,482	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	7,866,269	3,207,382	11,073,651	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,947,995	794,273	2,742,268	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,947,995	794,273	2,742,268	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			2,480,523	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			1,736,365	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			744,158	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			184,283	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			2,926,551	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,268,033	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150044

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

Worksheet A  
Date/Time Prepared:  
5/23/2013 2:30 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	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT		10,280,691	10,280,691	253,716	10,534,407	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		6,636,955	6,636,955	0	6,636,955	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	1,029,415	871,818	1,901,233	24,158,130	26,059,363	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	9,799,402	36,751,499	46,550,901	-2,489,772	44,061,129	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	-253,716	-253,716	6.00
7.00 00700 OPERATION OF PLANT	1,835,214	4,298,241	6,133,455	-480,582	5,652,873	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	136,434	863,201	999,635	-35,404	964,231	8.00
9.00 00900 HOUSEKEEPING	1,596,974	1,043,211	2,640,185	-419,120	2,221,065	9.00
10.00 01000 DIETARY	1,845,645	1,848,562	3,694,207	-482,748	3,211,459	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	452,479	731,927	1,184,406	-164,888	1,019,518	14.00
15.00 01500 PHARMACY	2,725,066	12,912,683	15,637,749	-12,495,076	3,142,673	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	4,379,607	2,807,469	7,187,076	-1,138,777	6,048,299	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	22,888,416	11,234,873	34,123,289	-7,382,071	26,741,218	30.00
31.00 03100 INTENSIVE CARE UNIT	2,870,668	1,082,516	3,953,184	-951,964	3,001,220	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	7,908,289	17,792,686	25,700,975	-15,133,669	10,567,306	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,199,468	4,381,573	8,581,041	-1,990,206	6,590,835	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	610,109	595,385	1,205,494	-326,142	879,352	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	372,511	464,894	837,405	-264,242	573,163	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,195,695	5,308,746	6,504,441	-5,069,687	1,434,754	59.00
60.00 06000 LABORATORY	3,675,173	7,611,553	11,286,726	-968,772	10,317,954	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	287,429	9,385,880	9,673,309	-189,017	9,484,292	64.00
65.00 06500 RESPIRATORY THERAPY	1,895,179	895,545	2,790,724	-713,101	2,077,623	65.00
66.00 06600 PHYSICAL THERAPY	1,194,369	527,130	1,721,499	-298,755	1,422,744	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	178,602	63,483	242,085	-46,759	195,326	68.00
69.00 06900 ELECTROCARDIOLOGY	1,790,241	665,243	2,455,484	-480,074	1,975,410	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	65,543	22,540	88,083	-16,681	71,402	70.00
70.01 07001 SLEEP DISORDER	680,120	271,426	951,546	-177,222	774,324	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	15,229,963	15,229,963	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	6,440,271	6,440,271	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	11,764,958	11,764,958	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	819,972	563,637	1,383,609	-212,008	1,171,601	90.00
91.00 09100 EMERGENCY	3,586,562	1,626,645	5,213,207	-1,356,909	3,856,298	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150044

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

Worksheet A  
Date/Time Prepared:  
5/23/2013 2:30 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	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,186,419	963,270	3,149,689	-593,429	2,556,260	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	80,205,001	142,503,282	222,708,283	3,716,247	226,424,530	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,933,388	19,407,889	34,341,277	-3,516,252	30,825,025	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	NONREIMBURSABLE COST CENTERS	307,955	519,183	827,138	-199,995	627,143	193.01
193.02	19302	FREESTANDING NURSING FACILITIES	1,584,600	2,023,426	3,608,026	0	3,608,026	193.02
200.00		TOTAL (SUM OF LINES 118-199)	97,030,944	164,453,780	261,484,724	0	261,484,724	200.00
<b>Cost Center Description</b>			<b>Adjustments (See A-8)</b>	<b>Net Expenses For Allocation</b>				
			6.00	7.00				
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT	-1,400,677	9,133,730				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-35,752	6,601,203				2.00
3.00	00300	OTHER CAP REL COSTS	0	0				3.00
4.00	00400	EMPLOYEE BENEFITS	-90,390	25,968,973				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-24,494,796	19,566,333				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	-253,716				6.00
7.00	00700	OPERATION OF PLANT	-10,963	5,641,910				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	964,231				8.00
9.00	00900	HOUSEKEEPING	-1,998	2,219,067				9.00
10.00	01000	DIETARY	-431,973	2,779,486				10.00
11.00	01100	CAFETERIA	-783,156	-783,156				11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300	NURSING ADMINISTRATION	0	0				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,019,518				14.00
15.00	01500	PHARMACY	-581,861	2,560,812				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-57,590	5,990,709				16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000	NURSING SCHOOL	0	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	-2,602,906	24,138,312				30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,001,220				31.00
32.00	03200	CORONARY CARE UNIT	0	0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
42.00	04200	SUBPROVIDER	0	0				42.00
43.00	04300	NURSERY	0	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
46.00	04600	OTHER LONG TERM CARE	0	0				46.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150044

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

Worksheet A  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	-133,469	10,433,837	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	-41,891	6,548,944	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	879,352	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	573,163	58.00
59.00	05900 CARDIAC CATHETERIZATION	-35,127	1,399,627	59.00
60.00	06000 LABORATORY	-18,320	10,299,634	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	-245,465	9,238,827	64.00
65.00	06500 RESPIRATORY THERAPY	-1,990	2,075,633	65.00
66.00	06600 PHYSICAL THERAPY	-7,042	1,415,702	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	-8,498	186,828	68.00
69.00	06900 ELECTROCARDIOLOGY	-35,172	1,940,238	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	71,402	70.00
70.01	07001 SLEEP DISORDER	0	774,324	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,229,963	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	6,440,271	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	11,764,958	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	-12,153	1,159,448	90.00
91.00	09100 EMERGENCY	-14,099	3,842,199	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	-6,361	2,549,899	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-31,051,649	195,372,881	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	-1,563,681	29,261,344	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 NONREIMBURSABLE COST CENTERS	0	627,143	193.01
193.02	19302 FREESTANDING NURSING FACILITIES	0	3,608,026	193.02
200.00	TOTAL (SUM OF LINES 118-199)	-32,615,330	228,869,394	200.00

RECLASSIFICATIONS

Provider CCN: 150044

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

Worksheet A-6

Date/Time Prepared:  
5/23/2013 2:30 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	24,158,130	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	24,158,130	
<b>B - DRUGS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	11,764,958	1.00
2.00		0.00	0	0	2.00
TOTALS			0	11,764,958	
<b>C - INSURANCE</b>					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	253,716	1.00
TOTALS			0	253,716	
<b>D - MASSAGE SERVICES</b>					
1.00	PHYSICAL THERAPY	66.00	30,976	216	1.00
TOTALS			30,976	216	
<b>E - PATIENT CHARGABLE MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	21,670,234	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
TOTALS			0	21,670,234	
<b>F - IMPLANTABLE DEVICES</b>					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	6,440,271	1.00
TOTALS			0	6,440,271	
500.00	Grand Total: Increases		30,976	64,287,525	500.00

RECLASSIFICATIONS

Provider CCN: 150044

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

Worksheet A-6  
Date/Time Prepared:  
5/23/2013 2:30 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
<b>A - BENEFITS</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	2,458,580	0		1.00
2.00	OPERATION OF PLANT	7.00	0	480,582	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	35,404	0		3.00
4.00	HOUSEKEEPING	9.00	0	419,120	0		4.00
5.00	DIETARY	10.00	0	482,748	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	117,100	0		6.00
7.00	PHARMACY	15.00	0	707,273	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,138,777	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	5,995,052	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	754,855	0		10.00
11.00	OPERATING ROOM	50.00	0	2,082,359	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,084,915	0		12.00
13.00	CT SCAN	57.00	0	160,881	0		13.00
14.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	96,368	0		14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	308,212	0		15.00
16.00	LABORATORY	60.00	0	949,040	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	74,306	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	499,525	0		18.00
19.00	PHYSICAL THERAPY	66.00	0	306,723	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	46,759	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	463,438	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	16,591	0		22.00
23.00	SLEEP DISORDER	70.01	0	176,223	0		23.00
24.00	CLINIC	90.00	0	206,906	0		24.00
25.00	EMERGENCY	91.00	0	934,241	0		25.00
26.00	HOME HEALTH AGENCY	101.00	0	565,663	0		26.00
27.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,516,252	0		27.00
28.00	NONREIMBURSABLE COST CENTERS	193.01	0	80,237	0		28.00
	<b>TOTALS</b>		0	24,158,130			
<b>B - DRUGS</b>							
1.00	PHARMACY	15.00	0	11,645,200	0		1.00
2.00	NONREIMBURSABLE COST CENTERS	193.01	0	119,758	0		2.00
	<b>TOTALS</b>		0	11,764,958			
<b>C - INSURANCE</b>							
1.00	MAINTENANCE & REPAIRS	6.00	0	253,716	12		1.00
	<b>TOTALS</b>		0	253,716			
<b>D - MESSAGE SERVICES</b>							
1.00	ADMINISTRATIVE & GENERAL	5.00	30,976	216	0		1.00
	<b>TOTALS</b>		30,976	216			
<b>E - PATIENT CHARGABLE MEDICAL SUPPLIES</b>							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	47,788	0		1.00
2.00	PHARMACY	15.00	0	142,603	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	1,387,019	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	197,109	0		4.00
5.00	OPERATING ROOM	50.00	0	13,051,310	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	905,291	0		6.00
7.00	CT SCAN	57.00	0	165,261	0		7.00
8.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	167,874	0		8.00
9.00	CARDIAC CATHETERIZATION	59.00	0	4,761,475	0		9.00
10.00	LABORATORY	60.00	0	19,732	0		10.00
11.00	INTRAVENOUS THERAPY	64.00	0	114,711	0		11.00
12.00	RESPIRATORY THERAPY	65.00	0	213,576	0		12.00
13.00	PHYSICAL THERAPY	66.00	0	23,224	0		13.00
14.00	ELECTROCARDIOLOGY	69.00	0	16,636	0		14.00
15.00	ELECTROENCEPHALOGRAPHY	70.00	0	90	0		15.00
16.00	SLEEP DISORDER	70.01	0	999	0		16.00
17.00	CLINIC	90.00	0	5,102	0		17.00
18.00	EMERGENCY	91.00	0	422,668	0		18.00
19.00	HOME HEALTH AGENCY	101.00	0	27,766	0		19.00
	<b>TOTALS</b>		0	21,670,234			
<b>F - IMPLANTABLE DEVICES</b>							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,440,271	0		1.00
	<b>TOTALS</b>		0	6,440,271			
500.00	<b>Grand Total: Decreases</b>		30,976	64,287,525			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150044

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

Worksheet A-7  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	7,820,099	0	0	1,492,978	1.00
2.00	Land Improvements	3,655,556	12,005	0	0	2.00
3.00	Buildings and Fixtures	126,892,264	82,500	0	-41,651	3.00
4.00	Building Improvements	3,838,841	332,377	0	-373,326	4.00
5.00	Fixed Equipment	15,874,664	97,196	0	-45,786	5.00
6.00	Movable Equipment	106,130,855	8,060,223	0	-2,708,931	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	264,212,279	8,584,301	0	-1,676,716	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	264,212,279	8,584,301	0	-1,676,716	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>						
1.00	Land	6,327,121	0			1.00
2.00	Land Improvements	3,667,561	0			2.00
3.00	Buildings and Fixtures	127,016,415	0			3.00
4.00	Building Improvements	4,544,544	0			4.00
5.00	Fixed Equipment	16,017,646	0			5.00
6.00	Movable Equipment	116,900,009	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	274,473,296	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	274,473,296	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150044

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

Worksheet A-7  
Part II  
Date/Time Prepared:  
5/23/2013 2:30 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	CAP REL COSTS-BLDG & FIXT	4,968,975	0	5,311,716	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	6,636,955	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	11,605,930	0	5,311,716	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	10,280,691				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,636,955				2.00
3.00	Total (sum of lines 1-2)	0	16,917,646				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150044

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
5/23/2013 2:30 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	CAP REL COSTS-BLDG & FIXT	157,573,287	0	157,573,287	0.574093	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	116,900,009	0	116,900,009	0.425907	0	2.00
3.00	Total (sum of lines 1-2)	274,473,296	0	274,473,296	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,568,298	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	6,601,203	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	10,169,501	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	5,311,716	253,716	0	0	9,133,730	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,601,203	2.00
3.00	Total (sum of lines 1-2)	5,311,716	253,716	0	0	15,734,933	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150044

