

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: 150002	Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 3:23 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: 5/28/2013 Time: 3:23 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 THE METHODIST HOSPITALS, INC. (150002) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-939,655	-98,811	-33,096	-12,470,768	1.00
2.00 Subprovider - IPF	0	4,455	0		132,379	2.00
3.00 Subprovider - IRF	0	134,142	-1		-906,040	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	367	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
200.00 Total	0	-800,691	-98,812	-33,096	-13,244,429	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete and review the information collection is estimated 673 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving the form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Report Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:18 am						
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 600 GRANT STREET			PO Box:						1.00		
2.00	City: GARY			State: IN		Zip Code: 46402		County: LAKE		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			
				V	XVIII	XIX						
Hospital and Hospital-Based Component Identification:												
3.00	Hospital		THE METHODIST HOSPITALS, INC.		150002	16974	1	01/01/1966	N	P	0	3.00
4.00	Subprovider - IPF		GERIATRIC PSYCH		15S002	16974	4	01/01/2012	N	P	0	4.00
5.00	Subprovider - IRF		REHABILITATION		15T002	16974	5	01/01/1984	N	P	0	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		METHODIST HOME CARE SERVICES		157536	16974		02/12/2002	N	P	0	12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice											14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
17.10	Hospital-Based (CORF) I											17.10
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00		
21.00	Type of Control (see instructions)						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.	14,846	2,514	496	0	9,451	0		24.00			
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	975	0	0	0	123	0		25.00			
							Urban/Rural S	Date of Geogr				
							1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1		26.00			
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1		27.00			
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0		35.00			

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:18 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.		Y			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.		N			57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.		N			58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.		N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)		Y			60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150002

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2013 9:18 am

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:18 am		
		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.	Y				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)	N		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.	Y				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)	N		0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
				Physical	Occupational	Speech
				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.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	481,695	0	337,035	118.01
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	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
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 9:18 am		
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 9:18 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
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	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			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.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N		Legal Oper.	
		1.00	2.00	3.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			N
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y		03/31/2013	Y
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			N

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 9:18 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
	0	1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI CHELLE	SCHUFFERT		41.00
42.00	Enter the employer/company name of the cost report preparer.	THE METHODIST HOSPITALS, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	2198855679	MSCHUFFERT@METHODISTHOSPITALS.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/31/2013	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.	SR REIMBURSEMENT ANALYST	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: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 9:18 am

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	386	141,276	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)		386	141,276	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	33	12,078	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	35	12,810	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		454	166,164	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,392		0	16.00
17.00 SUBPROVIDER - IRF	41.00	39	14,274		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		505				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

Component	I/P Days / O/P Visits / Trips			Full Time Equivalents	
	Title XVII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll
	6.00	7.00	8.00	9.00	10.00
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	42,924	14,846	79,419		1.00
2.00 HMO	2,766	12,273			2.00
3.00 HMO IPF Subprovider	7	0			3.00
4.00 HMO IRF Subprovider	0	123			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)	42,924	14,846	79,419		7.00
8.00 INTENSIVE CARE UNIT	5,034	0	8,478		8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	0	4,134		8.01
9.00 CORONARY CARE UNIT	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY		0	3,120		13.00
14.00 Total (see instructions)	47,958	14,846	95,151	0.00	1,836.91
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF	1,040	261	1,576	0.00	7.74
17.00 SUBPROVIDER - IRF	8,451	975	10,775	0.00	47.20
18.00 SUBPROVIDER	0	0	0	0.00	0.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00
22.00 HOME HEALTH AGENCY	11,585	2,786	18,839	0.00	24.91
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00
24.00 HOSPICE	0	0	0	0.00	0.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150002

