

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: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/22/2013 6:47 pm
--	----------------------	---	--

PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/22/2013	Time: 6:47 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 KING'S DAUGHTERS' HOSPITAL (150069) 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 XVIII		HIT	Title XIX	
	Title V	Part A			
	1.00	2.00	3.00	4.00	5.00
PART III - SETTLEMENT SUMMARY					
1.00 Hospital	0	-333,919	-357,624	0	8,333,740
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	-1	0	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	-333,920	-357,624	0	8,333,740

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: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 5:51 pm
---	--	----------------------	---	---

		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: ONE KINGS DAUGHTERS DRIVE	PO Box: 447	State: IN	Zip Code: 47250-	County: JEFFERSON				1.00	
2.00	City: MADISON									2.00
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	KING'S DAUGHTERS' HOSPITAL	150069	99915	1	06/17/1966	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	KING'S DAUGHTERS' HOSPITAL HHA	157141	99915		03/08/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice	KING'S DAUGHTERS'	151535	99915		09/01/1995				14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FOHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
18.00	Renal Dialysis									18.00
19.00	Other									19.00
						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)					2			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	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,057	380	127	42	1,061	82		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural	S		Date of Geogr	
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2			26.00	
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					1			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 5:51 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.	01/01/2012	12/31/2012	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		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.				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)		0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	64.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 5:51 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	
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	
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: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 5:51 pm		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		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
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
				Physical	Occupational	Speech
				1.00	2.00	3.00
						Respiratory
						4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0			118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 5:51 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	0		0
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		Y	Y	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150069			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/22/2013 5:51 pm		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							N	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)							0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/22/2013 5:51 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		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	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)	Y	04/02/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150069

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

Worksheet S-2
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.				28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	LUCIA		GERBER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BLUE & CO., LLC			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502.992.3524		LGERBER@BLUEANDCO.COM	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/22/2013 5:51 pm
---	----------------------	---	--

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	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	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150069

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

Worksheet S-3
Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	69	25,254	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)		69	25,254	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	8	2,928	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		77	28,182	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE	116.00	0	0			24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)		77				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	
				I/P Days / O/P Visits / Trips		Full Time Equivalents	
Component	Title 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)	7,335	1,565	11,984			1.00	
2.00 HMO	821	280				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)	7,335	1,565	11,984			7.00	
8.00 INTENSIVE CARE UNIT	984	195	1,563			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		627	1,004			13.00	
14.00 Total (see instructions)	8,319	2,387	14,551	0.00	761.00	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF						16.00	
17.00 SUBPROVIDER - IRF						17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	8,586	827	12,313	0.00	19.29	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPICE	3,383	0	3,793	0.00	2.56	24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA	Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/22/2013 5:51 pm
--	----------------------	---	---

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
27.00 Total (sum of lines 14-26)				0.00	782.85	27.00
28.00 Observation Bed Days		505	2,649			28.00
29.00 Ambulance Trips	2,150					29.00
30.00 Employee discount days (see instruction)			284			30.00
31.00 Employee discount days - IRF			0			31.00
32.00 Labor & delivery days (see instructions)		82	121			32.00
33.00 LTCH non-covered days	0					33.00
Component	Full Time Equivalents	Discharges				
	Nonpaid Workers	Title V	Title VIII	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	1,916	508	3,655	1.00
2.00 HMO			184			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	1,916	508	3,655	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	48,953,303	0	48,953,303	1,666,143.37	29.38
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		358,964	0	358,964	4,211.45	85.24
4.00	Physician-Part A - Administrative		180,000	0	180,000	977.25	184.19
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		2,965,531	0	2,965,531	12,573.00	235.87
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		19,083,438	11,918	19,095,356	471,340.23	40.51
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		0	0	0	0.00	0.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		150,000	0	150,000	857.25	174.98
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		8,918,179	0	8,918,179		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		3,100,793	0	3,100,793		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		37,371	0	37,371		
22.00	Physician Part A - Administrative		790	0	790		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		273,102	0	273,102		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	30,509	0	30,509	2,135.67	14.29
27.00	Administrative & General	5.00	5,767,815	0	5,767,815	242,314.44	23.80
28.00	Administrative & General under contract (see inst.)		625,545	0	625,545	2,389.09	261.83
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	742,461	0	742,461	33,200.78	22.36
31.00	Laundry & Linen Service	8.00	175,394	0	175,394	12,663.39	13.85
32.00	Housekeeping	9.00	736,925	0	736,925	62,333.26	11.82
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	670,743	-300,365	370,378	27,195.98	13.62
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
36.00	Cafeteria	11.00	0	300,365	300,365	22,131.00	13.57
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	342,315	0	342,315	8,449.62	40.51
39.00	Central Services and Supply	14.00	88,521	0	88,521	10,238.41	8.65
40.00	Pharmacy	15.00	765,676	0	765,676	21,621.74	35.41
41.00	Medical Records & Medical Records Library	16.00	670,681	0	670,681	35,979.84	18.64

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	208,206	0	208,206	6,740.82	30.89	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150069

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

Worksheet S-3
Part III
Date/Time Prepared:
5/22/2013 5:51 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	46,254,353	0	46,254,353	1,651,748.01	28.00	1.00
2.00	Excluded area salaries (see instructions)	19,083,438	11,918	19,095,356	471,340.23	40.51	2.00
3.00	Subtotal salaries (line 1 minus line 2)	27,170,915	-11,918	27,158,997	1,180,407.78	23.01	3.00
4.00	Subtotal other wages & related costs (see inst.)	150,000	0	150,000	857.25	174.98	4.00
5.00	Subtotal wage-related costs (see inst.)	8,918,969	0	8,918,969	0.00	32.84	5.00
6.00	Total (sum of lines 3 thru 5)	36,239,884	-11,918	36,227,966	1,181,265.03	30.67	6.00
7.00	Total overhead cost (see instructions)	10,824,791	0	10,824,791	487,394.04	22.21	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/22/2013 5:51 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		1,912,602	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		6,767,383	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		219,609	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)		136,705	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		178,803	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,049,668	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		65,464	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		12,330,234	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/22/2013 5:51 pm
Cost Center Description			Contract Labor	Benefit Cost
PART V - Contract Labor and Benefit Cost			1.00	2.00
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital -Based SNF			8.00
9.00	Hospital -Based NF			9.00
10.00	Hospital -Based OLTC			10.00
11.00	Hospital -Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital -Based Hospice		0	0 13.00
14.00	Hospital -Based Health Clinic RHC			14.00
15.00	Hospital -Based Health Clinic FQHC			15.00
16.00	Hospital -Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150069 Component CCN: 157141		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/22/2013 5:51 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County					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	343.00	0.00	0.00	0.00	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)	0.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.00	0.00	0.00	5.00
6.00	Direct Nursing Service			0.00	0.00	0.00	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			0.00	0.00	0.00	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			0.00	0.00	0.00	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.00	0.00	0.00	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			0.00	0.00	0.00	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).			99915			20.00
20.01				17140			20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	3,065	209	104	63	3,441	21.00
22.00	Skilled Nursing Visit Charges	539,948	36,784	18,304	11,088	606,124	22.00
23.00	Physical Therapy Visits	2,505	45	40	64	2,654	23.00
24.00	Physical Therapy Visit Charges	395,790	7,110	6,320	10,112	419,332	24.00
25.00	Occupational Therapy Visits	428	21	8	9	466	25.00
26.00	Occupational Therapy Visit Charges	74,472	3,654	1,392	1,566	81,084	26.00
27.00	Speech Pathology Visits	4	0	0	0	4	27.00
28.00	Speech Pathology Visit Charges	720	0	0	0	720	28.00
29.00	Medical Social Service Visits	6	1	0	0	7	29.00
30.00	Medical Social Service Visit Charges	1,434	239	0	0	1,673	30.00
31.00	Home Health Aide Visits	1,913	63	6	32	2,014	31.00
32.00	Home Health Aide Visit Charges	197,039	6,489	618	3,296	207,442	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	7,921	339	158	168	8,586	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)	1,209,403	54,276	26,634	26,062	1,316,375	35.00
36.00	Total Number of Episodes (standard/non outlier)	418		54	13	485	36.00
37.00	Total Number of Outlier Episodes		6		0	6	37.00
38.00	Total Non-Routine Medical Supply Charges	151,164	10,851	3,346	3,649	169,010	38.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150069
Component CCN: 151535

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/22/2013 5:51 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	3,261	0	0	0	0	3,261	2.00
3.00	Inpatient Respite Care	30	0	0	0	0	30	3.00
4.00	General Inpatient Care	92	0	0	0	0	92	4.00
5.00	Total Hospice Days	3,383	0	0	0	0	3,383	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	0	0	0	0	0	0	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	0.00	0.00	0.00	0.00	0.00	0.00	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	0	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 150069

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

Worksheet S-10

Date/Time Prepared:
5/22/2013 5:51 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.296873	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			0	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?				3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			0	5.00
6.00	Medicaid charges			0	6.00
7.00	Medicaid cost (line 1 times line 6)			0	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
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			0	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	4,520,666	0	4,520,666	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,342,064	0	1,342,064	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)	1,342,064	0	1,342,064	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?				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)			0	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			303,485	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			-303,485	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			-90,097	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			1,251,967	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			1,251,967	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/22/2013 5:51 pm			
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified Trial Balance (col. 3 +- col. 4)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		6,254,570	6,254,570	1,012,564	7,267,134	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO		0	0	35,605	35,605	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	30,509	13,441,646	13,472,155	-37,371	13,434,784	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5,767,815	12,193,167	17,960,982	418,664	18,379,646	5.00
7.00	00700	OPERATION OF PLANT	742,461	1,666,772	2,409,233	82,374	2,491,607	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	175,394	54,355	229,749	0	229,749	8.00
9.00	00900	HOUSEKEEPING	736,925	219,955	956,880	-5,737	951,143	9.00
10.00	01000	DIETARY	670,743	488,693	1,159,436	-520,718	638,718	10.00
11.00	01100	CAFETERIA	0	0	0	519,207	519,207	11.00
13.00	01300	NURSING ADMINISTRATION	342,315	6,004	348,319	0	348,319	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	88,521	13,452	101,973	341,940	443,913	14.00
15.00	01500	PHARMACY	765,676	4,646,689	5,412,365	-318,107	5,094,258	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	670,681	385,831	1,056,512	0	1,056,512	16.00
17.00	01700	SOCIAL SERVICE	208,206	2,096	210,302	0	210,302	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	396,335	396,335	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,636,597	485,183	5,121,780	-894,340	4,227,440	30.00
31.00	03100	INTENSIVE CARE UNIT	1,020,414	104,100	1,124,514	-86,013	1,038,501	31.00
43.00	04300	NURSERY	0	0	0	342,106	342,106	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,666,713	2,031,540	3,698,253	-2,646,433	1,051,820	50.00
51.00	05100	RECOVERY ROOM	247,596	15,203	262,799	-13,250	249,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	139,707	139,707	52.00
53.00	05300	ANESTHESIOLOGY	1,578,579	135,714	1,714,293	-455,416	1,258,877	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,076,849	958,664	4,035,513	-36,451	3,999,062	54.00
54.01	03630	ULTRA SOUND	173,535	51,393	224,928	-3,575	221,353	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	128,169	216,260	344,429	-1,006	343,423	54.02
55.00	03480	ONCOLOGY	765,491	1,162,481	1,927,972	-71,032	1,856,940	55.00
57.00	05700	CT SCAN	321,675	233,920	555,595	-11,273	544,322	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	158,509	130,969	289,478	-826	288,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,214	599,604	601,818	-339,722	262,096	59.00
60.00	06000	LABORATORY	1,736,492	2,492,070	4,228,562	-243,071	3,985,491	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	356,441	356,441	0	356,441	62.00
65.00	06500	RESPIRATORY THERAPY	567,041	106,309	673,350	-40,535	632,815	65.00
66.00	06600	PHYSICAL THERAPY	1,565,133	98,319	1,663,452	-44,790	1,618,662	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03020	SLEEP LAB	129,715	106,138	235,853	-10,049	225,804	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,341,660	2,341,660	71.00
71.01	07101	IV SOLUTIONS	0	0	0	76,534	76,534	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	1,089,505	1,089,505	1,089,505	2,179,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	429,491	115,249	544,740	-23,911	520,829	76.00
76.97	07697	CARDIAC REHABILITATION	54,408	4,304	58,712	-1,305	57,407	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	117,365	11,121	128,486	-6,955	121,531	90.00
91.00	09100	EMERGENCY	1,294,633	322,845	1,617,478	-175,295	1,442,183	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,316,067	227,181	1,543,248	-33,416	1,509,832	95.00
101.00	10100	HOME HEALTH AGENCY	1,051,757	153,378	1,205,135	-82	1,205,053	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE		34,836	34,836	-34,836	0	113.00
116.00	11600	HOSPICE	128,973	108,555	237,528	0	237,528	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	32,366,662	50,724,512	83,091,174	740,686	83,831,860	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	94,412	94,412	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	11,918	11,918	194.00
194.01	07951	MOB	9,533,118	2,387,841	11,920,959	-332,715	11,588,244	194.01
194.02	07952	PHYSICIAN CLINICS	6,563,708	1,343,744	7,907,452	-510,405	7,397,047	194.02
194.03	07953	PHYS PRAC BUS OFC	489,815	11,570	501,385	-3,896	497,489	194.03
200.00		TOTAL (SUM OF LINES 118-199)	48,953,303	54,467,667	103,420,970	0	103,420,970	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150069

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

Worksheet A
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-96,617	7,170,517	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	35,605	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-4,237,399	9,197,385	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-468,739	17,910,907	5.00
7.00	00700	OPERATION OF PLANT	-10,886	2,480,721	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	229,749	8.00
9.00	00900	HOUSEKEEPING	0	951,143	9.00
10.00	01000	DIETARY	0	638,718	10.00
11.00	01100	CAFETERIA	-249,186	270,021	11.00
13.00	01300	NURSING ADMINISTRATION	-88,155	260,164	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	443,913	14.00
15.00	01500	PHARMACY	-23,653	5,070,605	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,605	1,070,117	16.00
17.00	01700	SOCIAL SERVICE	0	210,302	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-396,335	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	4,227,440	30.00
31.00	03100	INTENSIVE CARE UNIT	0	1,038,501	31.00
43.00	04300	NURSERY	0	342,106	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-351,002	700,818	50.00
51.00	05100	RECOVERY ROOM	0	249,549	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	139,707	52.00
53.00	05300	ANESTHESIOLOGY	-1,219,615	39,262	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-1,747,729	2,251,333	54.00
54.01	03630	ULTRA SOUND	0	221,353	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	343,423	54.02
55.00	03480	ONCOLOGY	-598,424	1,258,516	55.00
57.00	05700	CT SCAN	0	544,322	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	0	288,652	58.00
59.00	05900	CARDIAC CATHETERIZATION	-231,080	31,016	59.00
60.00	06000	LABORATORY	-64,300	3,921,191	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	356,441	62.00
65.00	06500	RESPIRATORY THERAPY	0	632,815	65.00
66.00	06600	PHYSICAL THERAPY	0	1,618,662	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03020	SLEEP LAB	0	225,804	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,341,660	71.00
71.01	07101	IV SOLUTIONS	0	76,534	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,179,010	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
76.00	03140	CARDIOLOGY	0	520,829	76.00
76.97	07697	CARDIAC REHABILITATION	0	57,407	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	121,531	90.00
91.00	09100	EMERGENCY	-123,005	1,319,178	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	-740	1,509,092	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,205,053	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	237,528	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-9,893,260	73,938,600	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	94,412	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	11,918	194.00
194.01	07951	MOB	0	11,588,244	194.01
194.02	07952	PHYSICIAN CLINICS	0	7,397,047	194.02
194.03	07953	PHYS PRAC BUS OFC	0	497,489	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-9,893,260	93,527,710	200.00