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

Worksheet A-8

Date/Time Prepared:  
5/23/2013 2:30 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 - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)			0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)			0		0.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,981,009				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			0		0.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts			0		0.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines			0		0.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0	UTILIZATION REVIEW-SNF	114.00		25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist			0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0	32.00
33.00 MISCELLANEOUS INCOME	B	-1,361,890		CAP REL COSTS-BLDG & FIXT	1.00	9	33.00
33.01 MISCELLANEOUS INCOME	B	-6,696		EMPLOYEE BENEFITS	4.00	0	33.01
33.02 MISCELLANEOUS INCOME	B	-4,478,986		ADMINISTRATIVE & GENERAL	5.00	0	33.02
33.03 MISCELLANEOUS INCOME	B	-10,963		OPERATION OF PLANT	7.00	0	33.03

Provider CCN: 150044

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

Worksheet A-8

Date/Time Prepared:  
 5/23/2013 2:30 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	
33.04 MI SCCELLANEOUS INCOME	B	-1,998	HOUSEKEEPING		9.00	0 33.04
33.05 MI SCCELLANEOUS INCOME	B	-431,973	DIETARY		10.00	0 33.05
33.06 MI SCCELLANEOUS INCOME	B	-783,156	CAFETERIA		11.00	0 33.06
33.07 MI SCCELLANEOUS INCOME	B	-581,861	PHARMACY		15.00	0 33.07
33.08 MI SCCELLANEOUS INCOME	B	-13,797	MEDICAL RECORDS & LIBRARY		16.00	0 33.08
33.09 MI SCCELLANEOUS INCOME	B	-2,230	ADULTS & PEDIATRICS		30.00	0 33.09
33.10 MI SCCELLANEOUS INCOME	B	-133,469	OPERATING ROOM		50.00	0 33.10
33.11 MI SCCELLANEOUS INCOME	B	-41,891	RADIOLOGY-DIAGNOSTIC		54.00	0 33.11
33.12 MI SCCELLANEOUS INCOME	B	-35,127	CARDIAC CATHETERIZATION		59.00	0 33.12
33.13 MI SCCELLANEOUS INCOME	B	-18,320	LABORATORY		60.00	0 33.13
33.14 MI SCCELLANEOUS INCOME	B	-245,465	INTRAVENOUS THERAPY		64.00	0 33.14
33.15 MI SCCELLANEOUS INCOME	B	-1,990	RESPIRATORY THERAPY		65.00	0 33.15
33.16 MI SCCELLANEOUS INCOME	B	-6,380	PHYSICAL THERAPY		66.00	0 33.16
33.17 MI SCCELLANEOUS INCOME	B	-8,498	SPEECH PATHOLOGY		68.00	0 33.17
33.18 MI SCCELLANEOUS INCOME	B	-35,172	ELECTROCARDIOLOGY		69.00	0 33.18
33.19 MI SCCELLANEOUS INCOME	B	-12,153	CLINIC		90.00	0 33.19
33.20 MI SCCELLANEOUS INCOME	B	-14,099	EMERGENCY		91.00	0 33.20
34.00 BAD DEBTS	A	-1,563,681	PHYSICIANS' PRIVATE OFFICES		192.00	0 34.00
35.00 UNALLOWABLE DUES	A	-63,131	ADMINISTRATIVE & GENERAL		5.00	0 35.00
36.00 MARKETING	A	-603,849	ADMINISTRATIVE & GENERAL		5.00	0 36.00
37.00 PATIENT-RELATED TELEPHONE EXPENSES	A	-38,787	CAP REL COSTS-BLDG & FIXT		1.00	9 37.00
37.01 PATIENT-RELATED TELEPHONE EXPENSES	A	-11,207	EMPLOYEE BENEFITS		4.00	0 37.01
37.02 PATIENT-RELATED TELEPHONE EXPENSES	A	-92,125	ADMINISTRATIVE & GENERAL		5.00	0 37.02
37.03 PATIENT-RELATED TELEPHONE EXPENSES	A	-43,793	MEDICAL RECORDS & LIBRARY		16.00	0 37.03
38.00 PATIENT-RELATED TELEVISION EXPENSES	A	-35,752	CAP REL COSTS-MVBLE EQUIP		2.00	9 38.00
38.01 PATIENT-RELATED TELEVISION EXPENSES	A	-52,895	ADMINISTRATIVE & GENERAL		5.00	0 38.01
38.02 PATIENT-RELATED TELEVISION EXPENSES	A	-662	PHYSICAL THERAPY		66.00	0 38.02
39.00 UNALLOWABLE COMMUNITY RELATIONS	A	-56,880	ADMINISTRATIVE & GENERAL		5.00	0 39.00
40.00 UNALLOWABLE MI SCCELLANEOUS EXPENSE	A	-72,487	EMPLOYEE BENEFITS		4.00	0 40.00
40.01 UNALLOWABLE MI SCCELLANEOUS EXPENSE	A	-17,981	ADMINISTRATIVE & GENERAL		5.00	0 40.01
41.00 UNALLOWABLE PUBLIC RELATIONS	A	-15,070	ADMINISTRATIVE & GENERAL		5.00	0 41.00
41.01 UNALLOWABLE PUBLIC RELATIONS	A	-6,361	HOME HEALTH AGENCY		101.00	0 41.01
42.00 HEALTH ASSESSMENT FEE EXPENSE	A	-18,733,546	ADMINISTRATIVE & GENERAL		5.00	0 42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-32,615,330				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150044

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

Worksheet A-8-2

Date/Time Prepared:  
5/23/2013 2:30 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	5.00	ADMINISTRATIVE & GENERAL	380,333	380,333	0	177,200	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	2,600,676	2,600,676	0	140,600	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			2,981,009	2,981,009	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	5.00	ADMINISTRATIVE & GENERAL	0	0	0	380,333	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,600,676	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	2,981,009	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150044

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	9,133,730	9,133,730			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	6,601,203		6,601,203		2.00
4.00 00400	EMPLOYEE BENEFITS	25,968,973	197,758	15,033	26,181,764	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	19,566,333	1,002,638	1,403,803	2,681,476	5.00
6.00 00600	MAINTENANCE & REPAIRS	-253,716	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	5,641,910	103,775	2,451,771	509,496	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	964,231	69,567	6,797	37,877	8.00
9.00 00900	HOUSEKEEPING	2,219,067	39,325	4,802	443,355	9.00
10.00 01000	DIETARY	2,779,486	25,621	53,888	512,392	10.00
11.00 01100	CAFETERIA	-783,156	27,320	0	0	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,019,518	95,152	50,958	125,618	14.00
15.00 01500	PHARMACY	2,560,812	72,807	14,209	756,538	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,990,709	111,158	18,646	1,215,875	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	24,138,312	1,994,137	570,484	6,354,329	30.00
31.00 03100	INTENSIVE CARE UNIT	3,001,220	429,406	58,206	796,961	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	10,433,837	937,533	397,021	2,195,515	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	6,548,944	812,086	363,253	1,165,865	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	879,352	37,006	131,479	169,380	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	573,163	105,510	160,461	103,417	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,399,627	105,669	310,712	331,951	59.00
60.00 06000	LABORATORY	10,299,634	207,196	86,816	1,020,309	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	9,238,827	0	0	79,797	64.00
65.00 06500	RESPIRATORY THERAPY	2,075,633	42,707	36,108	526,143	65.00
66.00 06600	PHYSICAL THERAPY	1,415,702	138,372	21,908	340,183	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	186,828	3,506	245	49,584	68.00
69.00 06900	ELECTROCARDIOLOGY	1,940,238	191,260	150,831	497,010	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	71,402	7,791	5,034	18,196	70.00
70.01 07001	SLEEP DISORDER	774,324	70,913	11,107	188,816	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,229,963	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	6,440,271	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,764,958	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	1,159,448	176,777	2,572	227,642	90.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/23/2013 2:30 pm
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal		
		BLDG & FIXT	MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
91.00 09100 EMERGENCY	3,842,199	469,970	76,134	995,709	5,384,012	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	2,549,899	111,867	4,235	606,998	3,272,999	101.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE						113.00	
114.00 11400 UTILIZATION REVIEW-SNF						114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	195,372,881	7,586,827	6,406,513	21,950,432	189,399,956	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	29,261,344	1,546,903	189,621	4,145,837	35,143,705	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
193.01 19301 NONREIMBURSABLE COST CENTERS	627,143	0	5,069	85,495	717,707	193.01	
193.02 19302 FREESTANDING NURSING FACILITIES	3,608,026	0	0	0	3,608,026	193.02	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	228,869,394	9,133,730	6,601,203	26,181,764	228,869,394	202.00
<b>GENERAL SERVICE COST CENTERS</b>							
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS					4.00	
5.00 00500	ADMINISTRATIVE & GENERAL	24,654,250				5.00	
6.00 00600	MAINTENANCE & REPAIRS	0	-253,716			6.00	
7.00 00700	OPERATION OF PLANT	1,045,992	0	9,752,944		7.00	
8.00 00800	LAUNDRY & LINEN SERVICE	129,560	0	86,656	1,294,688	8.00	
9.00 00900	HOUSEKEEPING	325,146	0	48,985	57,911	3,138,591	9.00
10.00 01000	DIETARY	405,015	0	31,914	57,274	12,462	10.00
11.00 01100	CAFETERIA	0	0	34,032	0	13,289	11.00
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	155,121	0	118,527	0	46,282	14.00
15.00 01500	PHARMACY	408,977	0	90,693	0	35,413	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	881,342	0	138,465	0	54,067	16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000	ADULTS & PEDIATRICS	3,971,268	0	2,484,013	556,984	969,948	30.00
31.00 03100	INTENSIVE CARE UNIT	514,865	0	534,893	108,330	208,863	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150044

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
42.00	04200						42.00
43.00	04300						43.00
44.00	04400						44.00
45.00	04500						45.00
46.00	04600						46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,677,526		1,167,844	189,767	456,015	50.00
51.00	05100						51.00
52.00	05200						52.00
53.00	05300						53.00
54.00	05400	1,068,000		1,011,580	79,276	394,998	54.00
55.00	05500						55.00
56.00	05600						56.00
57.00	05700	146,228		46,096	15,770	17,999	57.00
58.00	05800	113,231		131,429	15,616	51,320	58.00
59.00	05900	258,041		131,628		51,398	59.00
60.00	06000	1,395,219		258,095	143	100,780	60.00
60.01	06001						60.01
61.00	06100						61.00
62.00	06200						62.00
63.00	06300						63.00
64.00	06400	1,119,474					64.00
65.00	06500	322,027		53,198		20,773	65.00
66.00	06600	230,195		172,365	15,019	67,304	66.00
67.00	06700						67.00
68.00	06800	28,852		4,367		1,705	68.00
69.00	06900	333,890		238,245	246	93,029	69.00
70.00	07000	12,304		9,704		3,789	70.00
70.01	07001	125,558		88,333	11,571	34,492	70.01
71.00	07100	1,829,621					71.00
72.00	07200	773,689					72.00
73.00	07300	1,413,360					73.00
74.00	07400						74.00
75.00	07500						75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000	188,181		220,203	1,265	85,984	90.00
91.00	09100	646,798		585,422	156,333	228,593	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400						94.00
95.00	09500						95.00
96.00	09600						96.00
97.00	09700						97.00
98.00	09800						98.00
99.00	09900						99.00
99.10	09910						99.10
100.00	10000						100.00
101.00	10100	393,195		139,347		54,412	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500						105.00
106.00	10600						106.00
107.00	10700						107.00
108.00	10800						108.00
109.00	10900						109.00
110.00	11000						110.00
111.00	11100						111.00
113.00	11300						113.00
114.00	11400						114.00
115.00	11500						115.00
116.00	11600						116.00
118.00		19,912,675		7,826,034	1,265,505	3,002,915	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000						190.00
191.00	19100						191.00
192.00	19200	4,221,912		1,926,910	29,145	135,676	192.00
193.00	19300						193.00
193.01	19301	86,220			38		193.01
193.02	19302	433,443					193.02
200.00							200.00
201.00			-253,716				201.00
202.00		24,654,250	-253,716	9,752,944	1,294,688	3,138,591	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150044