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 9:18 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	1,916.76	27.00
28.00	Observation Bed Days		5,063	13,451			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		188	445			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	7,394	2,319	16,416	1.00
2.00	HMO			414			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
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	7,394	2,319	16,416	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	120	14	264	16.00
17.00	SUBPROVIDER - IRF	0.00	0	600	71	789	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 9:18 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	117,377,441	0	117,377,441	3,986,846.00	29.44
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		342,003	0	342,003	2,138.00	159.96
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		694,371	0	694,371	4,342.00	159.92
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)		166,804	0	166,804	6,261.00	26.64
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)		12,374,295	-767,865	11,606,430	306,516.00	37.87
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		3,314,890	0	3,314,890	97,029.00	34.16
12.00	Contract management and administrative services		183,857	0	183,857	4,051.00	45.39
13.00	Contract Labor: Physician-Part A - Administrative		731,363	0	731,363	5,411.00	135.16
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		26,476,717	0	26,476,717		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		1,653,475	0	1,653,475		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		37,100	0	37,100		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		88,261	0	88,261		
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	1,223,915	-126,223	1,097,692	28,970.00	37.89
27.00	Administrative & General	5.00	19,503,645	-447,292	19,056,353	668,226.00	28.52
28.00	Administrative & General under contract (see inst.)		504,614	0	504,614	8,231.00	61.31
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	3,292,807	0	3,292,807	152,339.00	21.61
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	3,403,237	2,475	3,405,712	218,130.00	15.61
33.00	Housekeeping under contract (see instructions)		165,136	0	165,136	10,359.00	15.94
34.00	Dietary	10.00	2,467,815	-535,480	1,932,335	126,561.00	15.27
35.00	Dietary under contract (see instructions)		42,276	0	42,276	2,537.00	16.66
36.00	Cafeteria	11.00	249,003	547,982	796,985	50,686.00	15.72
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,490,057	18,857	2,508,914	61,588.00	40.74
39.00	Central Services and Supply	14.00	574,291	0	574,291	32,750.00	17.54
40.00	Pharmacy	15.00	0	0	0	0.00	0.00
41.00	Medical Records & Medical Records Library	16.00	1,571,091	0	1,571,091	72,614.00	21.64

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part II
Date/Time Prepared:
5/28/2013 9:18 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	65,209	447,475	512,684	18,739.00	27.36	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150002