RECLASSIFICATIONS

Provider CCN: 150069

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

Worksheet A-6

Date/Time Prepared:
5/22/2013 5:51 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	300,365	218,842	1.00
	TOTALS		300,365	218,842	
B - EQUIPMENT					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	701,507	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
	TOTALS		0	701,507	
C - INTEREST					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	34,836	1.00
	TOTALS		0	34,836	
D - RADIOLOGY DIRECTOR					
1.00	OTHER NON-REIMBURSABLE	194.00	11,918	0	1.00
	TOTALS		11,918	0	
E - DEPRECIATION					
1.00	NEW CAP REL COSTS-BLDG & FI XT HHA/HO	1.01	0	35,605	1.00
	TOTALS		0	35,605	
F - NURSERY					
1.00	NURSERY	43.00	302,673	39,433	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	123,603	16,104	2.00
	TOTALS		426,276	55,537	
G - IV SOLUTIONS					
1.00	IV SOLUTIONS	71.01	0	76,534	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
	TOTALS		0	76,534	
H - GIFT SHOP					
1.00	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00	0	94,412	1.00
	TOTALS		0	94,412	
I - SUPPLIES RECLASS					
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	341,940	1.00
2.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,341,660	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
	TOTALS		0	2,683,600	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
J - RAD AND PHYS OFC EXP					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	127,899	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	524,780	2.00
3.00	OPERATION OF PLANT	7.00	0	83,231	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
TOTALS			0	735,910	
K - CRNA EXPENSE					
1.00	NONPHYSICIAN ANESTHETISTS	19.00	358,964	37,371	1.00
2.00		0.00	0	0	2.00
TOTALS			358,964	37,371	
L - TELEPHONE EXPENSE					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	205,350	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
TOTALS			0	205,350	
N - INSURANCE CAPITAL ASSETS					
1.00	NEW CAP REL COSTS-BLDG & FI XT	1.00	0	183,927	1.00
TOTALS			0	183,927	
O - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	1,089,505	1.00
TOTALS			0	1,089,505	
500.00	Grand Total : Increases		1,097,523	6,152,936	500.00

RECLASSIFICATIONS

Provider CCN: 150069

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

Worksheet A-6
Date/Time Prepared:
5/22/2013 5:51 pm

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - CAFETERIA							
1.00	DIETARY	10.00	300,365	218,842	0		1.00
	TOTALS		300,365	218,842			
B - EQUIPMENT							
1.00	PHARMACY	15.00	0	264,600	10		1.00
2.00	OPERATING ROOM	50.00	0	75,933	0		2.00
3.00	SLEEP LAB	69.01	0	1,030	0		3.00
4.00	LABORATORY	60.00	0	72,960	0		4.00
5.00	EMERGENCY	91.00	0	12,300	0		5.00
6.00	MOB	194.01	0	388	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	274,296	0		7.00
	TOTALS		0	701,507			
C - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	34,836	11		1.00
	TOTALS		0	34,836			
D - RADIOLOGY DIRECTOR							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	11,918	0	0		1.00
	TOTALS		11,918	0			
E - DEPRECIATION							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	35,605	9		1.00
	TOTALS		0	35,605			
F - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	426,276	55,537	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		426,276	55,537			
G - IV SOLUTIONS							
1.00	PHARMACY	15.00	0	42,252	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	12,846	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	2,254	0		3.00
4.00	OPERATING ROOM	50.00	0	16,530	0		4.00
5.00	RECOVERY ROOM	51.00	0	473	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	198	0		6.00
7.00	ONCOLOGY	55.00	0	160	0		7.00
8.00	CARDIAC CATHETERIZATION	59.00	0	440	0		8.00
9.00	EMERGENCY	91.00	0	803	0		9.00
10.00	AMBULANCE SERVICES	95.00	0	521	0		10.00
11.00	HOME HEALTH AGENCY	101.00	0	57	0		11.00
	TOTALS		0	76,534			
H - GIFT SHOP							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	94,412	0		1.00
	TOTALS		0	94,412			
I - SUPPLIES RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	33,127	0		1.00
2.00	OPERATION OF PLANT	7.00	0	221	0		2.00
3.00	HOUSEKEEPING	9.00	0	5,737	0		3.00
4.00	DIETARY	10.00	0	1,511	0		4.00
5.00	PHARMACY	15.00	0	11,255	0		5.00
6.00	ADULTS & PEDIATRICS	30.00	0	399,681	0		6.00
7.00	INTENSIVE CARE UNIT	31.00	0	83,759	0		7.00
8.00	OPERATING ROOM	50.00	0	1,464,465	0		8.00
9.00	RECOVERY ROOM	51.00	0	12,777	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	48,110	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,203	0		11.00
12.00	ULTRA SOUND	54.01	0	3,575	0		12.00
13.00	NUCLEAR MEDICINE - DIAGNOSTIC	54.02	0	1,006	0		13.00
14.00	ONCOLOGY	55.00	0	53,214	0		14.00
15.00	CT SCAN	57.00	0	11,273	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	826	0		16.00
17.00	CARDIAC CATHETERIZATION	59.00	0	64,986	0		17.00
18.00	LABORATORY	60.00	0	170,111	0		18.00
19.00	RESPIRATORY THERAPY	65.00	0	40,535	0		19.00
20.00	PHYSICAL THERAPY	66.00	0	34,951	0		20.00
21.00	SLEEP LAB	69.01	0	9,019	0		21.00
22.00	CARDIOLOGY	76.00	0	23,911	0		22.00
23.00	CARDIAC REHABILITATION	76.97	0	1,305	0		23.00
24.00	CLINIC	90.00	0	6,955	0		24.00
25.00	EMERGENCY	91.00	0	162,192	0		25.00
26.00	AMBULANCE SERVICES	95.00	0	32,895	0		26.00
	TOTALS		0	2,683,600			

Decreases						
Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00		
J - RAD AND PHYS OFC EXP						
1.00	ANESTHESIOLOGY	53.00	0	48,342	10	1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	18,132	0	2.00
3.00	ONCOLOGY	55.00	0	17,658	0	3.00
4.00	PHYSICAL THERAPY	66.00	0	8,661	0	4.00
5.00	MOB	194.01	0	332,327	0	5.00
6.00	PHYSICIAN CLINICS	194.02	0	306,894	0	6.00
7.00	PHYS PRAC BUS OFC	194.03	0	3,896	0	7.00
	TOTALS		0	735,910		
K - CRNA EXPENSE						
1.00	ANESTHESIOLOGY	53.00	358,964	0	0	1.00
2.00	EMPLOYEE BENEFITS	4.00	0	37,371	0	2.00
	TOTALS		358,964	37,371		
L - TELEPHONE EXPENSE						
1.00	OPERATION OF PLANT	7.00	0	636	0	1.00
2.00	PHYSICAL THERAPY	66.00	0	1,178	0	2.00
3.00	HOME HEALTH AGENCY	101.00	0	25	0	3.00
4.00	PHYSICIAN CLINICS	194.02	0	203,511	0	4.00
	TOTALS		0	205,350		
N - INSURANCE CAPITAL ASSETS						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	183,927	12	1.00
	TOTALS		0	183,927		
O - IMPLANTABLE DEVICES						
1.00	OPERATING ROOM	50.00	0	1,089,505	0	1.00
	TOTALS		0	1,089,505		
500.00	Grand Total : Decreases		1,097,523	6,152,936		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part I
Date/Time Prepared:
5/22/2013 5:51 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,653,744	1,429	0	1,429	286,079	1.00
2.00	Land Improvements	788,444	0	0	0	0	2.00
3.00	Buildings and Fixtures	42,561,734	78,670	0	78,670	79,263	3.00
4.00	Building Improvements	57,706	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	38,483,611	9,827,765	0	9,827,765	2,121,681	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	86,545,239	9,907,864	0	9,907,864	2,487,023	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	86,545,239	9,907,864	0	9,907,864	2,487,023	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	4,369,094	0				1.00
2.00	Land Improvements	788,444	0				2.00
3.00	Buildings and Fixtures	42,561,141	0				3.00
4.00	Building Improvements	57,706	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	46,189,695	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	93,966,080	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	93,966,080	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	6,254,570	0	0	0	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,254,570	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	6,254,570				1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,254,570				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150069

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

Worksheet A-7
Part III
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	46,987,496	0	46,987,496	0.500050	0	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	46,978,139	0	46,978,139	0.499950	0	2.00
3.00	Total (sum of lines 1-2)	93,965,635	0	93,965,635	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	6,219,160	767,430	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	35,605	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,254,765	767,430	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	183,927	0	0	7,170,517	1.00
1.01	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	0	0	0	35,605	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	183,927	0	0	7,206,122	3.00

Line #	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	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-34,836	NEW CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
1.01	Investment income - NEW CAP REL COSTS-BLDG & FIXT HHA/HO (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01	0 1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00	Investment income - other (chapter 2)	B	-57,656	ADMINISTRATIVE & GENERAL		5.00	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)	A	-2,479	ADMINISTRATIVE & GENERAL		5.00	0 5.00
6.00	Rental of provider space by suppliers (chapter 8)	A	-61,976	NEW CAP REL COSTS-BLDG & FIXT		1.00	10 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00	Television and radio service (chapter 21)	A	-10,886	OPERATION OF PLANT		7.00	0 8.00
9.00	Parking lot (chapter 21)		0			0.00	0 9.00
10.00	Provider-based physician adjustment	A-8-2	-4,298,455				0 10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-36,700	RADIOLOGY-DIAGNOSTIC		54.00	0 11.00
12.00	Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00	Laundry and linen service		0			0.00	0 13.00
14.00	Cafeteria-employees and guests	B	-249,186	CAFETERIA		11.00	0 14.00
15.00	Rental of quarters to employee and others		0			0.00	0 15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00	Sale of drugs to other than patients		0			0.00	0 17.00
18.00	Sale of medical records and abstracts	B	13,605	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00	Vending machines		0			0.00	0 20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00	25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT		1.00	0 26.00
26.01	Depreciation - NEW CAP REL COSTS-BLDG & FIXT HHA/HO			NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01	0 26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00	Non-physician Anesthetist	A	-396,335	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	*** Cost Center Deleted ***		67.00	30.00

Provider CCN: 150069

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

Worksheet A-8
Date/Time Prepared:
5/22/2013 5:51 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
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	*** Cost Center Deleted ***	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	PATIENT PHONES - SALARY	A	-2,614	ADMINISTRATIVE & GENERAL	5.00	0	33.00
34.00			0		0.00	0	34.00
35.00	PHARMACY - SELF INSURANCE	B	-23,653	PHARMACY	15.00	0	35.00
36.00	DONATIONS EXPENSE	A	-39,540	ADMINISTRATIVE & GENERAL	5.00	0	36.00
37.00	ADVERTISING	A	-111,056	ADMINISTRATIVE & GENERAL	5.00	0	37.00
38.00	HOSPITAL ASSOCIATION DUES	A	-8,164	ADMINISTRATIVE & GENERAL	5.00	0	38.00
39.00	SELF INSURANCE	A	-4,237,399	EMPLOYEE BENEFITS	4.00	0	39.00
40.00	PHYSICIAN RECRUITING	A	-247,230	ADMINISTRATIVE & GENERAL	5.00	0	40.00
41.00			0		0.00	0	41.00
42.00	CARRYFORWARD ADJ 1989 PARKING GARAGE	A	-396	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	42.00
43.00	CARRYFORWARD ADJ 1994 AHALIVES	A	591	NEW CAP REL COSTS-BLDG & FIXT	1.00	9	43.00
44.00	AMBULANCE SERVICES	B	-740	AMBULANCE SERVICES	95.00	0	44.00
45.00	BAXTER PUMP REVENUE	B	-88,155	NURSING ADMINISTRATION	13.00	0	45.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-9,893,260				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150069

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

Worksheet A-8-2

Date/Time Prepared:
5/22/2013 5:51 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	50.00	OPERATING ROOM	351,002	351,002	0	182,900	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	189,612	189,612	0	217,600	0	2.00
3.00	55.00	ONCOLOGY	373,925	373,925	0	217,600	0	3.00
4.00	60.00	LABORATORY	150,000	0	150,000	208,000	857	4.00
5.00	59.00	CARDIAC CATHETERIZATION	231,080	231,080	0	159,800	0	5.00
6.00	91.00	EMERGENCY	73,005	73,005	0	159,800	0	6.00
7.00	91.00	EMERGENCY	50,000	50,000	0	159,800	0	7.00
8.00	53.00	ANESTHESIOLOGY	1,219,615	1,219,615	0	167,500	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	1,521,417	1,521,417	0	217,600	0	9.00
10.00	55.00	ONCOLOGY	126,963	126,963	0	217,600	0	10.00
11.00	55.00	ONCOLOGY	97,536	97,536	0	217,600	0	11.00
200.00			4,384,155	4,234,155	150,000		857	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	50.00	OPERATING ROOM	0	0	0	0	0	1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	2.00
3.00	55.00	ONCOLOGY	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	85,700	4,285	0	0	0	4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	5.00
6.00	91.00	EMERGENCY	0	0	0	0	0	6.00
7.00	91.00	EMERGENCY	0	0	0	0	0	7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	55.00	ONCOLOGY	0	0	0	0	0	10.00
11.00	55.00	ONCOLOGY	0	0	0	0	0	11.00
200.00			85,700	4,285	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	50.00	OPERATING ROOM	0	0	0	351,002		1.00
2.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	189,612		2.00
3.00	55.00	ONCOLOGY	0	0	0	373,925		3.00
4.00	60.00	LABORATORY	0	85,700	64,300	64,300		4.00
5.00	59.00	CARDIAC CATHETERIZATION	0	0	0	231,080		5.00
6.00	91.00	EMERGENCY	0	0	0	73,005		6.00
7.00	91.00	EMERGENCY	0	0	0	50,000		7.00
8.00	53.00	ANESTHESIOLOGY	0	0	0	1,219,615		8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	1,521,417		9.00
10.00	55.00	ONCOLOGY	0	0	0	126,963		10.00
11.00	55.00	ONCOLOGY	0	0	0	97,536		11.00
200.00			0	85,700	64,300	4,298,455		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	
	0	1.00	1.01	2.00	4.00
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	7,170,517	7,170,517			1.00
1.01 00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO	35,605	0	35,605		1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	0			0	2.00
4.00 00400 EMPLOYEE BENEFITS	9,197,385	0	0	0	4.00
5.00 00500 ADMINISTRATIVE & GENERAL	17,910,907	1,351,455	0	0	1,092,355 5.00
7.00 00700 OPERATION OF PLANT	2,480,721	1,798,437	0	0	140,613 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	229,749	68,300	0	0	33,218 8.00
9.00 00900 HOUSEKEEPING	951,143	97,348	0	0	139,565 9.00
10.00 01000 DIETARY	638,718	135,153	0	0	70,145 10.00
11.00 01100 CAFETERIA	270,021	85,658	0	0	56,886 11.00
13.00 01300 NURSING ADMINISTRATION	260,164	6,333	0	0	64,830 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	443,913	45,077	0	0	16,765 14.00
15.00 01500 PHARMACY	5,070,605	67,596	0	0	145,010 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,070,117	193,210	0	0	127,019 16.00
17.00 01700 SOCIAL SERVICE	210,302	8,601	0	0	39,432 17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	4,227,440	616,224	0	0	797,384 30.00
31.00 03100 INTENSIVE CARE UNIT	1,038,501	111,227	0	0	193,254 31.00
43.00 04300 NURSERY	342,106	25,999	0	0	57,323 43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	700,818	452,062	0	0	315,655 50.00
51.00 05100 RECOVERY ROOM	249,549	30,104	0	0	46,892 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	139,707	91,679	0	0	23,409 52.00
53.00 05300 ANESTHESIOLOGY	39,262	8,288	0	0	230,980 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,251,333	289,776	0	0	580,461 54.00
54.01 03630 ULTRA SOUND	221,353	0	0	0	32,865 54.01
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	343,423	13,097	0	0	24,274 54.02
55.00 03480 ONCOLOGY	1,258,516	195,478	0	0	144,975 55.00
57.00 05700 CT SCAN	544,322	24,317	0	0	60,921 57.00
58.00 05801 MAGNETIC RESONANCE IMAGING (MRI)	288,652	64,664	0	0	30,020 58.00
59.00 05900 CARDIAC CATHETERIZATION	31,016	53,444	0	0	419 59.00
60.00 06000 LABORATORY	3,921,191	183,163	0	0	328,871 60.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	356,441	4,926	0	0	0 62.00
65.00 06500 RESPIRATORY THERAPY	632,815	55,398	0	0	107,391 65.00
66.00 06600 PHYSICAL THERAPY	1,618,662	481,345	0	0	296,417 66.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01 03020 SLEEP LAB	225,804	83,391	0	0	24,566 69.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,341,660	0	0	0	0 71.00
71.01 07101 IV SOLUTIONS	76,534	0	0	0	0 71.01
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,179,010	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
76.00 03140 RADIOLOGY	520,829	89,842	0	0	81,340 76.00
76.97 07697 CARDIAC REHABILITATION	57,407	59,034	0	0	10,304 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	121,531	11,572	0	0	22,228 90.00
91.00 09100 EMERGENCY	1,319,178	164,006	0	0	245,188 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	1,509,092	185,000	0	0	249,247 95.00
101.00 10100 HOME HEALTH AGENCY	1,205,053	0	28,019	0	199,190 101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300 INTEREST EXPENSE					
116.00 11600 HOSPICE	237,528	0	7,586	0	24,426 116.00
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	73,938,600	7,151,204	35,605	0	6,053,838 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	94,412	19,313	0	0	0 190.00
194.00 07950 OTHER NON-REIMBURSABLE	11,918	0	0	0	0 194.00
194.01 07951 MOB	11,588,244	0	0	0	1,805,437 194.01
194.02 07952 PHYSICIAN CLINICS	7,397,047	0	0	0	1,245,345 194.02
194.03 07953 PHYS PRAC BUS OFC	497,489	0	0	0	92,765 194.03
200.00 Cross Foot Adjustments					
201.00 Negative Cost Centers		0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	93,527,710	7,170,517	35,605	0	9,197,385 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B Part I Date/Time Prepared: 5/22/2013 5:51 pm

Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	20,354,717	20,354,717			5.00
7.00	00700	OPERATION OF PLANT	4,419,771	1,229,461	5,649,232		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	331,267	92,150	93,468	516,885	8.00
9.00	00900	HOUSEKEEPING	1,188,056	330,485	133,220	30,358	1,682,119
10.00	01000	DIETARY	844,016	234,782	184,957	7,498	3,518
11.00	01100	CAFETERIA	412,565	114,764	117,223	0	0
13.00	01300	NURSING ADMINISTRATION	331,327	92,166	8,667	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	505,755	140,687	61,688	969	0
15.00	01500	PHARMACY	5,283,211	1,469,647	92,505	0	17,591
16.00	01600	MEDICAL RECORDS & LIBRARY	1,390,346	386,757	264,407	0	12,698
17.00	01700	SOCIAL SERVICE	258,335	71,862	11,770	0	30,864
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,641,048	1,569,187	843,304	172,978	514,012
31.00	03100	INTENSIVE CARE UNIT	1,342,982	373,581	152,213	21,540	66,014
43.00	04300	NURSERY	425,428	118,343	35,579	0	3,166
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,468,535	408,507	618,645	105,497	43,498
51.00	05100	RECOVERY ROOM	326,545	90,836	41,197	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	254,795	70,877	125,462	0	21,493
53.00	05300	ANESTHESIOLOGY	278,530	77,480	11,342	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,121,570	868,336	396,557	31,093	58,882
54.01	03630	ULTRA SOUND	254,218	70,717	0	3,152	5,245
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	380,794	105,927	17,923	5,516	5,341
55.00	03480	ONCOLOGY	1,598,969	444,790	267,510	2,811	25,075
57.00	05700	CT SCAN	629,560	175,127	33,278	3,010	160
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	383,336	106,634	88,492	0	0
59.00	05900	CARDIAC CATHETERIZATION	84,879	23,611	73,137	0	7,548
60.00	06000	LABORATORY	4,433,225	1,233,203	250,657	174	42,986
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	361,367	100,523	6,741	0	0
65.00	06500	RESPIRATORY THERAPY	795,604	221,316	75,812	0	0
66.00	06600	PHYSICAL THERAPY	2,396,424	666,620	658,718	28,041	35,598
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03020	SLEEP LAB	333,761	92,843	114,120	4,230	9,499
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,341,660	651,387	0	0	0
71.01	07101	IV SOLUTIONS	76,534	21,290	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,179,010	606,142	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	692,011	192,499	122,948	12,993	20,566
76.97	07697	CARDIAC REHABILITATION	126,745	35,257	80,788	0	9,947
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	155,331	43,209	15,837	0	1,503
91.00	09100	EMERGENCY	1,728,372	480,786	224,441	60,880	88,115
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0				
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,943,339	540,584	253,172	15,382	2,367
101.00	10100	HOME HEALTH AGENCY	1,432,262	398,417	147,024	76	12,985
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	269,540	74,979	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,775,740	14,025,769	5,622,802	506,198	1,038,671
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	113,725	31,635	26,430	0	6,397
194.00	07950	OTHER NON-REIMBURSABLE	11,918	3,315	0	0	0
194.01	07951	MOB	13,393,681	3,725,725	0	9,880	255,198
194.02	07952	PHYSICIAN CLINICS	8,642,392	2,404,080	0	807	381,853
194.03	07953	PHYS PRAC BUS OFC	590,254	164,193	0	0	0
200.00		Cross Foot Adjustments	0				
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	93,527,710	20,354,717	5,649,232	516,885	1,682,119

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,274,771					10.00
11.00	01100	0	644,552				11.00
13.00	01300	0	6,546	438,706			13.00
14.00	01400	0	7,931	0	717,030		14.00
15.00	01500	0	16,750	0	10,295	6,889,999	15.00
16.00	01600	0	27,873	0	0	0	16.00
17.00	01700	0	5,222	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,190,936	131,649	217,636	203,804	0	30.00
31.00	03100	83,835	23,310	38,535	29,794	0	31.00
43.00	04300	0	7,099	11,736	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	50,498	83,483	255,217	0	50.00
51.00	05100	0	5,874	9,712	4,801	0	51.00
52.00	05200	0	3,019	4,991	0	0	52.00
53.00	05300	0	12,194	0	13,020	0	53.00
54.00	05400	0	58,781	0	7,802	0	54.00
54.01	03630	0	4,862	0	1,478	0	54.01
54.02	03450	0	3,292	0	2,094	0	54.02
55.00	03480	0	16,999	0	10,695	0	55.00
57.00	05700	0	9,555	0	2,283	0	57.00
58.00	05801	0	4,003	0	0	0	58.00
59.00	05900	0	4,111	0	3,038	0	59.00
60.00	06000	0	64,380	0	31,511	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	0	17,026	0	955	0	65.00
66.00	06600	0	42,080	0	4,454	0	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	0	2,942	0	0	0	69.01
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	6,889,999	73.00
76.00	03140	0	13,673	0	1,544	0	76.00
76.97	07697	0	1,748	0	87	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	1,395	0	42	0	90.00
91.00	09100	0	43,923	72,613	45,471	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	57,817	0	3,242	0	95.00
101.00	10100	0	0	0	6,643	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		1,274,771	644,552	438,706	638,270	6,889,999	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	62	0	194.00
194.01	07951	0	0	0	45,920	0	194.01
194.02	07952	0	0	0	32,778	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		1,274,771	644,552	438,706	717,030	6,889,999	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,082,081				16.00
17.00	01700	SOCIAL SERVICE	0	378,053			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	107,102	144,657	0	10,736,313	0 30.00
31.00	03100	INTENSIVE CARE UNIT	24,470	18,170	0	2,174,444	0 31.00
43.00	04300	NURSERY	9,532	11,890	0	622,773	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	176,686	0	0	3,210,566	0 50.00
51.00	05100	RECOVERY ROOM	34,014	0	0	512,979	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,230	0	0	492,867	0 52.00
53.00	05300	ANESTHESIOLOGY	33,534	0	0	426,100	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,206	0	0	4,608,227	0 54.00
54.01	03630	ULTRA SOUND	32,780	0	0	372,452	0 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	56,985	0	0	577,872	0 54.02
55.00	03480	ONCOLOGY	41,123	0	0	2,407,972	0 55.00
57.00	05700	CT SCAN	148,711	0	0	1,001,684	0 57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	62,883	0	0	645,348	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	19,745	0	0	216,069	0 59.00
60.00	06000	LABORATORY	295,512	0	0	6,351,648	0 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,815	0	0	481,446	0 62.00
65.00	06500	RESPIRATORY THERAPY	39,905	0	0	1,150,618	0 65.00
66.00	06600	PHYSICAL THERAPY	81,038	0	0	3,912,973	0 66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01	03020	SLEEP LAB	13,250	0	0	570,645	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	105,937	0	0	3,098,984	0 71.00
71.01	07101	IV SOLUTIONS	16,657	0	0	114,481	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,447	0	0	2,800,599	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	390,520	0	0	7,280,519	0 73.00
76.00	03140	CARDIOLOGY	83,050	0	0	1,139,284	0 76.00
76.97	07697	CARDIAC REHABILITATION	2,689	0	0	257,261	0 76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	914	0	0	218,231	0 90.00
91.00	09100	EMERGENCY	144,258	0	0	2,888,859	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0 92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	21,378	0	0	2,837,281	0 95.00
101.00	10100	HOME HEALTH AGENCY	33,710	161,050	0	2,192,167	0 101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	42,286	0	386,805	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,082,081	378,053	0	63,687,467	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	0	178,187	0 190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	15,295	0 194.00
194.01	07951	MOB	0	0	0	17,430,404	0 194.01
194.02	07952	PHYSICIAN CLINICS	0	0	0	11,461,910	0 194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	0	754,447	0 194.03
200.00		Cross Foot Adjustments			0	0	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	2,082,081	378,053	0	93,527,710	0 202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150069

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

Worksheet B
Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101 NEW CAP REL COSTS-BLDG & FIXT HHA/HO		1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	00500 ADMINISTRATIVE & GENERAL		5.00
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
17.00	01700 SOCIAL SERVICE		17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	10,736,313	30.00
31.00	03100 INTENSIVE CARE UNIT	2,174,444	31.00
43.00	04300 NURSERY	622,773	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	3,210,566	50.00
51.00	05100 RECOVERY ROOM	512,979	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	492,867	52.00
53.00	05300 ANESTHESIOLOGY	426,100	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,608,227	54.00
54.01	03630 ULTRA SOUND	372,452	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	577,872	54.02
55.00	03480 ONCOLOGY	2,407,972	55.00
57.00	05700 CT SCAN	1,001,684	57.00
58.00	05801 MAGNETIC RESONANCE IMAGING (MRI)	645,348	58.00
59.00	05900 CARDIAC CATHETERIZATION	216,069	59.00
60.00	06000 LABORATORY	6,351,648	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	481,446	62.00
65.00	06500 RESPIRATORY THERAPY	1,150,618	65.00
66.00	06600 PHYSICAL THERAPY	3,912,973	66.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
69.01	03020 SLEEP LAB	570,645	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,098,984	71.00
71.01	07101 IV SOLUTIONS	114,481	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	2,800,599	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	7,280,519	73.00
76.00	03140 RADIOLOGY	1,139,284	76.00
76.97	07697 CARDIAC REHABILITATION	257,261	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	218,231	90.00
91.00	09100 EMERGENCY	2,888,859	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	2,837,281	95.00
101.00	10100 HOME HEALTH AGENCY	2,192,167	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
116.00	11600 HOSPICE	386,805	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	63,687,467	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP, & CANTEEN	178,187	190.00
194.00	07950 OTHER NON-REIMBURSABLE	15,295	194.00
194.01	07951 MOB	17,430,404	194.01
194.02	07952 PHYSICIAN CLINICS	11,461,910	194.02
194.03	07953 PHYS PRAC BUS OFC	754,447	194.03
200.00	Cross Foot Adjustments	0	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	93,527,710	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP	
		1.00	1.01	2.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO				1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,351,455	0	5.00
7.00 00700	OPERATION OF PLANT	0	1,798,437	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	68,300	0	8.00
9.00 00900	HOUSEKEEPING	0	97,348	0	9.00
10.00 01000	DIETARY	0	135,153	0	10.00
11.00 01100	CAFETERIA	0	85,658	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	6,333	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	45,077	0	14.00
15.00 01500	PHARMACY	0	67,596	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	193,210	0	16.00
17.00 01700	SOCIAL SERVICE	0	8,601	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	616,224	0	30.00
31.00 03100	INTENSIVE CARE UNIT	0	111,227	0	31.00
43.00 04300	NURSERY	0	25,999	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	452,062	0	50.00
51.00 05100	RECOVERY ROOM	0	30,104	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	91,679	0	52.00
53.00 05300	ANESTHESIOLOGY	0	8,288	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	289,776	0	54.00
54.01 03630	ULTRA SOUND	0	0	0	54.01
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	13,097	0	54.02
55.00 03480	ONCOLOGY	0	195,478	0	55.00
57.00 05700	CT SCAN	0	24,317	0	57.00
58.00 05801	MAGNETIC RESONANCE IMAGING (MRI)	0	64,664	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	53,444	0	59.00
60.00 06000	LABORATORY	0	183,163	0	60.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	4,926	0	62.00
65.00 06500	RESPIRATORY THERAPY	0	55,398	0	65.00
66.00 06600	PHYSICAL THERAPY	0	481,345	0	66.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	69.00
69.01 03020	SLEEP LAB	0	83,391	0	69.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
71.01 07101	IV SOLUTIONS	0	0	0	71.01
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
76.00 03140	CARDIOLOGY	0	89,842	0	76.00
76.97 07697	CARDIAC REHABILITATION	0	59,034	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	11,572	0	90.00
91.00 09100	EMERGENCY	0	164,006	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	185,000	0	95.00
101.00 10100	HOME HEALTH AGENCY	0	0	28,019	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE	0	0	0	113.00
116.00 11600	HOSPICE	0	0	7,586	116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	0	7,151,204	35,605	118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	19,313	0	190.00
194.00 07950	OTHER NON-REIMBURSABLE	0	0	0	194.00
194.01 07951	MOB	0	0	0	194.01
194.02 07952	PHYSICIAN CLINICS	0	0	0	194.02
194.03 07953	PHYS PRAC BUS OFC	0	0	0	194.03
200.00 20000	Cross Foot Adjustments	0	0	0	200.00
201.00 20100	Negative Cost Centers	0	0	0	201.00
202.00 20200	TOTAL (sum lines 118-201)	0	7,170,517	35,605	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/22/2013 5:51 pm	
Cost Center Description	EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
	4.00	5.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0				4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	1,351,455			5.00
7.00 00700	OPERATION OF PLANT	0	81,629	1,880,066		7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	6,118	31,106	105,524	8.00
9.00 00900	HOUSEKEEPING	0	21,942	44,336	6,198	169,824
10.00 01000	DIETARY	0	15,588	61,554	1,531	355
11.00 01100	CAFETERIA	0	7,620	39,012	0	0
13.00 01300	NURSING ADMINISTRATION	0	6,119	2,884	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	9,341	20,530	198	0
15.00 01500	PHARMACY	0	97,576	30,786	0	1,776
16.00 01600	MEDICAL RECORDS & LIBRARY	0	25,678	87,995	0	1,282
17.00 01700	SOCIAL SERVICE	0	4,771	3,917	0	3,116
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	104,185	280,651	35,313	51,893
31.00 03100	INTENSIVE CARE UNIT	0	24,804	50,657	4,397	6,665
43.00 04300	NURSERY	0	7,857	11,841	0	320
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	27,122	205,885	21,538	4,391
51.00 05100	RECOVERY ROOM	0	6,031	13,710	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	4,706	41,754	0	2,170
53.00 05300	ANESTHESIOLOGY	0	5,144	3,775	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	57,652	131,974	6,348	5,945
54.01 03630	ULTRA SOUND	0	4,695	0	644	530
54.02 03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	7,033	5,965	1,126	539
55.00 03480	ONCOLOGY	0	29,531	89,028	574	2,532
57.00 05700	CT SCAN	0	11,627	11,075	614	16
58.00 05801	MAGNETIC RESONANCE IMAGING (MRI)	0	7,080	29,450	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	1,568	24,340	0	762
60.00 06000	LABORATORY	0	81,877	83,419	36	4,340
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,674	2,243	0	0
65.00 06500	RESPIRATORY THERAPY	0	14,694	25,230	0	0
66.00 06600	PHYSICAL THERAPY	0	44,260	219,221	5,725	3,594
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01 03020	SLEEP LAB	0	6,164	37,979	864	959
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	43,248	0	0	0
71.01 07101	IV SOLUTIONS	0	1,414	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	40,244	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00 03140	CARDIOLOGY	0	12,781	40,917	2,652	2,076
76.97 07697	CARDIAC REHABILITATION	0	2,341	26,886	0	1,004
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	2,869	5,270	0	152
91.00 09100	EMERGENCY	0	31,921	74,694	12,429	8,896
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	35,892	84,256	3,140	239
101.00 10100	HOME HEALTH AGENCY	0	26,452	48,930	15	1,311
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	0	4,978	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	931,226	1,871,270	103,342	104,863
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	2,100	8,796	0	646
194.00 07950	OTHER NON-REIMBURSABLE	0	220	0	0	0
194.01 07951	MOB	0	247,392	0	2,017	25,764
194.02 07952	PHYSICIAN CLINICS	0	159,616	0	165	38,551
194.03 07953	PHYS PRAC BUS OFC	0	10,901	0	0	0
200.00	Cross Foot Adjustments					
201.00	Negative Cost Centers	0	0	0	0	0
202.00	TOTAL (sum lines 118-201)	0	1,351,455	1,880,066	105,524	169,824