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	3,878,052					10.00
11.00	01100	1,246,889	538,374				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	0		13.00
14.00	01400	0	6,306	0	0	1,617,482	14.00
15.00	01500	804	14,436	0	0	0	15.00
16.00	01600	25	37,237	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,233,182	201,982	0	0	0	30.00
31.00	03100	97,976	22,422	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	49,996	63,987	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	1,448	31,450	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	4,754	5,348	0	0	0	57.00
58.00	05800	0	2,474	0	0	0	58.00
59.00	05900	0	8,179	0	0	0	59.00
60.00	06000	2,377	37,859	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	2,464	0	0	0	64.00
65.00	06500	1,507	16,894	0	0	0	65.00
66.00	06600	1,825	8,499	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	1,014	0	0	0	68.00
69.00	06900	2,503	14,514	0	0	0	69.00
70.00	07000	0	624	0	0	0	70.00
70.01	07001	2,377	5,024	0	0	0	70.01
71.00	07100	0	0	0	0	1,617,482	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	6,753	0	0	0	90.00
91.00	09100	87,580	31,659	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150044		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/23/2013 2:30 pm	
Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	494	14,961	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,733,737	534,086	0	0	1,617,482	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	124,460	2,605	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	NONREIMBURSABLE COST CENTERS	19,855	1,683	0	0	0	193.01
193.02	19302	FREESTANDING NURSING FACILITIES	0	0	0	0	0	193.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,878,052	538,374	0	0	1,617,482	202.00
Cost Center Description			PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
			15.00	16.00	17.00	18.00	19.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY	3,954,689					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	8,447,524				16.00
17.00	01700	SOCIAL SERVICE	0	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	5,348,908	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150044

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

Worksheet B  
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	785,816	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	93,762	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	129,481	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	165,200	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	299,146	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP DISORDER	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	3,954,689	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	1,625,211	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	3,954,689	8,447,524	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 NONREIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02 19302 FREESTANDING NURSING FACILITIES	0	0	0	0	0	193.02
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	3,954,689	8,447,524	0	0	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150044

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALARIES & FRINGES		SERVICES-OTHER PRGM COSTS			
		20.00	21.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00 00100 CAP REL COSTS-BLDG & FIXT							1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP							2.00
4.00 00400 EMPLOYEE BENEFITS							4.00
5.00 00500 ADMINISTRATIVE & GENERAL							5.00
6.00 00600 MAINTENANCE & REPAIRS							6.00
7.00 00700 OPERATION OF PLANT							7.00
8.00 00800 LAUNDRY & LINEN SERVICE							8.00
9.00 00900 HOUSEKEEPING							9.00
10.00 01000 DIETARY							10.00
11.00 01100 CAFETERIA							11.00
12.00 01200 MAINTENANCE OF PERSONNEL							12.00
13.00 01300 NURSING ADMINISTRATION							13.00
14.00 01400 CENTRAL SERVICES & SUPPLY							14.00
15.00 01500 PHARMACY							15.00
16.00 01600 MEDICAL RECORDS & LIBRARY							16.00
17.00 01700 SOCIAL SERVICE							17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)							18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS							19.00
20.00 02000 NURSING SCHOOL	0						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0					21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0				22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	0	0	0	0			23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	48,823,547	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	5,773,142	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00 05000 OPERATING ROOM	0	0	0	0	0	18,354,857	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	11,570,662	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	1,453,412	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	1,256,621	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	2,597,205	59.00
60.00 06000 LABORATORY	0	0	0	0	0	13,408,428	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	10,440,562	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	3,224,471	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	2,576,572	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	276,101	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	3,760,912	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	128,844	70.00
70.01 07001 SLEEP DISORDER	0	0	0	0	0	1,312,515	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	18,677,066	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	7,213,960	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	17,133,007	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	3,694,036	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	7,120,397	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150044

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	3,875,408	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	182,671,725	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	41,584,413	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 NONREIMBURSABLE COST CENTERS	0	0	0	0	825,503	193.01
193.02 19302 FREESTANDING NURSING FACILITIES	0	0	0	0	4,041,469	193.02
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	-253,716	201.00
202.00 TOTAL (sum lines 118-201)	0	0	0	0	228,869,394	202.00
Cost Center Description	Intern & Residents Cost & Post Stepdown Adjustments	Total				
	25.00	26.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD						22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)						23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	48,823,547				30.00
31.00 03100 INTENSIVE CARE UNIT	0	5,773,142				31.00
32.00 03200 CORONARY CARE UNIT	0	0				32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0				33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00 04000 SUBPROVIDER - I PF	0	0				40.00
41.00 04100 SUBPROVIDER - I RF	0	0				41.00
42.00 04200 SUBPROVIDER	0	0				42.00
43.00 04300 NURSERY	0	0				43.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150044

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	18,354,857	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	11,570,662	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	1,453,412	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,256,621	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,597,205	59.00
60.00	06000 LABORATORY	0	13,408,428	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	10,440,562	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,224,471	65.00
66.00	06600 PHYSICAL THERAPY	0	2,576,572	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	276,101	68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,760,912	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	128,844	70.00
70.01	07001 SLEEP DISORDER	0	1,312,515	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	18,677,066	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,213,960	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	17,133,007	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	3,694,036	90.00
91.00	09100 EMERGENCY	0	7,120,397	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	3,875,408	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	182,671,725	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	41,584,413	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
193.01	19301 NONREIMBURSABLE COST CENTERS	0	825,503	193.01
193.02	19302 FREESTANDING NURSING FACILITIES	0	4,041,469	193.02
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	-253,716	201.00
202.00	TOTAL (sum lines 118-201)	0	228,869,394	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 2:30 pm
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	197,758	15,033	212,791	212,791
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,002,638	1,403,803	2,406,441	21,790
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	103,775	2,451,771	2,555,546	4,140
8.00 00800	LAUNDRY & LINEN SERVICE	0	69,567	6,797	76,364	308
9.00 00900	HOUSEKEEPING	0	39,325	4,802	44,127	3,603
10.00 01000	DIETARY	0	25,621	53,888	79,509	4,164
11.00 01100	CAFETERIA	0	27,320	0	27,320	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	95,152	50,958	146,110	1,021
15.00 01500	PHARMACY	0	72,807	14,209	87,016	6,148
16.00 01600	MEDICAL RECORDS & LIBRARY	0	111,158	18,646	129,804	9,880
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	1,994,137	570,484	2,564,621	51,671
31.00 03100	INTENSIVE CARE UNIT	0	429,406	58,206	487,612	6,476
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	937,533	397,021	1,334,554	17,841
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	812,086	363,253	1,175,339	9,474
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	37,006	131,479	168,485	1,376
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	105,510	160,461	265,971	840
59.00 05900	CARDIAC CATHETERIZATION	0	105,669	310,712	416,381	2,697
60.00 06000	LABORATORY	0	207,196	86,816	294,012	8,291
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	648
65.00 06500	RESPIRATORY THERAPY	0	42,707	36,108	78,815	4,276
66.00 06600	PHYSICAL THERAPY	0	138,372	21,908	160,280	2,764
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	3,506	245	3,751	403
69.00 06900	ELECTROCARDIOLOGY	0	191,260	150,831	342,091	4,039
70.00 07000	ELECTROENCEPHALOGRAPHY	0	7,791	5,034	12,825	148
70.01 07001	SLEEP DISORDER	0	70,913	11,107	82,020	1,534
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	176,777	2,572	179,349	1,850
91.00 09100	EMERGENCY	0	469,970	76,134	546,104	8,091

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150044

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)		1.00				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	111,867	4,235	116,102	4,933	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	7,586,827	6,406,513	13,993,340	178,406	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	1,546,903	189,621	1,736,524	33,690	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 NONREIMBURSABLE COST CENTERS	0	0	5,069	5,069	695	193.01
193.02 19302 FREESTANDING NURSING FACILITIES	0	0	0	0	0	193.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 TOTAL (sum lines 118-201)	0	9,133,730	6,601,203	15,734,933	212,791	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 2:30 pm				
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.00	6.00	7.00	8.00	9.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00		
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.00	00500	ADMINISTRATIVE & GENERAL	2,428,231			5.00		
6.00	00600	MAINTENANCE & REPAIRS	0	0		6.00		
7.00	00700	OPERATION OF PLANT	103,021	0	2,662,707	7.00		
8.00	00800	LAUNDRY & LINEN SERVICE	12,760	0	23,659	113,091	8.00	
9.00	00900	HOUSEKEEPING	32,024	0	13,374	5,058	98,186	9.00
10.00	01000	DIETARY	39,890	0	8,713	5,003	390	10.00
11.00	01100	CAFETERIA	0	0	9,291	0	416	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	0	0	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	15,278	0	32,360	0	1,448	14.00
15.00	01500	PHARMACY	40,280	0	24,761	0	1,108	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	86,804	0	37,803	0	1,691	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	391,134	0	678,175	48,652	30,343	30.00
31.00	03100	INTENSIVE CARE UNIT	50,710	0	146,034	9,463	6,534	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	165,221	0	318,840	16,576	14,266	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	105,188	0	276,177	6,925	12,357	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	14,402	0	12,585	1,378	563	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	11,152	0	35,882	1,364	1,605	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,415	0	35,936	0	1,608	59.00
60.00	06000	LABORATORY	137,416	0	70,464	12	3,153	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	110,258	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	31,717	0	14,524	1,717	650	65.00
66.00	06600	PHYSICAL THERAPY	22,672	0	47,058	1,312	2,106	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,842	0	1,192	0	53	68.00
69.00	06900	ELECTROCARDIOLOGY	32,885	0	65,045	22	2,910	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,212	0	2,649	0	119	70.00
70.01	07001	SLEEP DISORDER	12,366	0	24,116	1,011	1,079	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	180,201	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,201	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	139,203	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	18,534	0	60,119	110	2,690	90.00
91.00	09100	EMERGENCY	63,704	0	159,829	13,656	7,151	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150044

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	38,726	0	38,044	0	1,702	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,961,216	0	2,136,630	110,542	93,942	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	415,833	0	526,077	2,546	4,244	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 NONREIMBURSABLE COST CENTERS	8,492	0	0	3	0	193.01
193.02	19302 FREESTANDING NURSING FACILITIES	42,690	0	0	0	0	193.02
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)	2,428,231	0	2,662,707	113,091	98,186	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150044		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/23/2013 2:30 pm	
Cost Center Description		DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	12.00	13.00	14.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	137,669					10.00
11.00	01100	44,264	33,117				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	0	0	0		13.00
14.00	01400	0	388	0	0	196,605	14.00
15.00	01500	29	888	0	0	0	15.00
16.00	01600	1	2,290	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	79,277	12,426	0	0	0	30.00
31.00	03100	3,478	1,379	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,775	3,936	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	51	1,935	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	169	329	0	0	0	57.00
58.00	05800	0	152	0	0	0	58.00
59.00	05900	0	503	0	0	0	59.00
60.00	06000	84	2,329	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	152	0	0	0	64.00
65.00	06500	53	1,039	0	0	0	65.00
66.00	06600	65	523	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	62	0	0	0	68.00
69.00	06900	89	893	0	0	0	69.00
70.00	07000	0	38	0	0	0	70.00
70.01	07001	84	309	0	0	0	70.01
71.00	07100	0	0	0	0	196,605	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	415	0	0	0	90.00
91.00	09100	3,109	1,947	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400	0	0	0	0	0	94.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150044

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

Worksheet B  
Part II  
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Cost Center Description			DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
			10.00	11.00	12.00	13.00	14.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	18	920	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	132,546	32,853	0	0	196,605	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,418	160	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	NONREIMBURSABLE COST CENTERS	705	104	0	0	0	193.01
193.02	19302	FREESTANDING NURSING FACILITIES	0	0	0	0	0	193.02
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	48,174	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	137,669	81,291	0	0	196,605	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 2:30 pm
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Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
	15.00	16.00	17.00	18.00	19.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY	160,230					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	268,273				16.00
17.00 01700 SOCIAL SERVICE	0	0	0			17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0		18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000 ADULTS & PEDIATRICS	0	169,868	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	24,956	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	2,978	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	4,112	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	5,246	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	9,500	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01 07001 SLEEP DISORDER	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	160,230	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	51,613	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150044