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2013 9:18 am

	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)	117,228,292	0	117,228,292	3,997,370.00	29.33	1.00
2.00	Excluded area salaries (see instructions)	12,374,295	-767,865	11,606,430	306,516.00	37.87	2.00
3.00	Subtotal salaries (line 1 minus line 2)	104,853,997	767,865	105,621,862	3,690,854.00	28.62	3.00
4.00	Subtotal other wages & related costs (see inst.)	4,230,110	0	4,230,110	106,491.00	39.72	4.00
5.00	Subtotal wage-related costs (see inst.)	26,513,817	0	26,513,817	0.00	25.10	5.00
6.00	Total (sum of lines 3 thru 5)	135,597,924	767,865	136,365,789	3,797,345.00	35.91	6.00
7.00	Total overhead cost (see instructions)	35,553,096	-92,206	35,460,890	1,451,730.00	24.43	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 9:18 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,600,892 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			1,877,545 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)			11,277,011 8.00
9.00	Prescription Drug Plan			2,139,308 9.00
10.00	Dental, Hearing and Vision Plan			828,846 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			550,272 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)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			606,240 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			8,840,386 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			384,529 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			68,774 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			28,173,803 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			81,747 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/28/2013 9:18 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC		0	0 12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150002 Component CCN: 157536		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/28/2013 9:18 am		
				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	490.00	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					3.00	
4.00	Director(s) and Assistant Director(s)	0.00					4.00	
5.00	Other Administrative Personnel	0.00					5.00	
6.00	Direct Nursing Service	0.00					6.00	
7.00	Nursing Supervisor	0.00					7.00	
8.00	Physical Therapy Service	0.00					8.00	
9.00	Physical Therapy Supervisor	0.00					9.00	
10.00	Occupational Therapy Service	0.00					10.00	
11.00	Occupational Therapy Supervisor	0.00					11.00	
12.00	Speech Pathology Service	0.00					12.00	
13.00	Speech Pathology Supervisor	0.00					13.00	
14.00	Medical Social Service	0.00					14.00	
15.00	Medical Social Service Supervisor	0.00					15.00	
16.00	Home Health Aide	0.00					16.00	
17.00	Home Health Aide Supervisor	0.00					17.00	
18.00	Other (specify)	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).	23844					20.00	
20.01		23844					20.01	
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)		
		Without Outliers	With Outliers	3.00	4.00	5.00		
		1.00	2.00	3.00	4.00	5.00		
PPS ACTIVITY DATA								
21.00	Skilled Nursing Visits	4,249	345	177	275	5,046	21.00	
22.00	Skilled Nursing Visit Charges	629,250	51,600	26,100	41,100	748,050	22.00	
23.00	Physical Therapy Visits	2,815	25	31	166	3,037	23.00	
24.00	Physical Therapy Visit Charges	459,364	4,100	5,084	27,224	495,772	24.00	
25.00	Occupational Therapy Visits	738	2	6	40	786	25.00	
26.00	Occupational Therapy Visit Charges	120,780	330	825	6,600	128,535	26.00	
27.00	Speech Pathology Visits	94	0	1	4	99	27.00	
28.00	Speech Pathology Visit Charges	16,107	0	177	708	16,992	28.00	
29.00	Medical Social Service Visits	31	2	2	2	37	29.00	
30.00	Medical Social Service Visit Charges	7,409	478	478	478	8,843	30.00	
31.00	Home Health Aide Visits	2,422	75	6	77	2,580	31.00	
32.00	Home Health Aide Visit Charges	162,274	5,025	402	5,159	172,860	32.00	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	10,349	449	223	564	11,585	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)	1,395,184	61,533	33,066	81,269	1,571,052	35.00	
36.00	Total Number of Episodes (standard/non outlier)	507		76	29	612	36.00	
37.00	Total Number of Outlier Episodes		11		1	12	37.00	
38.00	Total Non-Routine Medical Supply Charges	65,399	20,104	2,801	1,540	89,844	38.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 9:18 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.314368	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		33,155,711	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N	4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		4,351,720	5.00	
6.00	Medicaid charges		181,277,623	6.00	
7.00	Medicaid cost (line 1 times line 6)		56,987,884	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)		19,480,453	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)		19,480,453	19.00	
			Uninsured patients	Insured patients	
			1.00	2.00	