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	214,181					10.00
11.00	01100	0	132,290				11.00
13.00	01300	0	1,344	16,680			13.00
14.00	01400	0	1,628	0	76,774		14.00
15.00	01500	0	3,438	0	1,102	202,274	15.00
16.00	01600	0	5,721	0	0	0	16.00
17.00	01700	0	1,072	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	200,095	27,017	8,275	21,822	0	30.00
31.00	03100	14,086	4,784	1,465	3,190	0	31.00
43.00	04300	0	1,457	446	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	10,364	3,174	27,329	0	50.00
51.00	05100	0	1,206	369	514	0	51.00
52.00	05200	0	620	190	0	0	52.00
53.00	05300	0	2,503	0	1,394	0	53.00
54.00	05400	0	12,064	0	835	0	54.00
54.01	03630	0	998	0	158	0	54.01
54.02	03450	0	676	0	224	0	54.02
55.00	03480	0	3,489	0	1,145	0	55.00
57.00	05700	0	1,961	0	244	0	57.00
58.00	05801	0	822	0	0	0	58.00
59.00	05900	0	844	0	325	0	59.00
60.00	06000	0	13,214	0	3,374	0	60.00
62.00	06200	0	0	0	0	0	62.00
65.00	06500	0	3,495	0	102	0	65.00
66.00	06600	0	8,637	0	477	0	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	0	604	0	0	0	69.01
71.00	07100	0	0	0	0	0	71.00
71.01	07101	0	0	0	0	0	71.01
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	202,274	73.00
76.00	03140	0	2,806	0	165	0	76.00
76.97	07697	0	359	0	9	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	286	0	4	0	90.00
91.00	09100	0	9,015	2,761	4,869	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	11,866	0	347	0	95.00
101.00	10100	0	0	0	711	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	0	0	0	0	0	113.00
116.00	11600	0	0	0	0	0	116.00
118.00		214,181	132,290	16,680	68,340	202,274	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	0	7	0	194.00
194.01	07951	0	0	0	4,917	0	194.01
194.02	07952	0	0	0	3,510	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		214,181	132,290	16,680	76,774	202,274	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		16.00	17.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	313,886				16.00
17.00	01700	SOCIAL SERVICE	0	21,477			17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	16,143	8,218	1,369,836	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,688	1,032	225,995	0	31.00
43.00	04300	NURSERY	1,437	675	50,032	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,632	0	778,497	0	50.00
51.00	05100	RECOVERY ROOM	5,127	0	57,061	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,843	0	142,962	0	52.00
53.00	05300	ANESTHESIOLOGY	5,054	0	26,158	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,828	0	514,422	0	54.00
54.01	03630	ULTRA SOUND	4,941	0	11,966	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	8,589	0	37,249	0	54.02
55.00	03480	ONCOLOGY	6,198	0	327,975	0	55.00
57.00	05700	CT SCAN	22,415	0	72,269	0	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	9,478	0	111,494	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,976	0	84,259	0	59.00
60.00	06000	LABORATORY	44,542	0	413,965	0	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,932	0	15,775	0	62.00
65.00	06500	RESPIRATORY THERAPY	6,015	0	104,934	0	65.00
66.00	06600	PHYSICAL THERAPY	12,215	0	775,474	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03020	SLEEP LAB	1,997	0	131,958	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,968	0	59,216	0	71.00
71.01	07101	IV SOLUTIONS	2,511	0	3,925	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,328	0	42,572	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,921	0	261,195	0	73.00
76.00	03140	CARDIOLOGY	12,518	0	163,757	0	76.00
76.97	07697	CARDIAC REHABILITATION	405	0	90,038	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	138	0	20,291	0	90.00
91.00	09100	EMERGENCY	21,744	0	330,335	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,222	0	323,962	0	95.00
101.00	10100	HOME HEALTH AGENCY	5,081	9,150	119,669	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	0	2,402	14,966	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	313,886	21,477	6,682,207	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	0	0	30,855	0	190.00
194.00	07950	OTHER NON-REIMBURSABLE	0	0	227	0	194.00
194.01	07951	MOB	0	0	280,090	0	194.01
194.02	07952	PHYSICIAN CLINICS	0	0	201,842	0	194.02
194.03	07953	PHYS PRAC BUS OFC	0	0	10,901	0	194.03
200.00		Cross Foot Adjustments			0	0	200.00
201.00		Negative Cost Centers			0	0	201.00
202.00		TOTAL (sum lines 118-201)	313,886	21,477	7,206,122	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150069

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

Worksheet B
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	03630	ULTRA SOUND	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	54.02
55.00	03480	ONCOLOGY	55.00
57.00	05700	CT SCAN	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
69.00	06900	ELECTROCARDIOLOGY	69.00
69.01	03020	SLEEP LAB	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
71.01	07101	IV SOLUTIONS	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
76.00	03140	CARDIOLOGY	76.00
76.97	07697	CARDIAC REHABILITATION	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
101.00	10100	HOME HEALTH AGENCY	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300	INTEREST EXPENSE	113.00
116.00	11600	HOSPICE	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	190.00
194.00	07950	OTHER NON-REIMBURSABLE	194.00
194.01	07951	MOB	194.01
194.02	07952	PHYSICIAN CLINICS	194.02
194.03	07953	PHYS PRAC BUS OFC	194.03
200.00		Cross Foot Adjustments	200.00
201.00		Negative Cost Centers	201.00
202.00		TOTAL (sum lines 118-201)	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	5A
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	183,410				1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO	0	3,492			1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			0		2.00
4.00	00400	EMPLOYEE BENEFITS	0	0	0	48,563,830	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	34,568	0	0	5,767,815	-20,354,717
7.00	00700	OPERATION OF PLANT	46,001	0	0	742,461	0
8.00	00800	LAUNDRY & LINEN SERVICE	1,747	0	0	175,394	0
9.00	00900	HOUSEKEEPING	2,490	0	0	736,925	0
10.00	01000	DIETARY	3,457	0	0	370,378	0
11.00	01100	CAFETERIA	2,191	0	0	300,365	0
13.00	01300	NURSING ADMINISTRATION	162	0	0	342,315	0
14.00	01400	CENTRAL SERVICES & SUPPLY	1,153	0	0	88,521	0
15.00	01500	PHARMACY	1,729	0	0	765,676	0
16.00	01600	MEDICAL RECORDS & LIBRARY	4,942	0	0	670,681	0
17.00	01700	SOCIAL SERVICE	220	0	0	208,206	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	15,762	0	0	4,210,321	0
31.00	03100	INTENSIVE CARE UNIT	2,845	0	0	1,020,414	0
43.00	04300	NURSERY	665	0	0	302,673	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,563	0	0	1,666,713	0
51.00	05100	RECOVERY ROOM	770	0	0	247,596	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,345	0	0	123,603	0
53.00	05300	ANESTHESIOLOGY	212	0	0	1,219,615	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,412	0	0	3,064,931	0
54.01	03630	ULTRA SOUND	0	0	0	173,535	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	335	0	0	128,169	0
55.00	03480	ONCOLOGY	5,000	0	0	765,491	0
57.00	05700	CT SCAN	622	0	0	321,675	0
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	1,654	0	0	158,509	0
59.00	05900	CARDIAC CATHETERIZATION	1,367	0	0	2,214	0
60.00	06000	LABORATORY	4,685	0	0	1,736,492	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	126	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,417	0	0	567,041	0
66.00	06600	PHYSICAL THERAPY	12,312	0	0	1,565,133	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03020	SLEEP LAB	2,133	0	0	129,715	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
71.01	07101	IV SOLUTIONS	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
76.00	03140	CARDIOLOGY	2,298	0	0	429,491	0
76.97	07697	CARDIAC REHABILITATION	1,510	0	0	54,408	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	296	0	0	117,365	0
91.00	09100	EMERGENCY	4,195	0	0	1,294,633	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4,732	0	0	1,316,067	0
101.00	10100	HOME HEALTH AGENCY	0	2,748	0	1,051,757	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	0	744	0	128,973	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	182,916	3,492	0	31,965,271	-20,354,717
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	494	0	0	0	0
194.00	07950	OTHER NON-REIMBURSABLE	0	0	0	0	0
194.01	07951	MOB	0	0	0	9,533,118	0
194.02	07952	PHYSICIAN CLINICS	0	0	0	6,575,626	0
194.03	07953	PHYS PRAC BUS OFC	0	0	0	489,815	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	7,170,517	35,605	0	9,197,385	
203.00		Unit cost multiplier (Wkst. B, Part I)	39.095562	10.196163	0.000000	0.189388	
204.00		Cost to be allocated (per Wkst. B, Part II)				0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1

Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
205.00 Unit cost multiplier (Wkst. B, Part 11)				0.000000	5A	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-BLDG & FIXT HHA/HO					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	73,172,993				5.00
7.00	00700	OPERATION OF PLANT	4,419,771	105,589			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	331,267	1,747	478,274		8.00
9.00	00900	HOUSEKEEPING	1,188,056	2,490	28,090	52,593	9.00
10.00	01000	DIETARY	844,016	3,457	6,938	110	65,354
11.00	01100	CAFETERIA	412,565	2,191	0	0	0
13.00	01300	NURSING ADMINISTRATION	331,327	162	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	505,755	1,153	897	0	0
15.00	01500	PHARMACY	5,283,211	1,729	0	550	0
16.00	01600	MEDICAL RECORDS & LIBRARY	1,390,346	4,942	0	397	0
17.00	01700	SOCIAL SERVICE	258,335	220	0	965	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	5,641,048	15,762	160,058	16,071	61,056
31.00	03100	INTENSIVE CARE UNIT	1,342,982	2,845	19,931	2,064	4,298
43.00	04300	NURSERY	425,428	665	0	99	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,468,535	11,563	97,616	1,360	0
51.00	05100	RECOVERY ROOM	326,545	770	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	254,795	2,345	0	672	0
53.00	05300	ANESTHESIOLOGY	278,530	212	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,121,570	7,412	28,770	1,841	0
54.01	03630	ULTRA SOUND	254,218	0	2,917	164	0
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	380,794	335	5,104	167	0
55.00	03480	ONCOLOGY	1,598,969	5,000	2,601	784	0
57.00	05700	CT SCAN	629,560	622	2,785	5	0
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	383,336	1,654	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	84,879	1,367	0	236	0
60.00	06000	LABORATORY	4,433,225	4,685	161	1,344	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	361,367	126	0	0	0
65.00	06500	RESPIRATORY THERAPY	795,604	1,417	0	0	0
66.00	06600	PHYSICAL THERAPY	2,396,424	12,312	25,946	1,113	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
69.01	03020	SLEEP LAB	333,761	2,133	3,914	297	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,341,660	0	0	0	0
71.01	07101	IV SOLUTIONS	76,534	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,179,010	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
76.00	03140	CARDIOLOGY	692,011	2,298	12,022	643	0
76.97	07697	CARDIAC REHABILITATION	126,745	1,510	0	311	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	155,331	296	0	47	0
91.00	09100	EMERGENCY	1,728,372	4,195	56,332	2,755	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,943,339	4,732	14,233	74	0
101.00	10100	HOME HEALTH AGENCY	1,432,262	2,748	70	406	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	269,540	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	50,421,023	105,095	468,385	32,475	65,354
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP, & CANTEEN	113,725	494	0	200	0
194.00	07950	OTHER NON-REIMBURSABLE	11,918	0	0	0	0
194.01	07951	MOB	13,393,681	0	9,142	7,979	0
194.02	07952	PHYSICIAN CLINICS	8,642,392	0	747	11,939	0
194.03	07953	PHYS PRAC BUS OFC	590,254	0	0	0	0
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)	20,354,717	5,649,232	516,885	1,682,119	1,274,771
203.00		Unit cost multiplier (Wkst. B, Part I)	0.278173	53.502088	1.080730	31.983705	19.505631
204.00		Cost to be allocated (per Wkst. B, Part II)	1,351,455	1,880,066	105,524	169,824	214,181
205.00		Unit cost multiplier (Wkst. B, Part II)	0.018469	17.805510	0.220635	3.229023	3.277244