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	
				18.00		
	15.00	16.00	17.00	18.00	19.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0		98.00
99.00 09900 CMHC	0	0	0	0		99.00
99.10 09910 CORF	0	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0		101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0		111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	160,230	268,273	0	0	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00
193.01 19301 NONREIMBURSABLE COST CENTERS	0	0	0	0		193.01
193.02 19302 FREESTANDING NURSING FACILITIES	0	0	0	0		193.02
200.00 Cross Foot Adjustments						0 200.00
201.00 Negative Cost Centers	0	0	0	0		0 201.00
202.00 TOTAL (sum lines 118-201)	160,230	268,273	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 2:30 pm
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Cost Center Description	INTERNS & RESIDENTS				Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER	PARAMED PRGM		
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
6.00 00600	MAINTENANCE & REPAIRS					6.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)					18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000	NURSING SCHOOL	0				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD		0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)				0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS				4,026,167	30.00
31.00 03100	INTENSIVE CARE UNIT				711,686	31.00
32.00 03200	CORONARY CARE UNIT				0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT				0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00 04000	SUBPROVIDER - I PF				0	40.00
41.00 04100	SUBPROVIDER - I RF				0	41.00
42.00 04200	SUBPROVIDER				0	42.00
43.00 04300	NURSERY				0	43.00
44.00 04400	SKILLED NURSING FACILITY				0	44.00
45.00 04500	NURSING FACILITY				0	45.00
46.00 04600	OTHER LONG TERM CARE				0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM				1,897,965	50.00
51.00 05100	RECOVERY ROOM				0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00 05300	ANESTHESIOLOGY				0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC				1,590,424	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00 05600	RADIOISOTOPE				0	56.00
57.00 05700	CT SCAN				199,287	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)				316,966	58.00
59.00 05900	CARDIAC CATHETERIZATION				482,540	59.00
60.00 06000	LABORATORY				515,761	60.00
60.01 06001	BLOOD LABORATORY				0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.				0	63.00
64.00 06400	INTRAVENOUS THERAPY				111,058	64.00
65.00 06500	RESPIRATORY THERAPY				135,186	65.00
66.00 06600	PHYSICAL THERAPY				242,026	66.00
67.00 06700	OCCUPATIONAL THERAPY				0	67.00
68.00 06800	SPEECH PATHOLOGY				8,303	68.00
69.00 06900	ELECTROCARDIOLOGY				457,474	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY				16,991	70.00
70.01 07001	SLEEP DISORDER				122,519	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				376,806	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS				76,201	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS				299,433	73.00
74.00 07400	RENAL DIALYSIS				0	74.00
75.00 07500	ASC (NON-DISTINCT PART)				0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC				0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00 09000	CLINIC				314,680	90.00
91.00 09100	EMERGENCY				803,591	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150044

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED ED PRGM	Subtotal	
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS			
		20.00	21.00			
<b>OTHER REIMBURSABLE COST CENTERS</b>						
94.00	09400	HOME PROGRAM DI ALYSIS				0 94.00
95.00	09500	AMBULANCE SERVICES				0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED				0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD				0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS				0 98.00
99.00	09900	CMHC				0 99.00
99.10	09910	CORF				0 99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM				0 100.00
101.00	10100	HOME HEALTH AGENCY				200,445 101.00
<b>SPECIAL PURPOSE COST CENTERS</b>						
105.00	10500	KIDNEY ACQUISITION				0 105.00
106.00	10600	HEART ACQUISITION				0 106.00
107.00	10700	LIVER ACQUISITION				0 107.00
108.00	10800	LUNG ACQUISITION				0 108.00
109.00	10900	PANCREAS ACQUISITION				0 109.00
110.00	11000	INTESTINAL ACQUISITION				0 110.00
111.00	11100	ISLET ACQUISITION				0 111.00
113.00	11300	INTEREST EXPENSE				113.00
114.00	11400	UTILIZATION REVIEW-SNF				114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)				0 115.00
116.00	11600	HOSPICE				0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	12,905,509 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				0 190.00
191.00	19100	RESEARCH				0 191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				2,723,492 192.00
193.00	19300	NONPAID WORKERS				0 193.00
193.01	19301	NONREIMBURSABLE COST CENTERS				15,068 193.01
193.02	19302	FREESTANDING NURSING FACILITIES				42,690 193.02
200.00		Cross Foot Adjustments	0	0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	48,174 201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	15,734,933 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 2:30 pm
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>				
1.00	00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	4,026,167	31.00
32.00	03200	CORONARY CARE UNIT	711,686	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000	OPERATING ROOM	1,897,965	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,590,424	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
57.00	05700	CT SCAN	199,287	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	316,966	58.00
59.00	05900	CARDIAC CATHETERIZATION	482,540	59.00
60.00	06000	LABORATORY	515,761	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	111,058	64.00
65.00	06500	RESPIRATORY THERAPY	135,186	65.00
66.00	06600	PHYSICAL THERAPY	242,026	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
68.00	06800	SPEECH PATHOLOGY	8,303	68.00
69.00	06900	ELECTROCARDIOLOGY	457,474	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	16,991	70.00
70.01	07001	SLEEP DISORDER	122,519	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	376,806	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	76,201	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	299,433	73.00
74.00	07400	RENAL DIALYSIS	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00	08800	RURAL HEALTH CLINIC	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000	CLINIC	314,680	90.00
91.00	09100	EMERGENCY	803,591	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150044

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00	09400	HOME PROGRAM DIALYSIS	0	94.00
95.00	09500	AMBULANCE SERVICES	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
<b>NONREIMBURSABLE COST CENTERS</b>				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
193.01	19301	NONREIMBURSABLE COST CENTERS	0	193.01
193.02	19302	FREESTANDING NURSING FACILITIES	0	193.02
200.00		Cross Foot Adjustments	0	200.00
201.00		Negative Cost Centers	0	201.00
202.00		TOTAL (sum lines 118-201)	0	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1

Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	CAP REL COSTS-BLDG & FIXT	515,855				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		11,295,172			2.00
4.00 00400	EMPLOYEE BENEFITS	11,169	25,723	94,307,234		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	56,627	2,402,016	9,658,731	-24,654,250	205,224,696
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	253,716	0
7.00 00700	OPERATION OF PLANT	5,861	4,195,172	1,835,214	0	8,706,952
8.00 00800	LAUNDRY & LINEN SERVICE	3,929	11,631	136,434	0	1,078,472
9.00 00900	HOUSEKEEPING	2,221	8,217	1,596,974	0	2,706,549
10.00 01000	DIETARY	1,447	92,206	1,845,645	0	3,371,387
11.00 01100	CAFETERIA	1,543	0	0	755,836	0
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300	NURSING ADMINISTRATION	0	0	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	5,374	87,193	452,479	0	1,291,246
15.00 01500	PHARMACY	4,112	24,312	2,725,066	0	3,404,366
16.00 01600	MEDICAL RECORDS & LIBRARY	6,278	31,904	4,379,607	0	7,336,388
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	112,625	976,142	22,888,416	0	33,057,262
31.00 03100	INTENSIVE CARE UNIT	24,252	99,595	2,870,668	0	4,285,793
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00 04100	SUBPROVIDER - I/RP	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	0	0	0	0	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	52,950	679,333	7,908,289	0	13,963,906
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	45,865	621,554	4,199,468	0	8,890,148
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	2,090	224,970	610,109	0	1,217,217
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	5,959	274,562	372,511	0	942,551
59.00 05900	CARDIAC CATHETERIZATION	5,968	531,653	1,195,695	0	2,147,959
60.00 06000	LABORATORY	11,702	148,549	3,675,173	0	11,613,955
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	287,429	0	9,318,624
65.00 06500	RESPIRATORY THERAPY	2,412	61,783	1,895,179	0	2,680,591
66.00 06600	PHYSICAL THERAPY	7,815	37,487	1,225,345	0	1,916,165
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	198	420	178,602	0	240,163
69.00 06900	ELECTROCARDIOLOGY	10,802	258,084	1,790,241	0	2,779,339
70.00 07000	ELECTROENCEPHALOGRAPHY	440	8,613	65,543	0	102,423
70.01 07001	SLEEP DISORDER	4,005	19,005	680,120	0	1,045,160
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	15,229,963
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	6,440,271
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	11,764,958
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
<b>OUTPATIENT SERVICE COST CENTERS</b>						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	9,984	4,401	819,972	0	1,566,439
91.00 09100	EMERGENCY	26,543	130,271	3,586,562	0	5,384,012

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1

Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			4.00	5A		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	6,318	7,246	2,186,419	0	3,272,999	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	428,489	10,962,042	79,065,891	-23,644,698	165,755,258	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	87,366	324,457	14,933,388	0	35,143,705	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 NONREIMBURSABLE COST CENTERS	0	8,673	307,955	0	717,707	193.01
193.02 19302 FREESTANDING NURSING FACILITIES	0	0	0	0	3,608,026	193.02
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)	9,133,730	6,601,203	26,181,764		24,654,250	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	17.706003	0.584427	0.277622		0.120133	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			212,791		2,428,231	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.002256		0.011832	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1

Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	448,059					6.00
7.00	00700	5,861	442,198				7.00
8.00	00800	3,929	3,929	1,586,875			8.00
9.00	00900	2,221	2,221	70,980	364,436		9.00
10.00	01000	1,447	1,447	70,200	1,447	463,305	10.00
11.00	01100	1,543	1,543	0	1,543	148,964	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	5,374	5,374	0	5,374	0	14.00
15.00	01500	4,112	4,112	0	4,112	96	15.00
16.00	01600	6,278	6,278	0	6,278	3	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	112,625	112,625	682,686	112,625	266,795	30.00
31.00	03100	24,252	24,252	132,778	24,252	11,705	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	52,950	52,950	232,594	52,950	5,973	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	45,865	45,865	97,167	45,865	173	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	2,090	2,090	19,329	2,090	568	57.00
58.00	05800	5,959	5,959	19,140	5,959	0	58.00
59.00	05900	5,968	5,968	0	5,968	0	59.00
60.00	06000	11,702	11,702	175	11,702	284	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	2,412	2,412	0	2,412	180	65.00
66.00	06600	7,815	7,815	18,409	7,815	218	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	198	198	0	198	0	68.00
69.00	06900	10,802	10,802	302	10,802	299	69.00
70.00	07000	440	440	0	440	0	70.00
70.01	07001	4,005	4,005	14,182	4,005	284	70.01
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	9,984	9,984	1,550	9,984	0	90.00
91.00	09100	26,543	26,543	191,614	26,543	10,463	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		MAINTENANCE & REPAIRS (SQ. FEET)	OPERATION OF PLANT (SQ. FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	6,318	6,318	0	6,318	59	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	360,693	354,832	1,551,106	348,682	446,064	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	87,366	87,366	35,723	15,754	14,869	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 NONREIMBURSABLE COST CENTERS	0	0	46	0	2,372	193.01
193.02	19302 FREESTANDING NURSING FACILITIES	0	0	0	0	0	193.02
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)	-253,716	9,752,944	1,294,688	3,138,591	3,878,052	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	22.055604	0.815873	8.612187	8.370408	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	0	2,662,707	113,091	98,186	137,669	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	6.021527	0.071266	0.269419	0.297146	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1

Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	2,530,264					11.00
12.00	01200	0	0				12.00
13.00	01300	0	0	0			13.00
14.00	01400	29,639	0	0	100		14.00
15.00	01500	67,847	0	0	0	100	15.00
16.00	01600	175,007	0	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	949,281	0	0	0	0	30.00
31.00	03100	105,380	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	300,728	0	0	0	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	147,810	0	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	25,133	0	0	0	0	57.00
58.00	05800	11,628	0	0	0	0	58.00
59.00	05900	38,441	0	0	0	0	59.00
60.00	06000	177,931	0	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	11,579	0	0	0	0	64.00
65.00	06500	79,401	0	0	0	0	65.00
66.00	06600	39,942	0	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	4,764	0	0	0	0	68.00
69.00	06900	68,213	0	0	0	0	69.00
70.00	07000	2,931	0	0	0	0	70.00
70.01	07001	23,610	0	0	0	0	70.01
71.00	07100	0	0	0	100	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	100	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	31,738	0	0	0	0	90.00
91.00	09100	148,792	0	0	0	0	91.00
92.00	09200	0	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1

Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
		11.00	12.00	13.00	14.00	15.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	70,315	0	0	0	0	101.00
<b>SPECIAL PURPOSE COST CENTERS</b>							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,510,110	0	0	100	100	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	12,243	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 NONREIMBURSABLE COST CENTERS	7,911	0	0	0	0	193.01
193.02	19302 FREESTANDING NURSING FACILITIES	0	0	0	0	0	193.02
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)	538,374	0	0	1,617,482	3,954,689	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.212774	0.000000	0.000000	16,174.820000	39,546.890000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	81,291	0	0	196,605	160,230	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.013088	0.000000	0.000000	1,966.050000	1,602.300000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
				16.00			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	47,300				16.00
17.00	01700	SOCIAL SERVICE	0	0			17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0		18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	29,950	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	4,400	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	525	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	725	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	925	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,675	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	SLEEP DISORDER	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	9,100	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
			16.00			
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	47,300	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 NONREIMBURSABLE COST CENTERS	0	0	0	0	0	193.01
193.02 19302 FREESTANDING NURSING FACILITIES	0	0	0	0	0	193.02
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,447,524	0	0	0	0	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	178.594588	0.000000	0.000000	0.000000	0.000000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	268,273	0	0	0	0	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	5.671734	0.000000	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
6.00 00600	MAINTENANCE & REPAIRS				6.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE				17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		0		22.00
23.00 02300	PARAMED PRGM-(SPECIFY)			0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00 03000	ADULTS & PEDIATRICS	0	0	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	42.00
43.00 04300	NURSERY	0	0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00 05000	OPERATING ROOM	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01 07001	SLEEP DISORDER	0	0	0	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00 08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	91.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150044