			Total (col. 1 + col. 2)		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	45,489,090	0	45,489,090	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	14,300,314	0	14,300,314	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)	14,300,314	0	14,300,314	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		14,933,707	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		990,914	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		13,942,793	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,383,168	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		18,683,482	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		38,163,935	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT		0	0	10,834,929	10,834,929	1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0	3.00
4.00 00400 EMPLOYEE BENEFITS	1,223,915	20,670,275	21,894,190	-126,566	21,767,624	4.00
5.01 00510 DATA PROCESSING	3,742,579	11,756,791	15,499,370	0	15,499,370	5.01
5.02 00520 PURCHASING, RECEIVING, AND STORES	766,829	2,787,078	3,553,907	-13,979	3,539,928	5.02
5.03 00530 ADMINISTRATION	2,054,746	501,222	2,555,968	-25	2,555,943	5.03
5.04 00540 CASHIERING/ACCOUNTS RECEIVABLE	1,652,911	4,034,257	5,687,168	0	5,687,168	5.04
5.05 00550 OTHER ADMINISTRATIVE & GENERAL	10,757,384	22,840,245	33,597,629	-13,834,771	19,762,858	5.05
5.06 00560 PATIENT TRANSPORTATION	529,196	107,931	637,127	183	637,310	5.06
7.00 00700 OPERATION OF PLANT	3,292,807	7,993,774	11,286,581	4,597,529	15,884,110	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	1,384,319	1,384,319	0	1,384,319	8.00
9.00 00900 HOUSEKEEPING	3,403,237	1,826,905	5,230,142	1,443	5,231,585	9.00
10.00 01000 DIETARY	2,467,815	2,774,433	5,242,248	-1,334,063	3,908,185	10.00
11.00 01100 CAFETERIA	249,003	25,277	274,280	1,344,006	1,618,286	11.00
13.00 01300 NURSING ADMINISTRATION	2,490,057	337,186	2,827,243	17,881	2,845,124	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	574,291	921,202	1,495,493	-28,201	1,467,292	14.00
15.00 01500 PHARMACY	0	15,149,232	15,149,232	-10,005,521	5,143,711	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,571,091	873,467	2,444,558	0	2,444,558	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	447,475	447,475	17.00
17.01 01701 STAFF EDUCATION	0	0	0	0	0	17.01
17.02 01702 MEDICAL EDUCATION	65,209	22,000	87,209	-81	87,128	17.02
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	92,277	92,277	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	40,690	110,071	150,761	-44,644	106,117	22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	345,673	100,289	445,962	227,503	673,465	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	26,869,843	5,189,017	32,058,860	-605,549	31,453,311	30.00
31.00 03100 INTENSIVE CARE UNIT	6,041,795	1,366,371	7,408,166	-168,590	7,239,576	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	2,250,789	652,277	2,903,066	-448	2,902,618	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	508,339	285,005	793,344	0	793,344	40.00
41.00 04100 SUBPROVIDER - I RF	2,747,687	444,246	3,191,933	-52,974	3,138,959	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	861,073	307,696	1,168,769	-45,123	1,123,646	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	3,842,789	16,851,373	20,694,162	-2,986,985	17,707,177	50.00
50.01 03330 ENDOSCOPY	609,016	620,730	1,229,746	-215,914	1,013,832	50.01
51.00 05100 RECOVERY ROOM	885,812	107,298	993,110	-12,262	980,848	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,672,798	341,320	3,014,118	-21,277	2,992,841	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,977,532	2,258,170	4,235,702	-124,654	4,111,048	54.00
54.01 03630 RADIOLOGY-ULTRASOUND	1,096,847	577,109	1,673,956	-78,516	1,595,440	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	510,513	867,398	1,377,911	-1,386	1,376,525	55.00
56.00 05600 RADIOISOTOPE	477,275	700,211	1,177,486	-2,299	1,175,187	56.00
57.00 05700 CT SCAN	967,351	1,374,496	2,341,847	-72,579	2,269,268	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	356,954	209,769	566,723	-62,456	504,267	58.00
59.00 05900 CARDIAC CATHETERIZATION	1,448,673	5,282,351	6,731,024	-3,528,037	3,202,987	59.00
60.00 06000 LABORATORY	3,499,720	5,929,678	9,429,398	1,023,782	10,453,180	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,131,516	502,404	1,633,920	-3,277	1,630,643	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,951,127	929,118	2,880,245	-43,405	2,836,840	65.00
66.00 06600 PHYSICAL THERAPY	1,447,127	131,572	1,578,699	-1,818	1,576,881	66.00
67.00 06700 OCCUPATIONAL THERAPY	987,827	187,466	1,175,293	-1,543	1,173,750	67.00
68.00 06800 SPEECH PATHOLOGY	359,089	35,324	394,413	-949	393,464	68.00
69.00 06900 ELECTROCARDIOLOGY	493,895	141,707	635,602	-599	635,003	69.00
69.01 06901 CARDIAC REHAB	342,680	1,552,182	1,894,862	-272	1,894,590	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	998,902	4,631,893	5,630,795	-3,694,424	1,936,371	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	7,629,468	7,629,468	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	11,701,629	11,701,629	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	413,208	386,902	800,110	10,949,496	11,749,606	73.00
74.00 07400 RENAL DIALYSIS	0	1,374,287	1,374,287	0	1,374,287	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