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	832,011					11.00
13.00	01300	8,450	342,550				13.00
14.00	01400	10,238	0	344,537			14.00
15.00	01500	21,622	0	4,947	100		15.00
16.00	01600	35,980	0	0	0	212,042,094	16.00
17.00	01700	6,741	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	169,934	169,934	97,929	0	10,907,653	30.00
31.00	03100	30,089	30,089	14,316	0	2,492,158	31.00
43.00	04300	9,164	9,164	0	0	970,801	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	65,185	65,185	122,633	0	17,994,308	50.00
51.00	05100	7,583	7,583	2,307	0	3,464,085	51.00
52.00	05200	3,897	3,897	0	0	1,245,550	52.00
53.00	05300	15,741	0	6,256	0	3,415,173	53.00
54.00	05400	75,877	0	3,749	0	6,640,811	54.00
54.01	03630	6,276	0	710	0	3,338,421	54.01
54.02	03450	4,249	0	1,006	0	5,803,539	54.02
55.00	03480	21,943	0	5,139	0	4,188,142	55.00
57.00	05700	12,334	0	1,097	0	15,145,231	57.00
58.00	05801	5,167	0	0	0	6,404,245	58.00
59.00	05900	5,306	0	1,460	0	2,010,930	59.00
60.00	06000	83,104	0	15,141	0	30,095,976	60.00
62.00	06200	0	0	0	0	1,305,171	62.00
65.00	06500	21,978	0	459	0	4,064,077	65.00
66.00	06600	54,318	0	2,140	0	8,253,231	66.00
69.00	06900	0	0	0	0	0	69.00
69.01	03020	3,798	0	0	0	1,349,449	69.01
71.00	07100	0	0	0	0	10,788,977	71.00
71.01	07101	0	0	0	0	1,696,397	71.01
72.00	07200	0	0	0	0	1,573,187	72.00
73.00	07300	0	0	0	100	39,767,455	73.00
76.00	03140	17,650	0	742	0	8,458,099	76.00
76.97	07697	2,256	0	42	0	273,907	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1,801	0	20	0	93,083	90.00
91.00	09100	56,698	56,698	21,849	0	14,691,715	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	74,632	0	1,558	0	2,177,206	95.00
101.00	10100	0	0	3,192	0	3,433,117	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	0	0	0	0	0	116.00
118.00		832,011	342,550	306,692	100	212,042,094	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
194.00	07950	0	0	30	0	0	194.00
194.01	07951	0	0	22,065	0	0	194.01
194.02	07952	0	0	15,750	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		644,552	438,706	717,030	6,889,999	2,082,081	202.00
203.00		0.774692	1.280706	2.081141	68,899.990000	0.009819	203.00
204.00		132,290	16,680	76,774	202,274	313,886	204.00
205.00		0.159000	0.048694	0.222832	2,022.740000	0.001480	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet B-1
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		17.00	19.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
1.01	00101			1.01
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700	32,749		17.00
19.00	01900	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	12,531		30.00
31.00	03100	1,574		31.00
43.00	04300	1,030		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	0	0	50.00
51.00	05100	0	0	51.00
52.00	05200	0	0	52.00
53.00	05300	0	0	53.00
54.00	05400	0	0	54.00
54.01	03630	0	0	54.01
54.02	03450	0	0	54.02
55.00	03480	0	0	55.00
57.00	05700	0	0	57.00
58.00	05801	0	0	58.00
59.00	05900	0	0	59.00
60.00	06000	0	0	60.00
62.00	06200	0	0	62.00
65.00	06500	0	0	65.00
66.00	06600	0	0	66.00
69.00	06900	0	0	69.00
69.01	03020	0	0	69.01
71.00	07100	0	0	71.00
71.01	07101	0	0	71.01
72.00	07200	0	0	72.00
73.00	07300	0	0	73.00
76.00	03140	0	0	76.00
76.97	07697	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000	0	0	90.00
91.00	09100	0	0	91.00
92.00	09200	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500	0	0	95.00
101.00	10100	13,951	0	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300			113.00
116.00	11600	3,663	0	116.00
118.00		32,749	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	0	0	190.00
194.00	07950	0	0	194.00
194.01	07951	0	0	194.01
194.02	07952	0	0	194.02
194.03	07953	0	0	194.03
200.00				200.00
201.00				201.00
202.00		378,053	0	202.00
203.00		11.543956	0.000000	203.00
204.00		21,477	0	204.00
205.00		0.655806	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 5:51 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 Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,736,313		10,736,313	0	10,736,313	10,907,653	30.00
31.00	03100	INTENSIVE CARE UNIT	2,174,444		2,174,444	0	2,174,444	2,492,158	31.00
43.00	04300	NURSERY	622,773		622,773	0	622,773	970,801	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,210,566		3,210,566	0	3,210,566	3,984,695	50.00
51.00	05100	RECOVERY ROOM	512,979		512,979	0	512,979	943,657	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	492,867		492,867	0	492,867	1,237,772	52.00
53.00	05300	ANESTHESIOLOGY	426,100		426,100	0	426,100	1,070,077	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,608,227		4,608,227	0	4,608,227	1,431,236	54.00
54.01	03630	ULTRA SOUND	372,452		372,452	0	372,452	380,711	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	577,872		577,872	0	577,872	737,859	54.02
55.00	03480	ONCOLOGY	2,407,972		2,407,972	0	2,407,972	107,505	55.00
57.00	05700	CT SCAN	1,001,684		1,001,684	0	1,001,684	3,245,038	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	645,348		645,348	0	645,348	780,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	216,069		216,069	0	216,069	758,103	59.00
60.00	06000	LABORATORY	6,351,648		6,351,648	64,300	6,415,948	6,702,195	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	481,446		481,446	0	481,446	754,329	62.00
65.00	06500	RESPIRATORY THERAPY	1,150,618	0	1,150,618	0	1,150,618	3,392,647	65.00
66.00	06600	PHYSICAL THERAPY	3,912,973	0	3,912,973	0	3,912,973	1,015,751	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0	69.00
69.01	03020	SLEEP LAB	570,645		570,645	0	570,645	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,098,984		3,098,984	0	3,098,984	5,697,416	71.00
71.01	07101	IV SOLUTIONS	114,481		114,481	0	114,481	961,411	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,800,599		2,800,599	0	2,800,599	594,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,280,519		7,280,519	0	7,280,519	18,101,992	73.00
76.00	03140	CARDIOLOGY	1,139,284		1,139,284	0	1,139,284	2,448,447	76.00
76.97	07697	CARDIAC REHABILITATION	257,261		257,261	0	257,261	1,708	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	218,231		218,231	0	218,231	1,862	90.00
91.00	09100	EMERGENCY	2,888,859		2,888,859	0	2,888,859	3,141,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,943,598		1,943,598		1,943,598	720,207	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	2,837,281		2,837,281	0	2,837,281	15,704	95.00
101.00	10100	HOME HEALTH AGENCY	2,192,167		2,192,167		2,192,167	1	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	386,805		386,805		386,805	0	116.00
200.00		Subtotal (see instructions)	65,631,065	0	65,631,065	64,300	65,695,365	72,597,726	200.00
201.00		Less Observation Beds	1,943,598		1,943,598		1,943,598		201.00
202.00		Total (see instructions)	63,687,467	0	63,687,467	64,300	63,751,767	72,597,726	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		10,907,653				30.00
31.00	03100	INTENSIVE CARE UNIT		2,492,158				31.00
43.00	04300	NURSERY		970,801				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	14,009,613	17,994,308	0.178421	0.000000	0.178421	50.00
51.00	05100	RECOVERY ROOM	2,520,428	3,464,085	0.148085	0.000000	0.148085	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,778	1,245,550	0.395702	0.000000	0.395702	52.00
53.00	05300	ANESTHESIOLOGY	2,345,096	3,415,173	0.124767	0.000000	0.124767	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,209,575	6,640,811	0.693925	0.000000	0.693925	54.00
54.01	03630	ULTRA SOUND	2,957,709	3,338,420	0.111565	0.000000	0.111565	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,065,680	5,803,539	0.099572	0.000000	0.099572	54.02
55.00	03480	ONCOLOGY	4,080,637	4,188,142	0.574950	0.000000	0.574950	55.00
57.00	05700	CT SCAN	11,900,193	15,145,231	0.066139	0.000000	0.066139	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	5,623,514	6,404,245	0.100769	0.000000	0.100769	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,252,827	2,010,930	0.107447	0.000000	0.107447	59.00
60.00	06000	LABORATORY	23,393,782	30,095,977	0.211046	0.000000	0.213183	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	550,842	1,305,171	0.368876	0.000000	0.368876	62.00
65.00	06500	RESPIRATORY THERAPY	671,430	4,064,077	0.283119	0.000000	0.283119	65.00
66.00	06600	PHYSICAL THERAPY	7,237,480	8,253,231	0.474114	0.000000	0.474114	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0.000000	69.00
69.01	03020	SLEEP LAB	1,349,449	1,349,449	0.422873	0.000000	0.422873	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,091,561	10,788,977	0.287236	0.000000	0.287236	71.00
71.01	07101	IV SOLUTIONS	734,987	1,696,398	0.067485	0.000000	0.067485	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	978,982	1,573,187	1.780207	0.000000	1.780207	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,665,464	39,767,456	0.183077	0.000000	0.183077	73.00
76.00	03140	CARDIOLOGY	6,009,652	8,458,099	0.134697	0.000000	0.134697	76.00
76.97	07697	CARDIAC REHABILITATION	272,199	273,907	0.939228	0.000000	0.939228	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	91,221	93,083	2.344478	0.000000	2.344478	90.00
91.00	09100	EMERGENCY	11,549,860	14,691,715	0.196632	0.000000	0.196632	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,456,999	2,177,206	0.892703	0.000000	0.892703	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	3,417,413	3,433,117	0.826445	0.000000	0.826445	95.00
101.00	10100	HOME HEALTH AGENCY	1,961,932	1,961,933				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	523,369	523,369				116.00
200.00		Subtotal (see instructions)	141,929,672	214,527,398				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	141,929,672	214,527,398				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 5:51 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 Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,736,313		10,736,313	0	0	10,907,653	30.00
31.00	03100	INTENSIVE CARE UNIT	2,174,444		2,174,444	0	0	2,492,158	31.00
43.00	04300	NURSERY	622,773		622,773	0	0	970,801	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	3,210,566		3,210,566	0	0	3,984,695	50.00
51.00	05100	RECOVERY ROOM	512,979		512,979	0	0	943,657	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	492,867		492,867	0	0	1,237,772	52.00
53.00	05300	ANESTHESIOLOGY	426,100		426,100	0	0	1,070,077	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,608,227		4,608,227	0	0	1,431,236	54.00
54.01	03630	ULTRA SOUND	372,452		372,452	0	0	380,711	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	577,872		577,872	0	0	737,859	54.02
55.00	03480	ONCOLOGY	2,407,972		2,407,972	0	0	107,505	55.00
57.00	05700	CT SCAN	1,001,684		1,001,684	0	0	3,245,038	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	645,348		645,348	0	0	780,731	58.00
59.00	05900	CARDIAC CATHETERIZATION	216,069		216,069	0	0	758,103	59.00
60.00	06000	LABORATORY	6,351,648		6,351,648	0	0	6,702,195	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	481,446		481,446	0	0	754,329	62.00
65.00	06500	RESPIRATORY THERAPY	1,150,618	0	1,150,618	0	0	3,392,647	65.00
66.00	06600	PHYSICAL THERAPY	3,912,973	0	3,912,973	0	0	1,015,751	66.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0	69.00
69.01	03020	SLEEP LAB	570,645		570,645	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,098,984		3,098,984	0	0	5,697,416	71.00
71.01	07101	IV SOLUTIONS	114,481		114,481	0	0	961,411	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,800,599		2,800,599	0	0	594,205	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,280,519		7,280,519	0	0	18,101,992	73.00
76.00	03140	CARDIOLOGY	1,139,284		1,139,284	0	0	2,448,447	76.00
76.97	07697	CARDIAC REHABILITATION	257,261		257,261	0	0	1,708	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	218,231		218,231	0	0	1,862	90.00
91.00	09100	EMERGENCY	2,888,859		2,888,859	0	0	3,141,855	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,943,598		1,943,598	0	0	720,207	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	2,837,281		2,837,281	0	0	15,704	95.00
101.00	10100	HOME HEALTH AGENCY	2,192,167		2,192,167	0	0	1	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	386,805		386,805	0	0	0	116.00
200.00		Subtotal (see instructions)	65,631,065	0	65,631,065	0	0	72,597,726	200.00
201.00		Less Observation Beds	1,943,598		1,943,598	0	0		201.00
202.00		Total (see instructions)	63,687,467	0	63,687,467	0	0	72,597,726	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150069

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

Worksheet C
Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
		Outpatient	Total (col. 6 + col. 7)				
		7.00	8.00				
		9.00	10.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		10,907,653			30.00
31.00	03100	INTENSIVE CARE UNIT		2,492,158			31.00
43.00	04300	NURSERY		970,801			43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	14,009,613	17,994,308	0.178421	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,520,428	3,464,085	0.148085	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,778	1,245,550	0.395702	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	2,345,096	3,415,173	0.124767	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,209,575	6,640,811	0.693925	0.000000	54.00
54.01	03630	ULTRA SOUND	2,957,709	3,338,420	0.111565	0.000000	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	5,065,680	5,803,539	0.099572	0.000000	54.02
55.00	03480	ONCOLOGY	4,080,637	4,188,142	0.574950	0.000000	55.00
57.00	05700	CT SCAN	11,900,193	15,145,231	0.066139	0.000000	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	5,623,514	6,404,245	0.100769	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,252,827	2,010,930	0.107447	0.000000	59.00
60.00	06000	LABORATORY	23,393,782	30,095,977	0.211046	0.000000	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	550,842	1,305,171	0.368876	0.000000	62.00
65.00	06500	RESPIRATORY THERAPY	671,430	4,064,077	0.283119	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	7,237,480	8,253,231	0.474114	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	69.00
69.01	03020	SLEEP LAB	1,349,449	1,349,449	0.422873	0.000000	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,091,561	10,788,977	0.287236	0.000000	71.00
71.01	07101	IV SOLUTIONS	734,987	1,696,398	0.067485	0.000000	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	978,982	1,573,187	1.780207	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,665,464	39,767,456	0.183077	0.000000	73.00
76.00	03140	CARDIOLOGY	6,009,652	8,458,099	0.134697	0.000000	76.00
76.97	07697	CARDIAC REHABILITATION	272,199	273,907	0.939228	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	91,221	93,083	2.344478	0.000000	90.00
91.00	09100	EMERGENCY	11,549,860	14,691,715	0.196632	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,456,999	2,177,206	0.892703	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	3,417,413	3,433,117	0.826445	0.000000	95.00
101.00	10100	HOME HEALTH AGENCY	1,961,932	1,961,933			101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	523,369	523,369			116.00
200.00		Subtotal (see instructions)	141,929,672	214,527,398			200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	141,929,672	214,527,398			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150069		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part I Date/Time Prepared: 5/22/2013 5:51 pm		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00		
30.00	ADULTS & PEDIATRICS	1,369,836	0	1,369,836	14,633	93.61	30.00	
31.00	INTENSIVE CARE UNIT	225,995		225,995	1,563	144.59	31.00	
43.00	NURSERY	50,032		50,032	1,004	49.83	43.00	
200.00	Total (Lines 30-199)	1,645,863		1,645,863	17,200		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00					
30.00	ADULTS & PEDIATRICS	7,335	686,629					30.00
31.00	INTENSIVE CARE UNIT	984	142,277					31.00
43.00	NURSERY	0	0					43.00
200.00	Total (Lines 30-199)	8,319	828,906					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/22/2013 5:51 pm
--	--	----------------------	---	--