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

Worksheet B-1  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
99.00 09900 CMHC	0	0	0		99.00
99.10 09910 CORF	0	0	0		99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0		100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0		101.00
SPECIAL PURPOSE COST CENTERS					
105.00 10500 KIDNEY ACQUISITION	0	0	0		105.00
106.00 10600 HEART ACQUISITION	0	0	0		106.00
107.00 10700 LIVER ACQUISITION	0	0	0		107.00
108.00 10800 LUNG ACQUISITION	0	0	0		108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0		109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0		110.00
111.00 11100 ISLET ACQUISITION	0	0	0		111.00
113.00 11300 INTEREST EXPENSE					113.00
114.00 11400 UTILIZATION REVIEW-SNF					114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0		115.00
116.00 11600 HOSPICE	0	0	0		116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	0	0		118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		190.00
191.00 19100 RESEARCH	0	0	0		191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0		192.00
193.00 19300 NONPAID WORKERS	0	0	0		193.00
193.01 19301 NONREIMBURSABLE COST CENTERS	0	0	0		193.01
193.02 19302 FREESTANDING NURSING FACILITIES	0	0	0		193.02
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)	0	0	0		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	0	0	0		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150044

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 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	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	48,823,547		48,823,547	0	48,823,547	63,195,593	30.00
31.00	03100	INTENSIVE CARE UNIT	5,773,142		5,773,142	0	5,773,142	8,291,088	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	18,354,857		18,354,857	0	18,354,857	47,469,895	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,570,662		11,570,662	0	11,570,662	11,987,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	1,453,412		1,453,412	0	1,453,412	17,160,341	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,256,621		1,256,621	0	1,256,621	6,586,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,597,205		2,597,205	0	2,597,205	24,171,884	59.00
60.00	06000	LABORATORY	13,408,428		13,408,428	0	13,408,428	47,650,164	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,440,562		10,440,562	0	10,440,562	12,345	64.00
65.00	06500	RESPIRATORY THERAPY	3,224,471	0	3,224,471	0	3,224,471	16,856,971	65.00
66.00	06600	PHYSICAL THERAPY	2,576,572	0	2,576,572	0	2,576,572	4,026,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	276,101	0	276,101	0	276,101	552,499	68.00
69.00	06900	ELECTROCARDIOLOGY	3,760,912		3,760,912	0	3,760,912	18,249,189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,844		128,844	0	128,844	206,513	70.00
70.01	07001	SLEEP DISORDER	1,312,515		1,312,515	0	1,312,515	145,074	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,677,066		18,677,066	0	18,677,066	20,706,988	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,213,960		7,213,960	0	7,213,960	8,134,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,133,007		17,133,007	0	17,133,007	55,723,028	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	3,694,036		3,694,036	0	3,694,036	2,121	90.00
91.00	09100	EMERGENCY	7,120,397		7,120,397	0	7,120,397	7,929,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,872,391		3,872,391	0	3,872,391	865,253	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150044

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 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 Diallowance	Total Costs	Inpatient	
			1.00	2.00	3.00	4.00	5.00	6.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	0	100.00
101.00	10100	HOME HEALTH AGENCY	3,875,408		3,875,408		3,875,408		101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0		0		0		105.00
106.00	10600	HEART ACQUISITION	0		0		0		106.00
107.00	10700	LIVER ACQUISITION	0		0		0		107.00
108.00	10800	LUNG ACQUISITION	0		0		0		108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0		109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0		110.00
111.00	11100	ISLET ACQUISITION	0		0		0		111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0		115.00
116.00	11600	HOSPICE	0		0		0		116.00
200.00		Subtotal (see instructions)	186,544,116	0	186,544,116	0	186,544,116	359,923,794	200.00
201.00		Less Observation Beds	3,872,391		3,872,391		3,872,391		201.00
202.00		Total (see instructions)	182,671,725	0	182,671,725	0	182,671,725	359,923,794	202.00
Charges									
Cost Center Description			Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			7.00	8.00	9.00	10.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		63,195,593					30.00
31.00	03100	INTENSIVE CARE UNIT		8,291,088					31.00
32.00	03200	CORONARY CARE UNIT		0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0					34.00
40.00	04000	SUBPROVIDER - I PF		0					40.00
41.00	04100	SUBPROVIDER - I RF		0					41.00
42.00	04200	SUBPROVIDER		0					42.00
43.00	04300	NURSERY		0					43.00
44.00	04400	SKILLED NURSING FACILITY		0					44.00
45.00	04500	NURSING FACILITY		0					45.00
46.00	04600	OTHER LONG TERM CARE		0					46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	64,061,791	111,531,686	0.164571	0.000000	0.164571		50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,301,266	59,289,051	0.195157	0.000000	0.195157		54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
57.00	05700	CT SCAN	30,189,505	47,349,846	0.030695	0.000000	0.030695		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,848,601	24,434,623	0.051428	0.000000	0.051428		58.00
59.00	05900	CARDIAC CATHETERIZATION	18,423,106	42,594,990	0.060974	0.000000	0.060974		59.00
60.00	06000	LABORATORY	45,353,737	93,003,901	0.144171	0.000000	0.144171		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000		61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000		62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000		63.00
64.00	06400	INTRAVENOUS THERAPY	51,940,530	51,952,875	0.200962	0.000000	0.200962		64.00
65.00	06500	RESPIRATORY THERAPY	865,735	17,722,706	0.181940	0.000000	0.181940		65.00
66.00	06600	PHYSICAL THERAPY	3,856,004	7,882,661	0.326866	0.000000	0.326866		66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000		67.00
68.00	06800	SPEECH PATHOLOGY	223,980	776,479	0.355581	0.000000	0.355581		68.00
69.00	06900	ELECTROCARDIOLOGY	17,136,257	35,385,446	0.106284	0.000000	0.106284		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,409,682	1,616,195	0.079721	0.000000	0.079721		70.00
70.01	07001	SLEEP DISORDER	6,746,080	6,891,154	0.190464	0.000000	0.190464		70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,453,023	23,160,011	0.806436	0.000000	0.806436		71.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150044

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 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	9.00	10.00	11.00					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,659,236	9,793,638	0.736597	0.000000	0.736597		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,614,581	86,337,609	0.198442	0.000000	0.198442		73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00	09000	CLINIC	224,984	227,105	16.265763	0.000000	16.265763		90.00
91.00	09100	EMERGENCY	25,700,210	33,630,192	0.211726	0.000000	0.211726		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,506,725	5,371,978	0.720850	0.000000	0.720850		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0					99.00
99.10	09910	CORF	0	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	7,215,868	7,215,868					101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0					105.00
106.00	10600	HEART ACQUISITION	0	0					106.00
107.00	10700	LIVER ACQUISITION	0	0					107.00
108.00	10800	LUNG ACQUISITION	0	0					108.00
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
113.00	11300	INTEREST EXPENSE	0	0					113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00
116.00	11600	HOSPICE	0	0					116.00
200.00		Subtotal (see instructions)	377,730,901	737,654,695					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	377,730,901	737,654,695					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150044

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 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 Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	48,823,547		48,823,547	0	0	63,195,593	30.00
31.00	03100	INTENSIVE CARE UNIT	5,773,142		5,773,142	0	0	8,291,088	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	0		0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	18,354,857		18,354,857	0	0	47,469,895	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,570,662		11,570,662	0	0	11,987,785	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	1,453,412		1,453,412	0	0	17,160,341	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,256,621		1,256,621	0	0	6,586,022	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,597,205		2,597,205	0	0	24,171,884	59.00
60.00	06000	LABORATORY	13,408,428		13,408,428	0	0	47,650,164	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	10,440,562		10,440,562	0	0	12,345	64.00
65.00	06500	RESPIRATORY THERAPY	3,224,471	0	3,224,471	0	0	16,856,971	65.00
66.00	06600	PHYSICAL THERAPY	2,576,572	0	2,576,572	0	0	4,026,657	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	276,101	0	276,101	0	0	552,499	68.00
69.00	06900	ELECTROCARDIOLOGY	3,760,912		3,760,912	0	0	18,249,189	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	128,844		128,844	0	0	206,513	70.00
70.01	07001	SLEEP DISORDER	1,312,515		1,312,515	0	0	145,074	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	18,677,066		18,677,066	0	0	20,706,988	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,213,960		7,213,960	0	0	8,134,402	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	17,133,007		17,133,007	0	0	55,723,028	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	3,694,036		3,694,036	0	0	2,121	90.00
91.00	09100	EMERGENCY	7,120,397		7,120,397	0	0	7,929,982	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	3,872,391		3,872,391	0	0	865,253	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150044

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 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 Diallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	3,875,408		3,875,408		0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	186,544,116	0	186,544,116	0	359,923,794	200.00
201.00		Less Observation Beds	3,872,391		3,872,391		0	201.00
202.00		Total (see instructions)	182,671,725	0	182,671,725	0	359,923,794	202.00
Charges								
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	7.00	8.00	9.00	10.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		63,195,593				30.00
31.00	03100	INTENSIVE CARE UNIT		8,291,088				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - I PF		0				40.00
41.00	04100	SUBPROVIDER - I RF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		0				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
46.00	04600	OTHER LONG TERM CARE		0				46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	64,061,791	111,531,686	0.164571	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,301,266	59,289,051	0.195157	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000	56.00
57.00	05700	CT SCAN	30,189,505	47,349,846	0.030695	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	17,848,601	24,434,623	0.051428	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	18,423,106	42,594,990	0.060974	0.000000	0.000000	59.00
60.00	06000	LABORATORY	45,353,737	93,003,901	0.144171	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	51,940,530	51,952,875	0.200962	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	865,735	17,722,706	0.181940	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	3,856,004	7,882,661	0.326866	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	223,980	776,479	0.355581	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	17,136,257	35,385,446	0.106284	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,409,682	1,616,195	0.079721	0.000000	0.000000	70.00
70.01	07001	SLEEP DISORDER	6,746,080	6,891,154	0.190464	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,453,023	23,160,011	0.806436	0.000000	0.000000	71.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150044

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00				
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,659,236	9,793,638	0.736597	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	30,614,581	86,337,609	0.198442	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000	89.00
90.00	09000	CLINIC	224,984	227,105	16.265763	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	25,700,210	33,630,192	0.211726	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	4,506,725	5,371,978	0.720850	0.000000	0.000000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000	98.00
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	7,215,868	7,215,868				101.00
<b>SPECIAL PURPOSE COST CENTERS</b>								
105.00	10500	KIDNEY ACQUISITION	0	0				105.00
106.00	10600	HEART ACQUISITION	0	0				106.00
107.00	10700	LIVER ACQUISITION	0	0				107.00
108.00	10800	LUNG ACQUISITION	0	0				108.00
109.00	10900	PANCREAS ACQUISITION	0	0				109.00
110.00	11000	INTESTINAL ACQUISITION	0	0				110.00
111.00	11100	ISLET ACQUISITION	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0				115.00
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	377,730,901	737,654,695				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	377,730,901	737,654,695				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/23/2013 2:30 pm
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Cost Center Description	Title XVIII			Hospital	PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)
	1.00	2.00	3.00	4.00	5.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	4,026,167	0	4,026,167	63,116	63.79	30.00
31.00	INTENSIVE CARE UNIT	711,686		711,686	5,051	140.90	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	0		0	0	0.00	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	4,737,853		4,737,853	68,167		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)
		6.00

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	29,542	1,884,484				30.00
31.00	INTENSIVE CARE UNIT	3,028	426,645				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	32,570	2,311,129				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150044