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

Worksheet A
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	2,033,972	1,901,249	3,935,221	-104,135	3,831,086	90.00
91.00	09100	EMERGENCY	5,593,263	2,917,526	8,510,789	-167,860	8,342,929	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	1,585,118	475,466	2,060,584	-3,033	2,057,551	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	110,189,963	152,747,565	262,937,528	11,479,386	274,416,914	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	81,156	197,799	278,955	0	278,955	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7,019,651	13,206,349	20,226,000	-9,791,367	10,434,633	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	4,430,568	4,430,568	-1,688,019	2,742,549	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	86,671	33,364	120,035	0	120,035	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	117,377,441	170,615,645	287,993,086	0	287,993,086	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT	-2,741,694	8,093,235				
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0				
3.00	00300	OTHER CAP REL COSTS	0	0				
4.00	00400	EMPLOYEE BENEFITS	-5,649	21,761,975				
5.01	00510	DATA PROCESSING	-146,630	15,352,740				
5.02	00520	PURCHASING, RECEIVING, AND STORES	-17,332	3,522,596				
5.03	00530	ADMINING	0	2,555,943				
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE	-16,552	5,670,616				
5.05	00550	OTHER ADMINISTRATIVE & GENERAL	-771,844	18,991,014				
5.06	00560	PATIENT TRANSPORTATION	0	637,310				
7.00	00700	OPERATION OF PLANT	0	15,884,110				
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,384,319				
9.00	00900	HOUSEKEEPING	0	5,231,585				
10.00	01000	DIETARY	-45,516	3,862,669				
11.00	01100	CAFETERIA	-506,322	1,111,964				
13.00	01300	NURSING ADMINISTRATION	-2,445	2,842,679				
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,467,292				
15.00	01500	PHARMACY	0	5,143,711				
16.00	01600	MEDICAL RECORDS & LIBRARY	-19,326	2,425,232				
17.00	01700	SOCIAL SERVICE	0	447,475				
17.01	01701	STAFF EDUCATION	0	0				
17.02	01702	MEDICAL EDUCATION	-1,185	85,943				
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	92,277				
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	106,117				
23.00	02300	PARAMED ED PRGM-(SPECIFY)	-73,611	599,854				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	-476,186	30,977,125				
31.00	03100	INTENSIVE CARE UNIT	-30,030	7,209,546				
31.01	02060	NEONATAL INTENSIVE CARE UNIT	-463,000	2,439,618				
32.00	03200	CORONARY CARE UNIT	0	0				

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

Period:
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To 12/31/2012

Worksheet A
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
33.00	03300	BURN INTENSIVE CARE UNIT	6.00	7.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	
40.00	04000	SUBPROVIDER - IPF	0	793,344	
41.00	04100	SUBPROVIDER - IRF	0	3,138,959	
42.00	04200	SUBPROVIDER	0	0	
43.00	04300	NURSERY	0	1,123,646	
44.00	04400	SKILLED NURSING FACILITY	0	0	
45.00	04500	NURSING FACILITY	0	0	
46.00	04600	OTHER LONG TERM CARE	0	0	
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-9,635,572	8,071,605	
50.01	03330	ENDOSCOPY	0	1,013,832	
51.00	05100	RECOVERY ROOM	0	980,848	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,992,841	
53.00	05300	ANESTHESIOLOGY	0	0	
54.00	05400	RADIOLOGY-DIAGNOSTIC	-213,225	3,897,823	
54.01	03630	RADIOLOGY-ULTRASOUND	0	1,595,440	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	1,376,525	
56.00	05600	RADIOISOTOPE	0	1,175,187	
57.00	05700	CT SCAN	-800	2,268,468	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	504,267	
59.00	05900	CARDIAC CATHETERIZATION	0	3,202,987	
60.00	06000	LABORATORY	-805,197	9,647,983	
60.01	06001	BLOOD LABORATORY	0	0	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	-710,197	920,446	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	
64.00	06400	INTRAVENOUS THERAPY	0	0	
65.00	06500	RESPIRATORY THERAPY	-6,536	2,830,304	
66.00	06600	PHYSICAL THERAPY	0	1,576,881	
67.00	06700	OCCUPATIONAL THERAPY	0	1,173,750	
68.00	06800	SPEECH PATHOLOGY	0	393,464	
69.00	06900	ELECTROCARDIOLOGY	0	635,003	
69.01	06901	CARDIAC REHAB	-9,418	1,885,172	
70.00	07000	ELECTROENCEPHALOGRAPHY	-61,278	1,875,093	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,629,468	
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	11,701,629	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	11,749,606	
74.00	07400	RENAL DIALYSIS	0	1,374,287	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	
90.00	09000	CLINIC	-44,701	3,786,385	
91.00	09100	EMERGENCY	-622,884	7,720,045	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	
95.00	09500	AMBULANCE SERVICES	0	0	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	
99.00	09900	CMHC	0	0	
99.10	09910	CORF	0	0	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	
101.00	10100	HOME HEALTH AGENCY	0	2,057,551	
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	
106.00	10600	HEART ACQUISITION	0	0	
107.00	10700	LIVER ACQUISITION	0	0	
108.00	10800	LUNG ACQUISITION	0	0	
109.00	10900	PANCREAS ACQUISITION	0	0	
110.00	11000	INTESTINAL ACQUISITION	0	0	
111.00	11100	ISLET ACQUISITION	0	0	
113.00	11300	INTEREST EXPENSE	0	0	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	
116.00	11600	HOSPICE	0	0	
118.00		SUBTOTALS (SUM OF LINES 1-117)	-17,427,130	256,989,784	
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	278,955	
191.00	19100	RESEARCH	0	0	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	10,434,633	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150002