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	778,497	17,994,308	0.043264	1,660,127	71,824	50.00
51.00	05100 RECOVERY ROOM	57,061	3,464,085	0.016472	399,792	6,585	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	142,962	1,245,550	0.114778	7,837	900	52.00
53.00	05300 ANESTHESIOLOGY	26,158	3,415,173	0.007659	469,261	3,594	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	514,422	6,640,811	0.077464	1,048,585	81,228	54.00
54.01	03630 ULTRA SOUND	11,966	3,338,420	0.003584	226,817	813	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	37,249	5,803,539	0.006418	470,429	3,019	54.02
55.00	03480 ONCOLOGY	327,975	4,188,142	0.078310	78,529	6,150	55.00
57.00	05700 CT SCAN	72,269	15,145,231	0.004772	2,225,408	10,620	57.00
58.00	05801 MAGNETIC RESONANCE IMAGING (MRI)	111,494	6,404,245	0.017409	502,512	8,748	58.00
59.00	05900 CARDIAC CATHETERIZATION	84,259	2,010,930	0.041901	491,853	20,609	59.00
60.00	06000 LABORATORY	413,965	30,095,977	0.013755	4,651,858	63,986	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	15,775	1,305,171	0.012087	445,451	5,384	62.00
65.00	06500 RESPIRATORY THERAPY	104,934	4,064,077	0.025820	1,492,090	38,526	65.00
66.00	06600 PHYSICAL THERAPY	775,474	8,253,231	0.093960	778,934	73,189	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
69.01	03020 SLEEP LAB	131,958	1,349,449	0.097787	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	59,216	10,788,977	0.005489	2,907,832	15,961	71.00
71.01	07101 IV SOLUTIONS	3,925	1,696,398	0.002314	872,559	2,019	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	42,572	1,573,187	0.027061	422,838	11,442	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	261,195	39,767,456	0.006568	11,956,085	78,528	73.00
76.00	03140 RADIOLOGY	163,757	8,458,099	0.019361	1,774,983	34,365	76.00
76.97	07697 CARDIAC REHABILITATION	90,038	273,907	0.328717	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	20,291	93,083	0.217988	107	23	90.00
91.00	09100 EMERGENCY	330,335	14,691,715	0.022484	2,287,477	51,432	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	247,982	2,177,206	0.113899	409,214	46,609	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	4,825,729	194,238,367		35,580,578	635,554	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150069		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/22/2013 5:51 pm	
Cost Center Description			Title XVIII		Hospital		PPS	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,633	0.00	7,335	0		30.00
31.00	03100	INTENSIVE CARE UNIT	1,563	0.00	984	0		31.00
43.00	04300	NURSERY	1,004	0.00	0	0		43.00
200.00		Total (lines 30-199)	17,200		8,319	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 5:51 pm
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	03630	ULTRA SOUND	0	0	0	0	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	0	0	0	54.02
55.00	03480	ONCOLOGY	0	0	0	0	55.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05801	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
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01	03020	SLEEP LAB	0	0	0	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
71.01	07101	IV SOLUTIONS	0	0	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
76.00	03140	CARDIOLOGY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES					95.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 5:51 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	17,994,308	0.000000	0.000000	1,660,127	50.00
51.00	05100 RECOVERY ROOM	0	3,464,085	0.000000	0.000000	399,792	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,245,550	0.000000	0.000000	7,837	52.00
53.00	05300 ANESTHESIOLOGY	0	3,415,173	0.000000	0.000000	469,261	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,640,811	0.000000	0.000000	1,048,585	54.00
54.01	03630 ULTRA SOUND	0	3,338,420	0.000000	0.000000	226,817	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	5,803,539	0.000000	0.000000	470,429	54.02
55.00	03480 ONCOLOGY	0	4,188,142	0.000000	0.000000	78,529	55.00
57.00	05700 CT SCAN	0	15,145,231	0.000000	0.000000	2,225,408	57.00
58.00	05801 MAGNETIC RESONANCE IMAGING (MRI)	0	6,404,245	0.000000	0.000000	502,512	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	2,010,930	0.000000	0.000000	491,853	59.00
60.00	06000 LABORATORY	0	30,095,977	0.000000	0.000000	4,651,858	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,305,171	0.000000	0.000000	445,451	62.00
65.00	06500 RESPIRATORY THERAPY	0	4,064,077	0.000000	0.000000	1,492,090	65.00
66.00	06600 PHYSICAL THERAPY	0	8,253,231	0.000000	0.000000	778,934	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
69.01	03020 SLEEP LAB	0	1,349,449	0.000000	0.000000	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,788,977	0.000000	0.000000	2,907,832	71.00
71.01	07101 IV SOLUTIONS	0	1,696,398	0.000000	0.000000	872,559	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,573,187	0.000000	0.000000	422,838	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	39,767,456	0.000000	0.000000	11,956,085	73.00
76.00	03140 RADIOLOGY	0	8,458,099	0.000000	0.000000	1,774,983	76.00
76.97	07697 CARDIAC REHABILITATION	0	273,907	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	93,083	0.000000	0.000000	107	90.00
91.00	09100 EMERGENCY	0	14,691,715	0.000000	0.000000	2,287,477	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,177,206	0.000000	0.000000	409,214	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0					95.00
200.00	Total (lines 50-199)	0	194,238,367			35,580,578	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/22/2013 5:51 pm
--	----------------------	---------------------------------------	---

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	
Title XVIII Hospital PPS					
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	4,315,572	0	50.00
51.00	05100 RECOVERY ROOM	0	622,249	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	515,724	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,775,517	0	54.00
54.01	03630 ULTRA SOUND	0	595,872	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	2,280,530	0	54.02
55.00	03480 ONCOLOGY	0	1,965,507	0	55.00
57.00	05700 CT SCAN	0	4,224,262	0	57.00
58.00	05801 MAGNETIC RESONANCE IMAGING (MRI)	0	1,987,016	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	609,932	0	59.00
60.00	06000 LABORATORY	0	544,486	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	196,110	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	204,034	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,867	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	03020 SLEEP LAB	0	436,003	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,160,434	0	71.00
71.01	07101 IV SOLUTIONS	0	284,691	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	688,985	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	10,749,166	0	73.00
76.00	03140 RADIOLOGY	0	2,763,188	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	130,171	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	16,154	0	90.00
91.00	09100 EMERGENCY	0	4,070,346	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	415,057	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (lines 50-199)	0	40,552,873	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 5:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.178421	4,315,572	0	0	769,989
51.00 05100 RECOVERY ROOM	0.148085	622,249	0	0	92,146
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.395702	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.124767	515,724	0	0	64,345
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.693925	1,775,517	0	0	1,232,076
54.01 03630 ULTRA SOUND	0.111565	595,872	0	0	66,478
54.02 03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.099572	2,280,530	0	0	227,077
55.00 03480 ONCOLOGY	0.574950	1,965,507	0	0	1,130,068
57.00 05700 CT SCAN	0.066139	4,224,262	0	0	279,388
58.00 05801 MAGNETIC RESONANCE IMAGING (MRI)	0.100769	1,987,016	0	0	200,230
59.00 05900 CARDIAC CATHETERIZATION	0.107447	609,932	0	0	65,535
60.00 06000 LABORATORY	0.211046	544,486	0	0	114,912
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.368876	196,110	0	0	72,340
65.00 06500 RESPIRATORY THERAPY	0.283119	204,034	0	0	57,766
66.00 06600 PHYSICAL THERAPY	0.474114	1,867	0	0	885
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
69.01 03020 SLEEP LAB	0.422873	436,003	0	0	184,374
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287236	1,160,434	0	0	333,318
71.01 07101 IV SOLUTIONS	0.067485	284,691	0	0	19,212
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	1.780207	688,985	0	0	1,226,536
73.00 07300 DRUGS CHARGED TO PATIENTS	0.183077	10,749,166	0	31,228	1,967,925
76.00 03140 RADIOLOGY	0.134697	2,763,188	0	0	372,193
76.97 07697 CARDIAC REHABILITATION	0.939228	130,171	0	0	122,260
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	2.344478	16,154	0	0	37,873
91.00 09100 EMERGENCY	0.196632	4,070,346	0	0	800,360
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.892703	415,057	0	0	370,523
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.826445		0		
200.00	Subtotal (see instructions)	40,552,873	0	31,228	9,807,809
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	40,552,873	0	31,228	9,807,809

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 5:51 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	03630 ULTRA SOUND	0	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0	0	54.02
55.00	03480 ONCOLOGY	0	0	55.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05801 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
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
65.00	06500 RESPIRATORY THERAPY	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
69.01	03020 SLEEP LAB	0	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
71.01	07101 IV SOLUTIONS	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,717	73.00
76.00	03140 RADIOLOGY	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS				
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
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0	0	95.00
200.00	Subtotal (see instructions)	0	5,717	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	0	5,717	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 5:51 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.178421	0	0	1,813,904	0	50.00
51.00	05100 RECOVERY ROOM	0.148085	0	0	508,185	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.395702	0	0	1,375	0	52.00
53.00	05300 ANESTHESIOLOGY	0.124767	0	0	466,395	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.693925	0	0	807,092	0	54.00
54.01	03630 ULTRA SOUND	0.111565	0	0	747,331	0	54.01
54.02	03450 NUCLEAR MEDICINE - DIAGNOSTIC	0.099572	0	0	461,933	0	54.02
55.00	03480 ONCOLOGY	0.574950	0	0	660,494	0	55.00
57.00	05700 CT SCAN	0.066139	0	0	1,598,590	0	57.00
58.00	05801 MAGNETIC RESONANCE IMAGING (MRI)	0.100769	0	0	874,575	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.107447	0	0	172,461	0	59.00
60.00	06000 LABORATORY	0.211046	0	0	3,754,235	0	60.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.368876	0	0	88,386	0	62.00
65.00	06500 RESPIRATORY THERAPY	0.283119	0	0	105,713	0	65.00
66.00	06600 PHYSICAL THERAPY	0.474114	0	0	934,915	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
69.01	03020 SLEEP LAB	0.422873	0	0	229,940	0	69.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287236	0	0	930,946	0	71.00
71.01	07101 IV SOLUTIONS	0.067485	0	0	0	0	71.01
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	1.780207	0	0	28,675	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.183077	0	0	2,500,310	0	73.00
76.00	03140 RADIOLOGY	0.134697	0	0	681,495	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.939228	0	0	7,002	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	2.344478	0	0	0	0	90.00
91.00	09100 EMERGENCY	0.196632	0	0	3,388,346	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.892703	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.826445	0	0	0	0	95.00
200.00	Subtotal (see instructions)		0	0	20,762,298	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges				0		201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	20,762,298	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/22/2013 5:51 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			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	323,639	50.00
51.00	05100	RECOVERY ROOM	0	75,255	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	544	52.00
53.00	05300	ANESTHESIOLOGY	0	58,191	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	560,061	54.00
54.01	03630	ULTRA SOUND	0	83,376	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0	45,996	54.02
55.00	03480	ONCOLOGY	0	379,751	55.00
57.00	05700	CT SCAN	0	105,729	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	0	88,130	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	18,530	59.00
60.00	06000	LABORATORY	0	792,316	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	32,603	62.00
65.00	06500	RESPIRATORY THERAPY	0	29,929	65.00
66.00	06600	PHYSICAL THERAPY	0	443,256	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	03020	SLEEP LAB	0	97,235	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	267,401	71.00
71.01	07101	IV SOLUTIONS	0	0	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	51,047	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	457,749	73.00
76.00	03140	CARDIOLOGY	0	91,795	76.00
76.97	07697	CARDIAC REHABILITATION	0	6,576	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	666,257	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	0	95.00
200.00		Subtotal (see instructions)	0	4,675,366	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	4,675,366	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/22/2013 5:51 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,633	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)		11,984	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)		7,335	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,736,313	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)		10,736,313	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		10,907,653	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		10,907,653	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.984292	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)		910.18	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)		10,736,313	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		733.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,381,763	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,381,763	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/22/2013 5:51 pm	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,174,444	1,563	1,391.20	984	1,368,941		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					8,350,594		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,101,298		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)					828,906		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					635,554		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,464,460		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					13,636,838		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,649		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					733.71		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,943,598		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/22/2013 5:51 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,369,836	10,736,313	0.127589	1,943,598	247,982	90.00
91.00	Nursing School cost	0	10,736,313	0.000000	1,943,598	0	91.00
92.00	Allied health cost	0	10,736,313	0.000000	1,943,598	0	92.00
93.00	All other Medical Education	0	10,736,313	0.000000	1,943,598	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/22/2013 5:51 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,633	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,633	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)		11,984	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,565	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)		1,004	15.00
16.00	Nursery days (title V or XIX only)		627	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		10,736,313	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)		10,736,313	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		10,907,653	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		10,907,653	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.984292	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)		910.18	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)		10,736,313	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		733.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,148,256	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,148,256	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150069		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XIX		Hospital		Cost			
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	622,773	1,004	620.29	627	388,922		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,174,444	1,563	1,391.20	195	271,284		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,849,912		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,658,374		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)						2,649	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						733.71	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						1,943,598	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150069