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Title XVIII		Capital Costs (column 3 x column 4)
					Hospital	Inpatient Program Charges	
		1.00	2.00	3.00	4.00	5.00	6.00
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,897,965	111,531,686	0.017017	26,359,795	448,565	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,590,424	59,289,051	0.026825	8,173,319	219,249	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	199,287	47,349,846	0.004209	9,277,475	39,049	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	316,966	24,434,623	0.012972	3,694,783	47,929	58.00
59.00	05900 CARDIAC CATHETERIZATION	482,540	42,594,990	0.011329	9,760,696	110,579	59.00
60.00	06000 LABORATORY	515,761	93,003,901	0.005546	27,778,205	154,058	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	111,058	51,952,875	0.002138	1,648	4	64.00
65.00	06500 RESPIRATORY THERAPY	135,186	17,722,706	0.007628	9,710,014	74,068	65.00
66.00	06600 PHYSICAL THERAPY	242,026	7,882,661	0.030704	2,687,069	82,504	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	8,303	776,479	0.010693	404,065	4,321	68.00
69.00	06900 ELECTROCARDIOLOGY	457,474	35,385,446	0.012928	11,583,293	149,749	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	16,991	1,616,195	0.010513	116,393	1,224	70.00
70.01	07001 SLEEP DISORDER	122,519	6,891,154	0.017779	87,010	1,547	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	376,806	23,160,011	0.016270	6,785,807	110,405	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	76,201	9,793,638	0.007781	6,987,401	54,369	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	299,433	86,337,609	0.003468	33,744,003	117,024	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	314,680	227,105	1.385615	597	827	90.00
91.00	09100 EMERGENCY	803,591	33,630,192	0.023895	5,110,717	122,121	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	319,333	5,371,978	0.059444	656,211	39,008	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	8,286,544	658,952,146		162,918,501	1,776,600	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/23/2013 2:30 pm
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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
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
200.00		Total (lines 30-199)	0	0	0	0	0

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	63,116	0.00	29,542	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,051	0.00	3,028	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	0	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	68,167		32,570	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 2:30 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00	
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00	
70.01	07001	SLEEP DISORDER	0	0	0	0	70.01	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00	
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00	
200.00		Total (lines 50-199)	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 2:30 pm
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Cost Center Description		Title XVIII			Hospital		PPS	
		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		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	111,531,686	0.000000	0.000000	26,359,795	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	59,289,051	0.000000	0.000000	8,173,319	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	47,349,846	0.000000	0.000000	9,277,475	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,434,623	0.000000	0.000000	3,694,783	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	42,594,990	0.000000	0.000000	9,760,696	59.00
60.00	06000	LABORATORY	0	93,003,901	0.000000	0.000000	27,778,205	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	51,952,875	0.000000	0.000000	1,648	64.00
65.00	06500	RESPIRATORY THERAPY	0	17,722,706	0.000000	0.000000	9,710,014	65.00
66.00	06600	PHYSICAL THERAPY	0	7,882,661	0.000000	0.000000	2,687,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	776,479	0.000000	0.000000	404,065	68.00
69.00	06900	ELECTROCARDIOLOGY	0	35,385,446	0.000000	0.000000	11,583,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,616,195	0.000000	0.000000	116,393	70.00
70.01	07001	SLEEP DISORDER	0	6,891,154	0.000000	0.000000	87,010	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	23,160,011	0.000000	0.000000	6,785,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	9,793,638	0.000000	0.000000	6,987,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	86,337,609	0.000000	0.000000	33,744,003	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	227,105	0.000000	0.000000	597	90.00
91.00	09100	EMERGENCY	0	33,630,192	0.000000	0.000000	5,110,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,371,978	0.000000	0.000000	656,211	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	658,952,146			162,918,501	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 2:30 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)	
		11.00	12.00	13.00	
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	16,417,788	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	13,333,591	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	6,901,799	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,148,855	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,323,288	0	59.00
60.00	06000 LABORATORY	0	1,693,349	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	28,197	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	226,242	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	3,030	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	5,017,486	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	331,031	0	70.00
70.01	07001 SLEEP DISORDER	0	1,976,391	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,453,023	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,659,236	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	30,357,382	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	1,977	0	90.00
91.00	09100 EMERGENCY	0	4,140,227	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,409,298	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	96,422,190	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 2:30 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		
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.164571	16,417,788	0	2,701,892	50.00	
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.195157	13,333,591	0	2,602,144	54.00	
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	56.00	
57.00	05700 CT SCAN	0.030695	6,901,799	0	211,851	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051428	5,148,855	0	264,795	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0.060974	5,323,288	0	324,582	59.00	
60.00	06000 LABORATORY	0.144171	1,693,349	0	244,132	60.00	
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0.200962	28,197	0	5,667	64.00	
65.00	06500 RESPIRATORY THERAPY	0.181940	226,242	0	41,162	65.00	
66.00	06600 PHYSICAL THERAPY	0.326866	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0.355581	3,030	0	1,077	68.00	
69.00	06900 ELECTROCARDIOLOGY	0.106284	5,017,486	0	533,278	69.00	
70.00	07000 ELECTROENCEPHALOGRAPHY	0.079721	331,031	0	26,390	70.00	
70.01	07001 SLEEP DISORDER	0.190464	1,976,391	0	376,431	70.01	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.806436	2,453,023	0	1,978,206	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.736597	1,659,236	0	1,222,188	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198442	30,357,382	0	257,199	6,024,180	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000			0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0	89.00	
90.00	09000 CLINIC	16.265763	1,977	0	32,157	90.00	
91.00	09100 EMERGENCY	0.211726	4,140,227	0	876,594	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.720850	1,409,298	0	1,015,892	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0		94.00	
95.00	09500 AMBULANCE SERVICES	0.000000		0		95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	97.00	
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	98.00	
200.00	Subtotal (see instructions)		96,422,190	0	257,199	18,482,618	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		96,422,190	0	257,199	18,482,618	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 2:30 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		
<b>ANCILLARY SERVICE COST CENTERS</b>				
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
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
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
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
70.01 07001 SLEEP DISORDER	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	51,039		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	51,039		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	51,039		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 2:30 pm
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		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs		PPS Services (see inst.)	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.164571	0	6,031,526	0	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.195157	0	4,789,450	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700 CT SCAN	0.030695	0	2,801,883	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.051428	0	1,621,329	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.060974	0	1,118,154	0	0	59.00
60.00	06000 LABORATORY	0.144171	0	3,770,555	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.200962	0	7,212,959	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.181940	0	156,865	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.326866	0	313,435	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.355581	0	28,809	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.106284	0	1,037,668	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.079721	0	125,698	0	0	70.00
70.01	07001 SLEEP DISORDER	0.190464	0	543,511	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.806436	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.736597	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.198442	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>							
88.00	08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000 CLINIC	16.265763	0	36,989	0	0	90.00
91.00	09100 EMERGENCY	0.211726	0	5,610,186	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.720850	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500 AMBULANCE SERVICES	0.000000	0	0			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	35,199,017	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	35,199,017	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 2:30 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00 05000 OPERATING ROOM	992,614	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	934,695	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	86,004	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	83,382	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	68,178	0		59.00
60.00 06000 LABORATORY	543,605	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	1,449,531	0		64.00
65.00 06500 RESPIRATORY THERAPY	28,540	0		65.00
66.00 06600 PHYSICAL THERAPY	102,451	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	10,244	0		68.00
69.00 06900 ELECTROCARDIOLOGY	110,288	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	10,021	0		70.00
70.01 07001 SLEEP DISORDER	103,519	0		70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	601,654	0		90.00
91.00 09100 EMERGENCY	1,187,822	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	6,312,548	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	6,312,548	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2013 2:30 pm
Cost Center Description				PPS
				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,116	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,116	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)		58,110	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)		29,542	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
<b>SWING BED ADJUSTMENT</b>				
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)		48,823,547	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)		48,823,547	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		63,195,593	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		63,195,593	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.772578	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)		1,087.52	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)		48,823,547	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		773.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		22,852,214	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)		22,852,214	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/23/2013 2:30 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,773,142	5,051	1,142.97	3,028	3,460,913	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					33,934,074	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					60,247,201	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)					2,311,129	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,776,600	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,087,729	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					56,159,472	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)					5,006	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,872,391	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150044		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 2:30 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,026,167	48,823,547	0.082464	3,872,391	319,333	90.00
91.00	Nursing School cost	0	48,823,547	0.000000	3,872,391	0	91.00
92.00	Allied health cost	0	48,823,547	0.000000	3,872,391	0	92.00
93.00	All other Medical Education	0	48,823,547	0.000000	3,872,391	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/23/2013 2:30 pm
		Hospital		Cost
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		63,116	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		63,116	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)		58,110	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,374	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
<b>SWING BED ADJUSTMENT</b>				
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)		48,823,547	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)		48,823,547	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		63,195,593	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		63,195,593	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.772578	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)		1,087.52	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)		48,823,547	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		773.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,383,508	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,383,508	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/23/2013 2:30 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)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	5,773,142	5,051	1,142.97	380	434,329	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	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)					2,709,704	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,527,541	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)					5,006	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					773.55	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,872,391	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150044		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 2:30 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 2:30 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		31,467,540	30.00
31.00	03100	INTENSIVE CARE UNIT		4,978,956	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.164571	26,359,795	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195157	8,173,319	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.030695	9,277,475	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051428	3,694,783	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.060974	9,760,696	59.00
60.00	06000	LABORATORY	0.144171	27,778,205	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.200962	1,648	64.00
65.00	06500	RESPIRATORY THERAPY	0.181940	9,710,014	65.00
66.00	06600	PHYSICAL THERAPY	0.326866	2,687,069	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.355581	404,065	68.00
69.00	06900	ELECTROCARDIOLOGY	0.106284	11,583,293	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.079721	116,393	70.00
70.01	07001	SLEEP DISORDER	0.190464	87,010	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.806436	6,785,807	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.736597	6,987,401	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198442	33,744,003	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	16.265763	597	90.00
91.00	09100	EMERGENCY	0.211726	5,110,717	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.720850	656,211	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		162,918,501	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		162,918,501	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 2:30 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		7,889,160	30.00
31.00	03100	INTENSIVE CARE UNIT		921,054	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.164571	4,617,338	759,880 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.195157	1,494,285	291,620 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.030695	1,602,354	49,184 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.051428	564,111	29,011 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.060974	1,692,877	103,221 59.00
60.00	06000	LABORATORY	0.144171	4,760,992	686,397 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.200962	10,697	2,150 64.00
65.00	06500	RESPIRATORY THERAPY	0.181940	1,654,289	300,981 65.00
66.00	06600	PHYSICAL THERAPY	0.326866	224,016	73,223 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.355581	30,290	10,771 68.00
69.00	06900	ELECTROCARDIOLOGY	0.106284	1,301,817	138,362 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.079721	17,982	1,434 70.00
70.01	07001	SLEEP DISORDER	0.190464	12,576	2,395 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.806436	0	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.736597	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.198442	0	0 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	16.265763	1,524	24,789 90.00
91.00	09100	EMERGENCY	0.211726	1,116,001	236,286 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.720850	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		19,101,149	2,709,704 200.00
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)		19,101,149	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 2:30 pm
		Title VIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		52,265,111	1.00
2.00	Outlier payments for discharges. (see instructions)		1,242,911	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)		202.32	4.00
<b>Indirect Medical Education Adjustment</b>				
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
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
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
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.26	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		12.40	31.00
32.00	Sum of lines 30 and 31		18.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.88	33.00
34.00	Disproportionate share adjustment (see instructions)		2,550,537	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
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)		56,058,559	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)		56,058,559	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		4,458,267	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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 2:30 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)			60,516,826 59.00
60.00	Primary payer payments			117,236 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			60,399,590 61.00
62.00	Deductibles billed to program beneficiaries			5,168,120 62.00
63.00	Coinurance billed to program beneficiaries			260,660 63.00
64.00	Allowable bad debts (see instructions)			1,311,226 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			917,858 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			55,888,668 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)			136 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-54,967 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)			55,833,837 71.00
72.00	Interim payments			55,863,484 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)			-29,647 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			428,365 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 2:30 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)			51,039 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			18,482,618 2.00
3.00	PPS payments			20,760,838 3.00
4.00	Outlier payment (see instructions)			7,450 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.205 5.00
6.00	Line 2 times line 5			3,788,937 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)			51,039 11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
12.00	Ancillary service charges			257,199 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)			257,199 14.00
<b>Customary charges</b>				
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)			257,199 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			206,160 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)			51,039 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)			20,768,288 24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)			9 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			4,662,382 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)			16,156,936 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)			16,156,936 30.00
31.00	Primary payer payments			23,415 31.00
32.00	Subtotal (line 30 minus line 31)			16,133,521 32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)			0 33.00
34.00	Allowable bad debts (see instructions)			1,169,296 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			818,507 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			16,952,028 37.00
38.00	MSP-LCC reconciliation amount from PS&R			1,180 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)			16,950,848 40.00
41.00	Interim payments			16,727,453 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)			223,395 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
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: 150044