Period:
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Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
192.01	19201	OTHER NON-REIMBURSABLE	0	2,742,549	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	120,035	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-17,427,130	270,565,956	200.00

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6

Date/Time Prepared:
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		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CAFETERIA					
1.00	CAFETERIA	11.00	547,982	796,024	1.00
	TOTALS		547,982	796,024	
B - CLINICAL TRAINING COST					
1.00	PARAMED PRGM-(SPECIFY)	23.00	227,740	0	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
	TOTALS		227,740	0	
C - SOCIAL WORKERS					
1.00	SOCIAL SERVICE	17.00	447,475	0	1.00
	TOTALS		447,475	0	
D - HBP SALARIES					
1.00	OPERATING ROOM	50.00	0	8,396,100	1.00
2.00	LABORATORY	60.00	1,036,374	0	2.00
3.00	EMERGENCY	91.00	0	354,600	3.00
	TOTALS		1,036,374	8,750,700	
E - RESIDENTS					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	92,277	1.00
2.00	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00	0	6,400	2.00
	TOTALS		0	98,677	
F - MED SUPPLY RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	7,629,468	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	11,701,629	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	TOTALS		0	19,331,097	

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6

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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
G - RESIDENCY PROGRAM RECLASS						
1.00	OTHER NON-REIMBURSABLE	192.01	40,690	10,354	1.00	
	TOTALS		40,690	10,354		
H - LIGHT DUTY RECLASS						
1.00	PATIENT TRANSPORTATION	5.06	183	0	1.00	
2.00	HOUSEKEEPING	9.00	2,475	0	2.00	
3.00	DIETARY	10.00	12,502	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	18,857	0	4.00	
5.00	ADULTS & PEDIATRICS	30.00	65,895	0	5.00	
6.00	INTENSIVE CARE UNIT	31.00	19,172	0	6.00	
7.00	SUBPROVIDER - IRF	41.00	79	0	7.00	
8.00	OPERATING ROOM	50.00	4,890	0	8.00	
9.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	347	0	9.00	
10.00	PHYSICAL THERAPY	66.00	728	0	10.00	
11.00	EMERGENCY	91.00	1,095	0	11.00	
	TOTALS		126,223	0		
I - INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,632,641	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	
	TOTALS		0	5,632,641		
J - CORPORATE EXPENSES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,202,288	1.00	
2.00	OPERATION OF PLANT	7.00	0	4,597,718	2.00	
	TOTALS		0	9,800,006		
K - DRUG EXPENSE RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,956,507	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	10,956,507		
500.00	Grand Total: Increases		2,426,484	55,376,006	500.00	