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

Worksheet D-1

Date/Time Prepared:
5/22/2013 5:51 pm

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

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/22/2013 5:51 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		5,784,717	30.00
31.00	03100	INTENSIVE CARE UNIT		1,450,095	31.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178421	1,660,127	50.00
51.00	05100	RECOVERY ROOM	0.148085	399,792	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.395702	7,837	52.00
53.00	05300	ANESTHESIOLOGY	0.124767	469,261	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.693925	1,048,585	54.00
54.01	03630	ULTRA SOUND	0.111565	226,817	54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.099572	470,429	54.02
55.00	03480	ONCOLOGY	0.574950	78,529	55.00
57.00	05700	CT SCAN	0.066139	2,225,408	57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	0.100769	502,512	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107447	491,853	59.00
60.00	06000	LABORATORY	0.213183	4,651,858	60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.368876	445,451	62.00
65.00	06500	RESPIRATORY THERAPY	0.283119	1,492,090	65.00
66.00	06600	PHYSICAL THERAPY	0.474114	778,934	66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
69.01	03020	SLEEP LAB	0.422873	0	69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287236	2,907,832	71.00
71.01	07101	IV SOLUTIONS	0.067485	872,559	71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.780207	422,838	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183077	11,956,085	73.00
76.00	03140	CARDIOLOGY	0.134697	1,774,983	76.00
76.97	07697	CARDIAC REHABILITATION	0.939228	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.344478	107	90.00
91.00	09100	EMERGENCY	0.196632	2,287,477	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.892703	409,214	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		35,580,578	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)		35,580,578	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/22/2013 5:51 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,623,061	30.00
31.00	03100	INTENSIVE CARE UNIT		296,264	31.00
43.00	04300	NURSERY		652,192	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.178421	623,682	111,278 50.00
51.00	05100	RECOVERY ROOM	0.148085	173,888	25,750 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.395702	800,190	316,637 52.00
53.00	05300	ANESTHESIOLOGY	0.124767	170,311	21,249 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.693925	135,221	93,833 54.00
54.01	03630	ULTRA SOUND	0.111565	49,035	5,471 54.01
54.02	03450	NUCLEAR MEDICINE - DIAGNOSTIC	0.099572	92,220	9,183 54.02
55.00	03480	ONCOLOGY	0.574950	7,143	4,107 55.00
57.00	05700	CT SCAN	0.066139	333,103	22,031 57.00
58.00	05801	MAGNETIC RESONANCE IMAGING (MRI)	0.100769	112,232	11,310 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.107447	53,761	5,776 59.00
60.00	06000	LABORATORY	0.211046	998,870	210,808 60.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.368876	63,677	23,489 62.00
65.00	06500	RESPIRATORY THERAPY	0.283119	333,278	94,357 65.00
66.00	06600	PHYSICAL THERAPY	0.474114	84,710	40,162 66.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
69.01	03020	SLEEP LAB	0.422873	0	0 69.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.287236	974,791	279,995 71.00
71.01	07101	IV SOLUTIONS	0.067485	0	0 71.01
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1.780207	13,374	23,808 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.183077	2,435,304	445,848 73.00
76.00	03140	CARDIOLOGY	0.134697	229,453	30,907 76.00
76.97	07697	CARDIAC REHABILITATION	0.939228	537	504 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	2.344478	0	0 90.00
91.00	09100	EMERGENCY	0.196632	373,331	73,409 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.892703	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			
200.00		Total (sum of lines 50-94 and 96-98)		8,058,111	1,849,912 200.00
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)		8,058,111	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/22/2013 5:51 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		11,561,007	1.00
2.00	Outlier payments for discharges. (see instructions)		183,702	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)		69.76	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.42	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		18.38	31.00
32.00	Sum of lines 30 and 31		22.80	32.00
33.00	Allowable disproportionate share percentage (see instructions)		8.03	33.00
34.00	Disproportionate share adjustment (see instructions)		928,349	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		12,673,058	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		12,259,719	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		12,673,058	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		951,524	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: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/22/2013 5:51 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			13,624,582 59.00
60.00	Primary payer payments			1,111 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			13,623,471 61.00
62.00	Deductibles billed to program beneficiaries			1,524,524 62.00
63.00	Coinurance billed to program beneficiaries			21,007 63.00
64.00	Allowable bad debts (see instructions)			146,138 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			102,297 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			43,036 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			12,180,237 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)			-919 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			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)			12,179,318 71.00
72.00	Interim payments			12,513,237 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)			-333,919 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			3,643,371 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/22/2013 5:51 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,717	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		9,807,809	2.00
3.00	PPS payments		9,016,012	3.00
4.00	Outlier payment (see instructions)		6,592	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.921	5.00
6.00	Line 2 times line 5		9,032,992	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		99.88	7.00
8.00	Transitional corridor payment (see instructions)		8,830	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)		5,717	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		31,228	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)		31,228	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		31,228	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		25,511	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)		5,717	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)		9,031,434	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,106,376	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		6,930,775	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		6,930,775	30.00
31.00	Primary payer payments		1,817	31.00
32.00	Subtotal (line 30 minus line 31)		6,928,958	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		287,412	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		201,188	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		157,735	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,130,146	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-50	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)		7,130,196	40.00
41.00	Interim payments		7,487,820	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)		-357,624	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150069

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

Worksheet E-1
Part I
Date/Time Prepared:
5/22/2013 5:51 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		12,434,937		7,381,920	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	09/11/2012	78,300	09/11/2012	105,900	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)		78,300		105,900	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)		12,513,237		7,487,820	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		333,919		357,624	6.02	
7.00	Total Medicare program liability (see instructions)		12,179,318		7,130,196	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/22/2013 5:51 pm
		Title XIX	Hospital	Cost
		Inpatient	Outpatient	
		1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services	3,658,374		1.00
2.00	Medical and other services		4,675,366	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	3,658,374	4,675,366	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)	3,658,374	4,675,366	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	0		8.00
9.00	Ancillary service charges	8,058,111	20,762,298	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)	8,058,111	20,762,298	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	8,058,111	20,762,298	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	4,399,737	16,086,932	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)	3,658,374	4,675,366	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	0	24.00
25.00	Capital exception payments (see instructions)	0	0	25.00
26.00	Routine and Ancillary service other pass through costs	0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)	0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)	0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)	3,658,374	4,675,366	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	3,658,374	4,675,366	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	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)	3,658,374	4,675,366	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	3,658,374	4,675,366	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)	0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)	3,658,374	4,675,366	40.00
41.00	Interim payments	0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	3,658,374	4,675,366	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: 150069

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

Worksheet G

Date/Time Prepared:
5/22/2013 5:51 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	11,850,571	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	10,420,027	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,316,588	0	0	0	7.00
8.00	Prepaid expenses	1,352,381	0	0	0	8.00
9.00	Other current assets	324,796	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)	26,264,363	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,157,538	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	139,557,016	0	0	0	15.00
16.00	Accumulated depreciation	-59,974,023	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	46,189,695	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	130,930,226	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,000,000	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	80,878,175	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	81,878,175	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	239,072,764	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,468,845	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,382,258	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	9,272,196	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,123,299	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	98,285,028	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	1,087,902	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	99,372,930	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	114,496,229	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	124,576,535				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)	124,576,535	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	239,072,764	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150069

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

Worksheet G-1

Date/Time Prepared:
5/22/2013 5:51 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		114,716,337		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		9,860,198			2.00
3.00	Total (sum of line 1 and line 2)		124,576,535		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		124,576,535		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)		124,576,535		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150069

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	15,045,294		15,045,294	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	15,045,294		15,045,294	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,772,302		2,772,302	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,772,302		2,772,302	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,817,596		17,817,596	17.00
18.00	Ancillary services	54,815,382	125,014,999	179,830,381	18.00
19.00	Outpatient services	3,184,979	11,885,739	15,070,718	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		2,014,273	2,014,273	22.00
23.00	AMBULANCE SERVICES	15,704	3,445,174	3,460,878	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	523,369	523,369	26.00
27.00	OTHER (SPECIFY)	19,184	63,474,414	63,493,598	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	75,852,845	206,357,968	282,210,813	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		103,420,970		29.00
30.00	BAD DEBT	15,464,924			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)		15,464,924		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)		118,885,894		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150069

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

Worksheet G-3

Date/Time Prepared:
5/22/2013 5:51 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	282,210,813	1.00
2.00	Less contractual allowances and discounts on patients' accounts	159,230,231	2.00
3.00	Net patient revenues (line 1 minus line 2)	122,980,582	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	118,885,894	4.00
5.00	Net income from service to patients (line 3 minus line 4)	4,094,688	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	2,115,117	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	257,782	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	107,001	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	61,976	22.00
23.00	Governmental appropriations	0	23.00
24.00	RADIOLOGY SCHOOL TUITION	36,700	24.00
24.02	GAN/LOSS	3,076,007	24.02
24.03	MISCELLANEOUS REVENUE	122,375	24.03
25.00	Total other income (sum of lines 6-24)	5,776,958	25.00
26.00	Total (line 5 plus line 25)	9,871,646	26.00
27.00	OTHER EXPENSES (SPECIFY)	11,448	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	11,448	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	9,860,198	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet H

HHA CCN: 157141

To 12/31/2012

Date/Time Prepared: 5/22/2013 5:51 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	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	334,162	0	869	0	16,888	351,919	5.00
HHA REIMBURSABLE SERVICES							
6.00	365,236	0	42,797	0	0	408,033	6.00
7.00	205,951	0	30,795	0	0	236,746	7.00
8.00	45,260	0	0	0	0	45,260	8.00
9.00	2,037	0	0	0	0	2,037	9.00
10.00	34,703	0	92	0	0	34,795	10.00
11.00	64,408	0	19,980	0	0	84,388	11.00
12.00	0	0	0	0	41,957	41,957	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,051,757	0	94,533	0	58,845	1,205,135	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-25	351,894	0	351,894			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	408,033	0	408,033			6.00
7.00	0	236,746	0	236,746			7.00
8.00	0	45,260	0	45,260			8.00
9.00	0	2,037	0	2,037			9.00
10.00	0	34,795	0	34,795			10.00
11.00	0	84,388	0	84,388			11.00
12.00	-57	41,900	0	41,900			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-82	1,205,053	0	1,205,053			24.00

Column, 6 line 24 should agree with the Worksheet A, column 7, line 101, or subscript as applicable.
5/22/2013 5:51 pm J:\50445000 King's Daughters' Health\2012\Hfs\KDH 2012.mcrx

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/22/2013 5:51 pm
		HHA CCN: 157141	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)		
		Bl dgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	351,894	0	0	0	351,894	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	408,033	0	0	0	408,033	6.00	
7.00	Physical Therapy	236,746	0	0	0	236,746	7.00	
8.00	Occupational Therapy	45,260	0	0	0	45,260	8.00	
9.00	Speech Pathology	2,037	0	0	0	2,037	9.00	
10.00	Medical Social Services	34,795	0	0	0	34,795	10.00	
11.00	Home Health Aide	84,388	0	0	0	84,388	11.00	
12.00	Supplies (see instructions)	41,900	0	0	0	41,900	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,205,053	0	0	0	1,205,053	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	351,894					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	168,297	576,330				6.00	
7.00	Physical Therapy	97,648	334,394				7.00	
8.00	Occupational Therapy	18,668	63,928				8.00	
9.00	Speech Pathology	840	2,877				9.00	
10.00	Medical Social Services	14,352	49,147				10.00	
11.00	Home Health Aide	34,807	119,195				11.00	
12.00	Supplies (see instructions)	17,282	59,182				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		1,205,053				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet H-1 Part I

HHA CCN: 157141

Date/Time Prepared: 5/22/2013 5:51 pm

Home Health Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	2,748			0		1.00
2.00	Capital Related - Movable Equipment		2,748		0		2.00
3.00	Plant Operation & Maintenance	0	0	2,748	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	2,748	2,748	2,748	0	-351,894	853,159 5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	408,033 6.00
7.00	Physical Therapy	0	0	0	0	0	236,746 7.00
8.00	Occupational Therapy	0	0	0	0	0	45,260 8.00
9.00	Speech Pathology	0	0	0	0	0	2,037 9.00
10.00	Medical Social Services	0	0	0	0	0	34,795 10.00
11.00	Home Health Aide	0	0	0	0	0	84,388 11.00
12.00	Supplies (see instructions)	0	0	0	0	0	41,900 12.00
13.00	Drugs	0	0	0	0	0	0 13.00
14.00	DME	0	0	0	0	0	0 14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0 15.00
16.00	Respiratory Therapy	0	0	0	0	0	0 16.00
17.00	Private Duty Nursing	0	0	0	0	0	0 17.00
18.00	Clinic	0	0	0	0	0	0 18.00
19.00	Health Promotion Activities	0	0	0	0	0	0 19.00
20.00	Day Care Program	0	0	0	0	0	0 20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0 21.00
22.00	Homemaker Service	0	0	0	0	0	0 22.00
23.00	All Others (specify)	0	0	0	0	0	0 23.00
24.00	Total (sum of lines 1-23)	2,748	2,748	2,748	0	-351,894	853,159 24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		351,894 25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.412460 26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150069

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

Worksheet H-2 Part I

HHA CCN: 157141

Date/Time Prepared: 5/22/2013 5:51 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP				
		1.00	1.01	2.00	4.00			
1.00 Administrative and General	0	0	28,019	0	63,286	91,305	1.00	
2.00 Skilled Nursing Care	576,330	0	0	0	69,171	645,501	2.00	
3.00 Physical Therapy	334,394	0	0	0	39,005	373,399	3.00	
4.00 Occupational Therapy	63,928	0	0	0	8,572	72,500	4.00	
5.00 Speech Pathology	2,877	0	0	0	386	3,263	5.00	
6.00 Medical Social Services	49,147	0	0	0	6,572	55,719	6.00	
7.00 Home Health Aide	119,195	0	0	0	12,198	131,393	7.00	
8.00 Supplies (see instructions)	59,182	0	0	0	0	59,182	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	1,205,053	0	28,019	0	199,190	1,432,262	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	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
	5.00	7.00	8.00	9.00	10.00	11.00		
1.00 Administrative and General	25,399	147,024	76	12,985	0	0	1.00	
2.00 Skilled Nursing Care	179,559	0	0	0	0	0	2.00	
3.00 Physical Therapy	103,870	0	0	0	0	0	3.00	
4.00 Occupational Therapy	20,168	0	0	0	0	0	4.00	
5.00 Speech Pathology	908	0	0	0	0	0	5.00	
6.00 Medical Social Services	15,500	0	0	0	0	0	6.00	
7.00 Home Health Aide	36,550	0	0	0	0	0	7.00	
8.00 Supplies (see instructions)	16,463	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)	398,417	147,024	76	12,985	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: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part I Date/Time Prepared: 5/22/2013 5:51 pm
		HHA CCN: 157141	Home Health Agency I	PPS

Cost Center Description	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
	13.00	14.00	15.00	16.00	17.00	19.00	
1.00 Administrative and General	0	0	0	33,710	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	161,050	0	8.00
9.00 Drugs	0	6,643	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	6,643	0	33,710	161,050	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	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	310,499	0	310,499				1.00
2.00 Skilled Nursing Care	825,060	0	825,060	136,145	961,205		2.00
3.00 Physical Therapy	477,269	0	477,269	78,756	556,025		3.00
4.00 Occupational Therapy	92,668	0	92,668	15,291	107,959		4.00
5.00 Speech Pathology	4,171	0	4,171	688	4,859		5.00
6.00 Medical Social Services	71,219	0	71,219	11,752	82,971		6.00
7.00 Home Health Aide	167,943	0	167,943	27,713	195,656		7.00
8.00 Supplies (see instructions)	236,695	0	236,695	39,058	275,753		8.00
9.00 Drugs	6,643	0	6,643	1,096	7,739		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)	2,192,167	0	2,192,167	310,499	2,192,167		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.				0.165013			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.
5/22/2013 5:51 pm J:\50445000 King's Daughters' Health\2012\HFs\KDH 2012.mcrx

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-2
Part II
Date/Time Prepared: 5/22/2013 5:51 pm
PPS

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	1.01	2.00	4.00				
1.00 Administrative and General	0	2,748	0	0	334,162	5A	91,305	1.00
2.00 Skilled Nursing Care	0	0	0	0	365,236		645,501	2.00
3.00 Physical Therapy	0	0	0	0	205,951		373,399	3.00
4.00 Occupational Therapy	0	0	0	0	45,260		72,500	4.00
5.00 Speech Pathology	0	0	0	0	2,037		3,263	5.00
6.00 Medical Social Services	0	0	0	0	34,703		55,719	6.00
7.00 Home Health Aide	0	0	0	0	64,408		131,393	7.00
8.00 Supplies (see instructions)	0	0	0	0	0		59,182	8.00
9.00 Drugs	0	0	0	0	0		0	9.00
10.00 DME	0	0	0	0	0		0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0		0	11.00
12.00 Respiratory Therapy	0	0	0	0	0		0	12.00
13.00 Private Duty Nursing	0	0	0	0	0		0	13.00
14.00 Clinic	0	0	0	0	0		0	14.00
15.00 Health Promotion Activities	0	0	0	0	0		0	15.00
16.00 Day Care Program	0	0	0	0	0		0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0		0	17.00
18.00 Homemaker Service	0	0	0	0	0		0	18.00
19.00 All Others (specify)	0	0	0	0	0		0	19.00
20.00 Total (sum of lines 1-19)	0	2,748	0	0	1,051,757		1,432,262	20.00
21.00 Total cost to be allocated	0	28,019	0	0	199,190		398,417	21.00
22.00 Unit cost multiplier	0.000000	10.196143	0.000000	0.000000	0.189388		0.278173	22.00
Cost Center Description	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)		
	7.00	8.00	9.00	10.00	11.00	13.00		
1.00 Administrative and General	2,748	70	406	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	2,748	70	406	0	0	0	0	20.00
21.00 Total cost to be allocated	147,024	76	12,985	0	0	0	0	21.00
22.00 Unit cost multiplier	53.502183	1.085714	31.982759	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-2
Part II
Date/Time Prepared:
5/22/2013 5:51 pm
PPS