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/23/2013 2:30 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		55,569,484		16,558,553	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	08/22/2012	294,000	08/22/2012	168,900	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)		294,000		168,900	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)		55,863,484		16,727,453	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		223,395	6.01	
6.02	SETTLEMENT TO PROGRAM		29,647		0	6.02	
7.00	Total Medicare program liability (see instructions)		55,833,837		16,950,848	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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/23/2013 2:30 pm
		Title XVIII	Hospital	PPS
				1.00
<b>TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS</b>				
<b>HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION</b>				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		15,886	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		32,570	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		2,566	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		63,161	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		737,654,695	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		11,073,651	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)		2,794,138	8.00
<b>INPATIENT HOSPITAL SERVICES UNDER PPS &amp; CAH</b>				
30.00	Initial/interim HIT payment adjustment (see instructions)		2,987,298	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		-193,160	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/23/2013 2:30 pm
		Title XIX	Hospital	Cost
		Inpatient	Outpatient	
		1.00	2.00	
<b>PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES</b>				
<b>COMPUTATION OF NET COST OF COVERED SERVICES</b>				
1.00	Inpatient hospital/SNF/NF services	6,527,541		1.00
2.00	Medical and other services		6,312,548	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	6,527,541	6,312,548	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)	6,527,541	6,312,548	7.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable Charges</b>				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	19,101,149	35,199,017	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)	19,101,149	35,199,017	12.00
<b>CUSTOMARY CHARGES</b>				
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)	19,101,149	35,199,017	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	12,573,608	28,886,469	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)	6,527,541	6,312,548	21.00
<b>PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.</b>				
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		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	6,527,541	6,312,548	29.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
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)	6,527,541	6,312,548	31.00
32.00	Deductibles	0	0	32.00
33.00	Coinurance	0	0	33.00
34.00	Allowable bad debts (see instructions)	0	0	34.00
35.00	Utilization review	0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	6,527,541	6,312,548	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	6,527,541	6,312,548	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)	6,527,541	6,312,548	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	6,527,541	6,312,548	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: 150044

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

Worksheet G

Date/Time Prepared:  
5/23/2013 2:30 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	31,105,107	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	80,152,269	0	0	0	4.00
5.00	Other receivable	1,210,069	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-49,093,533	0	0	0	6.00
7.00	Inventory	4,333,569	0	0	0	7.00
8.00	Prepaid expenses	2,787,045	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	70,494,526	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	6,327,121	0	0	0	12.00
13.00	Land improvements	3,667,561	0	0	0	13.00
14.00	Accumulated depreciation	-3,001,336	0	0	0	14.00
15.00	Buildings	127,590,240	0	0	0	15.00
16.00	Accumulated depreciation	-52,409,579	0	0	0	16.00
17.00	Leasehold improvements	3,972,518	0	0	0	17.00
18.00	Accumulated depreciation	-2,232,438	0	0	0	18.00
19.00	Fixed equipment	16,018,576	0	0	0	19.00
20.00	Accumulated depreciation	-12,030,723	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	116,612,598	0	0	0	23.00
24.00	Accumulated depreciation	-84,738,789	0	0	0	24.00
25.00	Minor equipment depreciable	310,941	0	0	0	25.00
26.00	Accumulated depreciation	-293,073	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)	119,793,617	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	6,652,101	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	89,009,891	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	95,661,992	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	285,950,135	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	13,135,306	0	0	0	37.00
38.00	Salaries, wages, and fees payable	12,483,138	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	21,125,443	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	46,743,887	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
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	100,842,939	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	100,842,939	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	147,586,826	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	138,363,309				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)	138,363,309	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	285,950,135	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150044

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

Worksheet G-1

Date/Time Prepared:  
5/23/2013 2:30 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		127,723,970		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		10,639,338			2.00
3.00	Total (sum of line 1 and line 2)		138,363,308		0	3.00
4.00	ROUNDING	1		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)		1		0	10.00
11.00	Subtotal (line 3 plus line 10)		138,363,309		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		138,363,309		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	ROUNDING		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150044

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/23/2013 2:30 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
General Inpatient Routine Services					
1.00	Hospital	74,634,425		74,634,425	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	74,634,425		74,634,425	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,830,110		8,830,110	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,830,110		8,830,110	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	83,464,535		83,464,535	17.00
18.00	Ancillary services	296,093,405	410,908,078	707,001,483	18.00
19.00	Outpatient services	0	0	0	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		7,215,868	7,215,868	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	379,557,940	418,123,946	797,681,886	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		261,484,724		29.00
30.00	EXPENSES NOT INCLUDED	22,840,419			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)		22,840,419		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)		284,325,143		43.00

## STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150044

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

Worksheet G-3

Date/Time Prepared:  
5/23/2013 2:30 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	797,681,886	1.00
2.00	Less contractual allowances and discounts on patients' accounts	514,148,775	2.00
3.00	Net patient revenues (line 1 minus line 2)	283,533,111	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	284,325,143	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-792,032	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,200,377	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	14,531	10.00
11.00	Rebates and refunds of expenses	832,869	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	956,009	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	17,619	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	241,775	21.00
22.00	Rental of hospital space	188,006	22.00
23.00	Governmental appropriations	690,095	23.00
24.00	OTHER	6,290,089	24.00
25.00	Total other income (sum of lines 6-24)	11,431,370	25.00
26.00	Total (line 5 plus line 25)	10,639,338	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,639,338	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150044

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

Worksheet H

HHA CCN: 157152

Date/Time Prepared: 5/23/2013 2:30 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00			0		0	0	1.00
2.00			0		4,756	4,756	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	151,524	0	0	151,524	4.00
5.00	592,315	153,338	0	2,732	238,241	986,626	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	959,903	248,499	0	0	0	1,208,402	6.00
7.00	455,876	118,016	0	0	0	573,892	7.00
8.00	113,628	29,416	0	0	0	143,044	8.00
9.00	12,458	3,225	0	0	0	15,683	9.00
10.00	10,412	2,695	0	0	0	13,107	10.00
11.00	41,827	10,828	0	0	0	52,655	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	2,186,419	566,017	151,524	2,732	242,997	3,149,689	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			
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	0	0	0	0			1.00
2.00	0	4,756	0	4,756			2.00
3.00	0	0	0	0			3.00
4.00	0	151,524	0	151,524			4.00
5.00	-181,008	805,618	-6,361	799,257			5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	-248,342	960,060	0	960,060			6.00
7.00	-117,943	455,949	0	455,949			7.00
8.00	-29,398	113,646	0	113,646			8.00
9.00	-3,223	12,460	0	12,460			9.00
10.00	-2,694	10,413	0	10,413			10.00
11.00	-10,821	41,834	0	41,834			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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-593,429	2,556,260	-6,361	2,549,899			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: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/23/2013 2:30 pm
		HHA CCN: 157152	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				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	4,756		4,756		0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	151,524	0	0	151,524	0	4.00
5.00	Administrative and General	799,257	0	4,756	0	804,013	5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	960,060	0	0	84,977	1,045,037	6.00
7.00	Physical Therapy	455,949	0	0	38,789	494,738	7.00
8.00	Occupational Therapy	113,646	0	0	9,904	123,550	8.00
9.00	Speech Pathology	12,460	0	0	682	13,142	9.00
10.00	Medical Social Services	10,413	0	0	1,017	11,430	10.00
11.00	Home Health Aide	41,834	0	0	16,155	57,989	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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,549,899	0	4,756	151,524	2,549,899	24.00
		Administrative & General	Total (cols. 4A + 5)				
		5.00	6.00				
<b>GENERAL SERVICE COST CENTERS</b>							
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	804,013					5.00
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	481,259	1,526,296				6.00
7.00	Physical Therapy	227,836	722,574				7.00
8.00	Occupational Therapy	56,897	180,447				8.00
9.00	Speech Pathology	6,052	19,194				9.00
10.00	Medical Social Services	5,264	16,694				10.00
11.00	Home Health Aide	26,705	84,694				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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,549,899				24.00

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150044

Period: From 01/01/2012

Worksheet H-1

HHA CCN: 157152

To 12/31/2012

Part II  
Date/Time Prepared:  
5/23/2013 2:30 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					
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		4,756		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	23,102		4.00
5.00	Administrative and General	0	4,756	0	0	-804,013	1,745,886
<b>HHA REIMBURSABLE SERVICES</b>							
6.00	Skilled Nursing Care	0	0	0	12,956	0	1,045,037
7.00	Physical Therapy	0	0	0	5,914	0	494,738
8.00	Occupational Therapy	0	0	0	1,510	0	123,550
9.00	Speech Pathology	0	0	0	104	0	13,142
10.00	Medical Social Services	0	0	0	155	0	11,430
11.00	Home Health Aide	0	0	0	2,463	0	57,989
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
<b>HHA NONREIMBURSABLE SERVICES</b>							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	4,756	0	23,102	-804,013	1,745,886
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	4,756	0	151,524		804,013
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	6.558913		0.460519

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150044

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

Worksheet H-2 Part I

HHA CCN: 157152

Date/Time Prepared: 5/23/2013 2:30 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	111,867	4,235	164,440	280,542	33,702	1.00	
2.00 Skilled Nursing Care	1,526,296	0	0	266,489	1,792,785	215,373	2.00	
3.00 Physical Therapy	722,574	0	0	126,561	849,135	102,009	3.00	
4.00 Occupational Therapy	180,447	0	0	31,546	211,993	25,467	4.00	
5.00 Speech Pathology	19,194	0	0	3,459	22,653	2,721	5.00	
6.00 Medical Social Services	16,694	0	0	2,891	19,585	2,353	6.00	
7.00 Home Health Aide	84,694	0	0	11,612	96,306	11,570	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)	2,549,899	111,867	4,235	606,998	3,272,999	393,195	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	6.00	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	0	139,347	0	54,412	494	14,961	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	139,347	0	54,412	494	14,961	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: 150044

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157152

To 12/31/2012

Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Home Health Agency I

PPS

Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	
		12.00	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	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	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARIES & FRINGES	SERVICES-OTHER PRGM COSTS	PARAMED PRGM	
		18.00	19.00	20.00	21.00	22.00	23.00	
1.00	Administrative and General	0	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) (2)	0	0	0	0	0	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150044

Period:

Worksheet H-2

HHA CCN: 157152

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

Part I  
Date/Time Prepared:  
5/23/2013 2:30 pm

Home Health  
Agency I

PPS

Cost Center Description	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	Total HHA Costs		
	24.00	25.00	26.00	27.00	28.00		
1.00 Administrative and General	523,458	0	523,458				1.00
2.00 Skilled Nursing Care	2,008,158	0	2,008,158	313,605	2,321,763		2.00
3.00 Physical Therapy	951,144	0	951,144	148,535	1,099,679		3.00
4.00 Occupational Therapy	237,460	0	237,460	37,083	274,543		4.00
5.00 Speech Pathology	25,374	0	25,374	3,963	29,337		5.00
6.00 Medical Social Services	21,938	0	21,938	3,426	25,364		6.00
7.00 Home Health Aide	107,876	0	107,876	16,846	124,722		7.00
8.00 Supplies (see instructions)	0	0	0	0	0		8.00
9.00 Drugs	0	0	0	0	0		9.00
10.00 DME	0	0	0	0	0		10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		11.00
12.00 Respiratory Therapy	0	0	0	0	0		12.00
13.00 Private Duty Nursing	0	0	0	0	0		13.00
14.00 Clinic	0	0	0	0	0		14.00
15.00 Health Promotion Activities	0	0	0	0	0		15.00
16.00 Day Care Program	0	0	0	0	0		16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		17.00
18.00 Homemaker Service	0	0	0	0	0		18.00
19.00 All Others (specify)	0	0	0	0	0		19.00
20.00 Total (sum of lines 1-19) (2)	3,875,408	0	3,875,408	523,458	3,875,408		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.				0.156165			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: 150044  
HHA CCN: 157152

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

Worksheet H-2 Part II  
Date/Time Prepared: 5/23/2013 2:30 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	6,318	7,246	592,315	0	280,542	6,318	1.00
2.00 Skilled Nursing Care	0	0	959,903	0	1,792,785	0	2.00
3.00 Physical Therapy	0	0	455,876	0	849,135	0	3.00
4.00 Occupational Therapy	0	0	113,628	0	211,993	0	4.00
5.00 Speech Pathology	0	0	12,458	0	22,653	0	5.00
6.00 Medical Social Services	0	0	10,412	0	19,585	0	6.00
7.00 Home Health Aide	0	0	41,827	0	96,306	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)	6,318	7,246	2,186,419		3,272,999	6,318	20.00
21.00 Total cost to be allocated	111,867	4,235	606,998		393,195	0	21.00
22.00 Unit cost multiplier	17.706078	0.584460	0.277622		0.120133	0.000000	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
	7.00	8.00	9.00	10.00	11.00	12.00	
1.00 Administrative and General	6,318	0	6,318	59	70,315	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)	6,318	0	6,318	59	70,315	0	20.00
21.00 Total cost to be allocated	139,347	0	54,412	494	14,961	0	21.00
22.00 Unit cost multiplier	22.055556	0.000000	8.612219	8.372881	0.212771	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150044 HHA CCN: 157152	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/23/2013 2:30 pm PPS
			Home Health Agency I	