RECLASSIFICATIONS

Provider CCN: 150002

Period:
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To 12/31/2012

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Date/Time Prepared:
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		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	547,982	796,024	0		1.00
	TOTALS		547,982	796,024			
B - CLINICAL TRAINING COST							
1.00	ADULTS & PEDIATRICS	30.00	16,652	0	0		1.00
2.00	INTENSIVE CARE UNIT	31.00	21,594	0	0		2.00
3.00	OPERATING ROOM	50.00	13,094	0	0		3.00
4.00	ENDOSCOPY	50.01	4,903	0	0		4.00
5.00	LABORATORY	60.00	4,054	0	0		5.00
6.00	RESPIRATORY THERAPY	65.00	8,280	0	0		6.00
7.00	EMERGENCY	91.00	159,163	0	0		7.00
	TOTALS		227,740	0			
C - SOCIAL WORKERS							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	447,475	0	0		1.00
	TOTALS		447,475	0			
D - HBP SALARIES							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	1,036,374	8,750,700	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		1,036,374	8,750,700			
E - RESIDENTS							
1.00	EMERGENCY	91.00	0	98,677	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	98,677			
F - MED SUPPLY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	343	0		1.00
2.00	PURCHASING, RECEIVING, AND STORES	5.02	0	13,979	0		2.00
3.00	ADMINISTRATIVE	5.03	0	25	0		3.00
4.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	88	0		4.00
5.00	OPERATION OF PLANT	7.00	0	189	0		5.00
6.00	HOUSEKEEPING	9.00	0	1,032	0		6.00
7.00	DIETARY	10.00	0	2,559	0		7.00
8.00	NURSING ADMINISTRATION	13.00	0	976	0		8.00
9.00	CENTRAL SERVICES & SUPPLY	14.00	0	28,201	0		9.00
10.00	PHARMACY	15.00	0	17,332	0		10.00
11.00	MEDICAL EDUCATION	17.02	0	81	0		11.00
12.00	PARAMED PRGM-(SPECIFY)	23.00	0	237	0		12.00
13.00	ADULTS & PEDIATRICS	30.00	0	654,792	0		13.00
14.00	INTENSIVE CARE UNIT	31.00	0	166,168	0		14.00
15.00	NEONATAL INTENSIVE CARE UNIT	31.01	0	448	0		15.00
16.00	SUBPROVIDER - IRF	41.00	0	53,053	0		16.00
17.00	NURSERY	43.00	0	45,123	0		17.00
18.00	OPERATING ROOM	50.00	0	11,374,881	0		18.00
19.00	ENDOSCOPY	50.01	0	211,011	0		19.00
20.00	RECOVERY ROOM	51.00	0	12,262	0		20.00
21.00	DELIVERY ROOM & LABOR ROOM	52.00	0	21,277	0		21.00
22.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,103	0		22.00
23.00	RADIOLOGY-ULTRASOUND	54.01	0	17,241	0		23.00
24.00	RADIOLOGY-THERAPEUTIC	55.00	0	1,386	0		24.00
25.00	RADIOISOTOPE	56.00	0	2,299	0		25.00
26.00	CT SCAN	57.00	0	11,304	0		26.00
27.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	1,181	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	3,528,037	0		28.00
29.00	LABORATORY	60.00	0	8,538	0		29.00
30.00	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	3,624	0		30.00
31.00	RESPIRATORY THERAPY	65.00	0	35,125	0		31.00
32.00	PHYSICAL THERAPY	66.00	0	2,546	0		32.00
33.00	OCCUPATIONAL THERAPY	67.00	0	1,543	0		33.00
34.00	SPEECH PATHOLOGY	68.00	0	949	0		34.00
35.00	ELECTROCARDIOLOGY	69.00	0	599	0		35.00
36.00	CARDIAC REHAB	69.01	0	272	0		36.00
37.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,726,106	0		37.00
38.00	DRUGS CHARGED TO PATIENTS	73.00	0	7,011	0		38.00
39.00	CLINIC	90.00	0	104,135	0		39.00
40.00	EMERGENCY	91.00	0	265,715	0		40.00
41.00	HOME HEALTH AGENCY	101.00	0	3,033	0		41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	4,293	0		42.00
	TOTALS		0	19,331,097			