Cost Center Description	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
	14.00	15.00	16.00	17.00	19.00		
1.00 Administrative and General	0	0	3,433,117	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	13,951	0		8.00
9.00 Drugs	3,192	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)	3,192	0	3,433,117	13,951	0		20.00
21.00 Total cost to be allocated	6,643	0	33,710	161,050	0		21.00
22.00 Unit cost multiplier	2.081140	0.000000	0.009819	11.543975	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/22/2013 5:51 pm	
					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 (col. 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	961,205		961,205	5,549	173.22	1.00
2.00	Physical Therapy	3.00	556,025	0	556,025	3,559	156.23	2.00
3.00	Occupational Therapy	4.00	107,959	0	107,959	678	159.23	3.00
4.00	Speech Pathology	5.00	4,859	0	4,859	45	107.98	4.00
5.00	Medical Social Services	6.00	82,971		82,971	9	9,219.00	5.00
6.00	Home Health Aide	7.00	195,656		195,656	2,473	79.12	6.00
7.00	Total (sum of lines 1-6)		1,908,675	0	1,908,675	12,313		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		99915	0	0			8.00
8.01	Skilled Nursing Care		17140	1,786	1,655			8.01
9.00	Physical Therapy		99915	8	0			9.00
9.01	Physical Therapy		17140	1,570	1,076			9.01
10.00	Occupational Therapy		99915	3	0			10.00
10.01	Occupational Therapy		17140	274	189			10.01
11.00	Speech Pathology		99915	0	0			11.00
11.01	Speech Pathology		17140	4	0			11.01
12.00	Medical Social Services		99915	0	0			12.00
12.01	Medical Social Services		17140	5	2			12.01
13.00	Home Health Aide		99915	0	0			13.00
13.01	Home Health Aide		17140	741	1,273			13.01
14.00	Total (sum of lines 8-13)			4,391	4,195			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 (col. 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	275,753	0	275,753	212,669	1.296630	15.00
16.00	Cost of Drugs	9.00	7,739	0	7,739	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	1,786	1,655		309,371	286,679		1.00
2.00	Physical Therapy	1,578	1,076		246,531	168,103		2.00
3.00	Occupational Therapy	277	189		44,107	30,094		3.00
4.00	Speech Pathology	4	0		432	0		4.00
5.00	Medical Social Services	5	2		46,095	18,438		5.00
6.00	Home Health Aide	741	1,273		58,628	100,720		6.00
7.00	Total (sum of lines 1-6)	4,391	4,195		705,164	604,034		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 150069
HHA CCN: 157141

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

Worksheet H-3
Part I
Date/Time Prepared:
5/22/2013 5:51 pm
PPS

Title XVII I

Home Health Agency I

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		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	596,050					1.00
2.00	Physical Therapy	414,634					2.00
3.00	Occupational Therapy	74,201					3.00
4.00	Speech Pathology	432					4.00
5.00	Medical Social Services	64,533					5.00
6.00	Home Health Aide	159,348					6.00
7.00	Total (sum of lines 1-6)	1,309,198					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: 150069 HHA CCN: 157141	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/22/2013 5:51 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated	
	0	1.00	2.00	3.00	4.00	
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS						
1.00	Physical Therapy	66.00	0.474114	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy					2.00
3.00	Speech Pathology					3.00
4.00	Cost of Medical Supplies	71.00	0.287236	0	0	col. 2, line 15.00 4.00
4.01	Cost of Medical Supplies 1	71.01	0.067485	0	0	col. 2, line 15.01 4.01
5.00	Cost of Drugs	73.00	0.183077	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-11 Date/Time Prepared: 5/22/2013 5:51 pm	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	0	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)			0	0 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers			643,564	543,556 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers			15,134	4,772 12.00
13.00	Total PPS Reimbursement - LUPA Episodes			9,749	9,557 13.00
14.00	Total PPS Reimbursement - PEP Episodes			5,198	7,323 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			1,286	2,231 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)			674,931	567,439 22.00
23.00	Excess reasonable cost (from line 8)			0	0 23.00
24.00	Subtotal (line 22 minus line 23)			674,931	567,439 24.00
25.00	Coinsurance billed to program patients (from your records)				0 25.00
26.00	Net cost (line 24 minus line 25)			674,931	567,439 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: 150069 HHA CCN: 157141	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/22/2013 5:51 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)		674,931	567,439	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		674,931	567,439	31.00
32.00	Interim payments (see instructions)		674,932	567,439	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)		-1	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: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5
	HHA CCN: 157141		Date/Time Prepared: 5/22/2013 5:51 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		674,932		567,439	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)		674,932		567,439	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		1		0	6.02
7.00	Total Medicare program liability (see instructions)		674,931		567,439	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 150069 HHA CCN: 157141	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/22/2013 5:51 pm PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K

Hospice CCN: 151535

To 12/31/2012

Date/Time Prepared: 5/22/2013 5:51 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	7,949	0	582	0	41,912	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	56,988	0	8,484	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	1,205	0	1,054	0	0	12.00
13.00	Occupational Therapy	670	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	49,070	0	2,151	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	13,091	0	2,916	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	50,974	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	482	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	128,973	0	15,187	0	93,368	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K

Hospice CCN: 151535

To 12/31/2012

Date/Time Prepared: 5/22/2013 5:51 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	50,443	0	50,443	0	50,443	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	65,472	0	65,472	0	65,472	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,259	0	2,259	0	2,259	12.00
13.00	Occupational Therapy	670	0	670	0	670	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	51,221	0	51,221	0	51,221	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	16,007	0	16,007	0	16,007	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	50,974	0	50,974	0	50,974	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	482	0	482	0	482	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	237,528	0	237,528	0	237,528	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 151535

To 12/31/2012

Date/Time Prepared: 5/22/2013 5:51 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	0	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	56,988	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	0	0	56,988	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 151535

To 12/31/2012

Date/Time Prepared: 5/22/2013 5:51 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	7,949	7,949	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	56,988	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	1,205	0	0	1,205	12.00
13.00	Occupational Therapy	670	0	0	670	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	49,070	49,070	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		13,091	0	13,091	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,875	13,091	57,019	128,973	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151535

To 12/31/2012

Part I
Date/Time Prepared:
5/22/2013 5:51 pm

		CAPITAL RELATED COST					
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	50,443	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	65,472	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	2,259	0	0	0	0	12.00
13.00	Occupational Therapy	670	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	51,221	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	16,007	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	50,974	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	482	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	237,528	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151535

To 12/31/2012

Part I
Date/Time Prepared:
5/22/2013 5:51 pm

		Hospice I			
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col . 5A ± col . 6)	
	5.00	5A	6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	Capital Related Costs-Bldg and Fixt.				1.00
2.00	Capital Related Costs-Movable Equip.				2.00
3.00	Plant Operation and Maintenance				3.00
4.00	Transportation - Staff				4.00
5.00	Volunteer Service Coordination	0			5.00
6.00	Administrative and General	0	50,443	50,443	6.00
INPATIENT CARE SERVICE					
7.00	Inpatient - General Care	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	8.00
VISITING SERVICES					
9.00	Physician Services	0	0	0	9.00
10.00	Nursing Care	0	65,472	17,652	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	11.00
12.00	Physical Therapy	0	2,259	609	12.00
13.00	Occupational Therapy	0	670	181	13.00
14.00	Speech/ Language Pathology	0	0	0	14.00
15.00	Medical Social Services	0	51,221	13,811	15.00
16.00	Spiritual Counseling	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	17.00
18.00	Counseling - Other	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	16,007	4,316	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	20.00
21.00	Other	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS					
22.00	Drugs, Biological and Infusion Therapy	0	50,974	13,744	22.00
23.00	Analgesics	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	24.00
25.00	Other - Specify	0	482	130	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	26.00
27.00	Patient Transportation	0	0	0	27.00
28.00	Imaging Services	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	29.00
30.00	Medical Supplies	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	32.00
33.00	Chemotherapy	0	0	0	33.00
34.00	Other	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE					
35.00	Bereavement Program Costs	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	36.00
37.00	Fundraising	0	0	0	37.00
38.00	Other Program Costs	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	237,528	237,528	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151535

To 12/31/2012

Part II
Date/Time Prepared:
5/22/2013 5:51 pm

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151535

To 12/31/2012

Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-50,443	187,085	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	65,472	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	2,259	12.00
13.00	Occupational Therapy	0	670	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	51,221	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	16,007	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	50,974	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	482	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		50,443	39.00
40.00	Unit Cost Multiplier		0.269626	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151535

To 12/31/2012

Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW BLDG & FIXT HHA/HO	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
1.00 Administrative and General	0	0	7,586	0	1,505	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	83,124	0	0	0	10,794	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	2,868	0	0	0	228	7.00
8.00 Occupational Therapy	851	0	0	0	127	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	65,032	0	0	0	9,293	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	20,323	0	0	0	2,479	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	64,718	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	612	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	237,528	0	7,586	0	24,426	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period:

Worksheet K-5

Hospice CCN: 151535

From 01/01/2012

Part I

To 12/31/2012

Date/Time Prepared:

5/22/2013 5:51 pm

Cost Center Description		Hospice I					
		Subtotal	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		4A	5.00	7.00	8.00	9.00	
1.00	Administrative and General	9,091	2,529	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	93,918	26,126	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	3,096	861	0	0	0	7.00
8.00	Occupational Therapy	978	272	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	74,325	20,675	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	22,802	6,343	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	64,718	18,003	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specif y	612	170	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	269,540	74,979	0	0	0	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151535

To 12/31/2012

Part I
Date/Time Prepared:
5/22/2013 5:51 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151535

To 12/31/2012

Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Hospice I				Intern & Residents Cost & Post Stepdown Adjustments	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal (col s. 4A-23)		
		16.00	17.00	19.00	24.00	25.00	
1.00	Administrative and General	0	0	0	11,620	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	120,044	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	3,957	0	7.00
8.00	Occupational Therapy	0	0	0	1,250	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	42,286	0	137,286	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	29,145	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	82,721	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	782	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	42,286	0	386,805	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151535

To 12/31/2012

Part I
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Subtotal	Allocated	Total Hospice	Hospice I	
		(col s. 24 ± 25)	Hospice A&G (See Part II)	Costs (col s. 26 ± 27)		
		26.00	27.00	28.00		
1.00	Administrative and General					1.00
2.00	Inpatient - General Care	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0		3.00
4.00	Physician Services	0	0	0		4.00
5.00	Nursing Care	120,044	3,718	123,762		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0		6.00
7.00	Physical Therapy	3,957	123	4,080		7.00
8.00	Occupational Therapy	1,250	39	1,289		8.00
9.00	Speech/ Language Pathology	0	0	0		9.00
10.00	Medical Social Services	137,286	4,251	141,537		10.00
11.00	Spiritual Counseling	0	0	0		11.00
12.00	Dietary Counseling	0	0	0		12.00
13.00	Counseling - Other	0	0	0		13.00
14.00	Home Health Aide and Homemaker	29,145	903	30,048		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		15.00
16.00	Other	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	82,721	2,562	85,283		17.00
18.00	Analgesics	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0		19.00
20.00	Other - Specify	782	24	806		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0		21.00
22.00	Patient Transportation	0	0	0		22.00
23.00	Imaging Services	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0		24.00
25.00	Medical Supplies	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0		26.00
27.00	Radiation Therapy	0	0	0		27.00
28.00	Chemotherapy	0	0	0		28.00
29.00	Other	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0		31.00
32.00	Fundraising	0	0	0		32.00
33.00	Other Program Costs	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	386,805		386,805		34.00
35.00	Unit Cost Multiplier (see instructions)		0.030971			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW BLDG & FIXT HHA/HO (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
		1.00	1.01	2.00			
					4.00	5A	
1.00	Administrative and General	0	744	744	7,949	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	56,988	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	1,205	0	7.00
8.00	Occupational Therapy	0	0	0	670	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	49,070	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	13,091	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	744	744	128,973	0	34.00
35.00	Total cost to be allocated	0	7,586	0	24,426	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	10.196237	0.000000	0.189388	0	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description	Hospice I						
	ADMINISTRATIVE & GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)		
	5.00	7.00	8.00	9.00	10.00		
1.00 Administrative and General	9,091	0	0	0	0	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	93,918	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	3,096	0	0	0	0	0	7.00
8.00 Occupational Therapy	978	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	74,325	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	22,802	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	64,718	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	612	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	269,540	0	0	0	0	0	34.00
35.00 Total cost to be allocated	74,979	0	0	0	0	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.278174	0.000000	0.000000	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069
Hospice CCN: 151535

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

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

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150069

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

Worksheet K-5
Part II
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Hospice I		
		SOCIAL SERVICE (TIME SPENT) 17.00	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	
1.00	Administrative and General	0	0	1.00
2.00	Inpatient - General Care	0	0	2.00
3.00	Inpatient - Respite Care	0	0	3.00
4.00	Physician Services	0	0	4.00
5.00	Nursing Care	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	6.00
7.00	Physical Therapy	0	0	7.00
8.00	Occupational Therapy	0	0	8.00
9.00	Speech/ Language Pathology	0	0	9.00
10.00	Medical Social Services	3,663	0	10.00
11.00	Spiritual Counseling	0	0	11.00
12.00	Dietary Counseling	0	0	12.00
13.00	Counseling - Other	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	15.00
16.00	Other	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	17.00
18.00	Analgesics	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	19.00
20.00	Other - Specify	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	21.00
22.00	Patient Transportation	0	0	22.00
23.00	Imaging Services	0	0	23.00
24.00	Labs and Diagnostics	0	0	24.00
25.00	Medical Supplies	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	26.00
27.00	Radiation Therapy	0	0	27.00
28.00	Chemotherapy	0	0	28.00
29.00	Other	0	0	29.00
30.00	Bereavement Program Costs	0	0	30.00
31.00	Volunteer Program Costs	0	0	31.00
32.00	Fundraising	0	0	32.00
33.00	Other Program Costs	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3,663	0	34.00
35.00	Total cost to be allocated	42,286	0	35.00
36.00	Unit Cost Multiplier (see instructions)	11.544090	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150069

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151535

To 12/31/2012

Part III
Date/Time Prepared:
5/22/2013 5:51 pm

Cost Center Description		Hospice I			
		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.474114	0	0
2.00	OCCUPATIONAL THERAPY	67.00		0	0
3.00	SPEECH PATHOLOGY	68.00		0	0
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.183077	0	0
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00		0	0
6.00	LABORATORY	60.00	0.213183	0	0
6.01	BLOOD LABORATORY	60.01		0	0
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.287236	0	0
7.01	IV SOLUTIONS	71.01	0.067485	0	0
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00		0	0
9.00	ONCOLOGY	55.00	0.574950	0	0
10.00	CARDIOLOGY	76.00	0.134697	0	0
10.97	CARDIAC REHABILITATION	76.97	0.939228	0	0
11.00	Totals (sum of lines 1-10)				

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150069

Period:

Worksheet K-6

Hospice CCN: 151535

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

Date/Time Prepared:
5/22/2013 5:51 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				386,805	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				3,383	2.00
3.00	Average cost per diem (line 1 divided by line 2)				114.34	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	3,383				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	386,812				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		0			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		0			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			0		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			0		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150069	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/22/2013 5:51 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		926,048	1.00
2.00	Capital DRG outlier payments		25,476	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		37.79	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		951,524	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00