Cost Center Description	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	
						18.00	
	13.00	14.00	15.00	16.00	17.00	18.00	
1.00 Administrative and General	0	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)	0	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	19.00	20.00	21.00	22.00	23.00	
1.00 Administrative and General	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/23/2013 2:30 pm
		HHA CCN: 157152	Title XVIII	Home Health Agency I PPS

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,321,763		2,321,763	12,956	179.20	1.00
2.00	Physical Therapy	3.00	1,099,679	0	1,099,679	5,922	185.69	2.00
3.00	Occupational Therapy	4.00	274,543	0	274,543	1,510	181.82	3.00
4.00	Speech Pathology	5.00	29,337	0	29,337	103	284.83	4.00
5.00	Medical Social Services	6.00	25,364		25,364	155	163.64	5.00
6.00	Home Health Aide	7.00	124,722		124,722	2,463	50.64	6.00
7.00	Total (sum of lines 1-6)		3,875,408	0	3,875,408	23,109		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		31140	4,793	3,298		8.00
8.01	Skilled Nursing Care		99915	252	102		8.01
9.00	Physical Therapy		31140	2,420	1,268		9.00
9.01	Physical Therapy		99915	112	40		9.01
10.00	Occupational Therapy		31140	710	305		10.00
10.01	Occupational Therapy		99915	19	3		10.01
11.00	Speech Pathology		31140	53	24		11.00
11.01	Speech Pathology		99915	0	0		11.01
12.00	Medical Social Services		31140	64	57		12.00
12.01	Medical Social Services		99915	1	0		12.01
13.00	Home Health Aide		31140	691	1,397		13.00
13.01	Home Health Aide		99915	57	202		13.01
14.00	Total (sum of lines 8-13)			9,172	6,696		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	51,062	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	128	0.000000	16.00

Cost Center Description	Part A	Program Visits		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

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	5,045	3,400		904,064	609,280	1.00
2.00	Physical Therapy	2,532	1,308		470,167	242,883	2.00
3.00	Occupational Therapy	729	308		132,547	56,001	3.00
4.00	Speech Pathology	53	24		15,096	6,836	4.00
5.00	Medical Social Services	65	57		10,637	9,327	5.00
6.00	Home Health Aide	748	1,599		37,879	80,973	6.00
7.00	Total (sum of lines 1-6)	9,172	6,696		1,570,390	1,005,300	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I
				HHA CCN: 157152		Date/Time Prepared: 5/23/2013 2:30 pm
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
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		128	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	1,513,344					1.00
2.00	Physical Therapy	713,050					2.00
3.00	Occupational Therapy	188,548					3.00
4.00	Speech Pathology	21,932					4.00
5.00	Medical Social Services	19,964					5.00
6.00	Home Health Aide	118,852					6.00
7.00	Total (sum of lines 1-6)	2,575,690					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: 150044 HHA CCN: 157152	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/23/2013 2:30 pm
		Title XVIII	Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>						
1.00	Physical Therapy	66.00	0.326866	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.355581	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.806436	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.198442	0	0	col. 2, line 16.00 5.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/23/2013 2:30 pm		
				Title XIX		Home Health Agency I		
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	2,321,763		2,321,763	12,956	179.20	1.00
2.00	Physical Therapy	3.00	1,099,679	0	1,099,679	5,922	185.69	2.00
3.00	Occupational Therapy	4.00	274,543	0	274,543	1,510	181.82	3.00
4.00	Speech Pathology	5.00	29,337	0	29,337	103	284.83	4.00
5.00	Medical Social Services	6.00	25,364		25,364	155	163.64	5.00
6.00	Home Health Aide	7.00	124,722		124,722	2,463	50.64	6.00
7.00	Total (sum of lines 1-6)		3,875,408	0	3,875,408	23,109		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
0	1.00	2.00	3.00	4.00	5.00			
Limitation Cost Computation								
8.00	Skilled Nursing Care	0.00	31140	0			179.20	8.00
8.01	Skilled Nursing Care	0.00	99915	0			179.20	8.01
9.00	Physical Therapy	0.00	31140	0			185.69	9.00
9.01	Physical Therapy	0.00	99915	0			185.69	9.01
10.00	Occupational Therapy	0.00	31140	0			181.82	10.00
10.01	Occupational Therapy	0.00	99915	0			181.82	10.01
11.00	Speech Pathology	0.00	31140	0			284.83	11.00
11.01	Speech Pathology	0.00	99915	0			284.83	11.01
12.00	Medical Social Services	0.00	31140	0			163.64	12.00
12.01	Medical Social Services	0.00	99915	0			163.64	12.01
13.00	Home Health Aide	0.00	31140	0			50.64	13.00
13.01	Home Health Aide	0.00	99915	0			50.64	13.01
14.00	Total (sum of lines 8-13)			0				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	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part B								
Part A								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
6.00	7.00	8.00	9.00	10.00	11.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	568	0		101,786	0		1.00
2.00	Physical Therapy	177	0		32,867	0		2.00
3.00	Occupational Therapy	26	0		4,727	0		3.00
4.00	Speech Pathology	11	0		3,133	0		4.00
5.00	Medical Social Services	0	0		0	0		5.00
6.00	Home Health Aide	11	0		557	0		6.00
7.00	Total (sum of lines 1-6)	793	0		143,070	0		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I
				HHA CCN: 157152		Date/Time Prepared: 5/23/2013 2:30 pm
				Title XIX	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				0		8.00
8.01	Skilled Nursing Care				0		8.01
9.00	Physical Therapy				0		9.00
9.01	Physical Therapy				0		9.01
10.00	Occupational Therapy				0		10.00
10.01	Occupational Therapy				0		10.01
11.00	Speech Pathology				0		11.00
11.01	Speech Pathology				0		11.01
12.00	Medical Social Services				0		12.00
12.01	Medical Social Services				0		12.01
13.00	Home Health Aide				0		13.00
13.01	Home Health Aide				0		13.01
14.00	Total (sum of lines 8-13)				0		14.00

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

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	0	0	0	0	0	15.00
16.00	Cost of Drugs	0	0	0	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	101,786		1.00
2.00	Physical Therapy	32,867		2.00
3.00	Occupational Therapy	4,727		3.00
4.00	Speech Pathology	3,133		4.00
5.00	Medical Social Services	0		5.00
6.00	Home Health Aide	557		6.00
7.00	Total (sum of lines 1-6)	143,070		7.00

Cost Center Description		12.00					
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Limitation Cost Computation				
8.00	Skilled Nursing Care	0		8.00
8.01	Skilled Nursing Care	0		8.01
9.00	Physical Therapy	0		9.00
9.01	Physical Therapy	0		9.01
10.00	Occupational Therapy	0		10.00
10.01	Occupational Therapy	0		10.01
11.00	Speech Pathology	0		11.00
11.01	Speech Pathology	0		11.01
12.00	Medical Social Services	0		12.00
12.01	Medical Social Services	0		12.01
13.00	Home Health Aide	0		13.00
13.01	Home Health Aide	0		13.01
14.00	Total (sum of lines 8-13)	0		14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150044 HHA CCN: 157152	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/23/2013 2:30 pm
Title XIX			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		
<b>PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS</b>							
1.00	Physical Therapy	66.00	0.326866	0	0	col. 2, line 2.00	1.00
2.00	Occupational Therapy	67.00	0.000000	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.355581	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.806436	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.198442	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150044 HHA CCN: 157152	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2013 2:30 pm	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B		
		1.00	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	3.00
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>					
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		5,370	4,394	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>					
10.00	Total reasonable cost (see instructions)		-5,370	-4,394	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,579,319	1,041,340	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		25,233	21,240	13.00
14.00	Total PPS Reimbursement - PEP Episodes		18,977	19,768	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,618,159	1,077,954	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		1,618,159	1,077,954	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		1,618,159	1,077,954	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: 150044 HHA CCN: 157152	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2013 2:30 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)			1,618,159	1,077,954	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)			1,618,159	1,077,954	31.00
32.00	Interim payments (see instructions)			1,618,159	1,080,738	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	-2,784	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0	0	35.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150044 HHA CCN: 157152	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2013 2:30 pm	
		Title XIX	Home Health Agency I		
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
<b>PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES</b>					
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)	1.000000	1.000000	1.000000	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	
<b>PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT</b>					
10.00	Total reasonable cost (see instructions)		0	0	0 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		0	0	0 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	0	0 12.00
13.00	Total PPS Reimbursement - LUPA Episodes		0	0	0 13.00
14.00	Total PPS Reimbursement - PEP Episodes		0	0	0 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0	0 15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	0 16.00
17.00	Total Other Payments		1	0	0 17.00
18.00	DME Payments		0	0	0 18.00
19.00	Oxygen Payments		0	0	0 19.00
20.00	Prosthetic and Orthotic Payments		0	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)		1	0	0 22.00
23.00	Excess reasonable cost (from line 8)		0	0	0 23.00
24.00	Subtotal (line 22 minus line 23)		1	0	0 24.00
25.00	Coinsurance billed to program patients (from your records)				0 25.00
26.00	Net cost (line 24 minus line 25)		1	0	0 26.00
27.00	Reimbursable bad debts (from your records)		0	0	0 27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	0 28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150044 HHA CCN: 157152	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2013 2:30 pm		
		Title XIX	Home Health Agency I	Part A Services	Part B Services	
				1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)			1	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)			1	0	31.00
32.00	Interim payments (see instructions)			1	0	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: 150044

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

Worksheet H-5

HHA CCN: 157152

Date/Time Prepared:  
5/23/2013 2:30 pm

Home Health Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,618,159		1,080,738	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)		1,618,159		1,080,738	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		2,784	6.02
7.00	Total Medicare program liability (see instructions)		1,618,159		1,077,954	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 150044 HHA CCN: 157152	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/23/2013 2:30 pm PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150044	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/23/2013 2:30 pm
		Title XVII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		4,165,872	1.00
2.00	Capital DRG outlier payments		132,009	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		172.57	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)		6.26	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		12.40	8.00
9.00	Sum of lines 7 and 8		18.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.85	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		160,386	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		4,458,267	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
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
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
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

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: 150044

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

worksheet 5  
Parts I-III  
Date/Time Prepared: 5/28/2013 3:44 pm

**PART I - COST REPORT STATUS**

Provider use only

1.  Electronically filed cost report Date: 5/28/2013 Time: 3:44 pm

2.  Manually submitted cost report

3.  If this is an amended report enter the number of times the provider resubmitted this cost report

4.  Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only

5.  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.  Initial Report for this Provider CCN

9.  Final Report for this Provider CCN

10. NPR Date:

11. Contractor's Vendor Code: 4

12.  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 FLOYD MEMORIAL HOSPITAL & HLTH SVCS ( 150044 ) 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.

**Encryption Information**

ECR: Date: 5/28/2013 Time: 3:44 pm  
eaPHFWRBP8D2MpB4:wyzKv34VJBkA0  
x2OR.OjdFtPq9LCSd4nznB.c:1r6Bp  
FBTz1qsvTm0vB:S7

PI: Date: 5/28/2013 Time: 3:44 pm  
mMUnqeimDxzhlQhwdd:Hd.J1FQGCg0  
GnoDp0.Z0qB96gkhmEjd7TGAje:AUF  
L9PG0Kocgu0spn.0

(Signed)   
Officer or Administrator of Provider(s)

V.P. Finance / CFO  
Title

5/29/13  
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00	Hospital	0	-29,647	223,395	-193,160	12,840,089
2.00	Subprovider - IPF	0	0	0	0	0
3.00	Subprovider - IRF	0	0	0	0	0
4.00	SUBPROVIDER I	0	0	0	0	0
5.00	Swing bed - SNF	0	0	0	0	0
6.00	Swing bed - NF	0	0	0	0	0
7.00	SKILLED NURSING FACILITY	0	0	0	0	0
8.00	NURSING FACILITY	0	0	0	0	0
9.00	HOME HEALTH AGENCY I	0	0	-2,784	0	0
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0
12.00	CMHC I	0	0	0	0	0
200.00	Total	0	-29,647	220,611	-193,160	12,840,089

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.