RECLASSIFICATIONS

Provider CCN: 150002

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

Worksheet A-6

Date/Time Prepared:
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
G - RESIDENCY PROGRAM RECLASS							
1.00	I&R SERVICES-OTHER PRGM	22.00	40,690	10,354	0		1.00
	COSTS APPRVD						
	TOTALS		40,690	10,354			
H - LIGHT DUTY RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	126,223	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
10.00		0.00	0	0	0		10.00
11.00		0.00	0	0	0		11.00
	TOTALS		126,223	0			
I - INTEREST EXPENSE							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	3,587,202	11		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	122,551	0		2.00
3.00	RADIOLOGY-ULTRASOUND	54.01	0	61,275	0		3.00
4.00	CT SCAN	57.00	0	61,275	0		4.00
5.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	61,275	0		5.00
6.00	OTHER NON-REIMBURSABLE	192.01	0	1,739,063	0		6.00
	TOTALS		0	5,632,641			
J - CORPORATE EXPENSES							
1.00	OTHER ADMINISTRATIVE & GENERAL	5.05	0	9,800,006	9		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	9,800,006			
K - DRUG EXPENSE RECLASS							
1.00	PHARMACY	15.00	0	9,988,189	0		1.00
2.00	ELECTROENCEPHALOGRAPHY	70.00	0	968,318	0		2.00
	TOTALS		0	10,956,507			
500.00	Grand Total: Decreases		2,426,484	55,376,006			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part I
Date/Time Prepared:
5/28/2013 9:18 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,745,499	0	0	0	1.00
2.00	Land Improvements	5,625,790	4,984	0	4,984	2.00
3.00	Buildings and Fixtures	233,642,562	12,481,707	0	12,481,707	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	204,175,701	8,252,299	0	8,252,299	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	447,189,552	20,738,990	0	20,738,990	8.00
9.00	Reconciling Items	-20,950	0	0	0	9.00
10.00	Total (line 8 minus line 9)	447,210,502	20,738,990	0	20,738,990	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,745,499	0			1.00
2.00	Land Improvements	5,630,774	0			2.00
3.00	Buildings and Fixtures	246,064,768	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	210,593,469	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	466,034,510	0			8.00
9.00	Reconciling Items	-20,950	0			9.00
10.00	Total (line 8 minus line 9)	466,055,460	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part II
Date/Time Prepared:
5/28/2013 9:18 am

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

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150002

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

Worksheet A-7
Part III
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	6,305,920	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,305,920	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,787,315	0	0	0	8,093,235	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,787,315	0	0	0	8,093,235	3.00

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 - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-3,845,326	CAP REL COSTS-BLDG & FIXT		1.00	11 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 2.00
3.00 Investment income - other (chapter 2)		0			0.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)		0			0.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00	0 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00	0 7.00
8.00 Television and radio service (chapter 21)		0			0.00	0 8.00
9.00 Parking lot (chapter 21)		0			0.00	0 9.00
10.00 Provider-based physician adjustment	A-8-2	-11,984,152				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-506,322	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	-19,326	MEDICAL RECORDS & LIBRARY		16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-45,516	DIETARY		10.00	0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	UTILIZATION REVIEW-SNF		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,103,632	CAP REL COSTS-BLDG & FIXT		1.00	9 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP		0	CAP REL COSTS-MVBLE EQUIP		2.00	0 27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY		67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY		68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 OTHER IT REVENUE	B	-146,630	DATA PROCESSING		5.01	0 33.00
34.00 SUPPLY CHAIN/CENTRAL DIST OTHER REV	B	-17,332	PURCHASING, RECEIVING, AND STORES		5.02	0 34.00

Provider CCN: 150002

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

Worksheet A-8

Date/Time Prepared:
 5/28/2013 9:18 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
35.00 CENTRAL BUS OFFICE OTHER REVENUE	B	-16,552	CASHIERING/ACCOUNTS RECEIVABLE	5.04	0	35.00
36.00 OTHER A&G OTHER REVENUE	B	-630,873	OTHER ADMINISTRATIVE & GENERAL	5.05	0	36.00
37.00 NURSING DEVELOPMENT	B	-2,445	NURSING ADMINISTRATION	13.00	0	37.00
38.00 EMS COURSE REVENUE	B	-73,611	PARAMED ED PRGM-(SPECIFY)	23.00	0	38.00
39.00 PSYCH REVENUE	B	-164,729	ADULTS & PEDIATRICS	30.00	0	39.00
40.00 RADIOLOGY OTHER REVENUE	B	-757	RADIOLOGY-DIAGNOSTIC	54.00	0	40.00
41.00 PHLEBOTOMY REVENUE	B	-710,197	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00	0	41.00
42.00 LAB REVENUE	B	-4,746	LABORATORY	60.00	0	42.00
43.00 CARDIAC REHAB REVENUE	B	-9,418	CARDIAC REHAB	69.01	0	43.00
44.00 NEUROSCIENCE REVENUE	B	-28,912	ELECTROENCEPHALOGRAPHY	70.00	0	44.00
45.00 CLINIC REVENUE	B	-345	CLINIC	90.00	0	45.00
46.00 MAJESTIC STAR REVENUE	B	-249,596	EMERGENCY	91.00	0	46.00
47.00 LOBBYING EXPENSE	A	-67,321	OTHER ADMINISTRATIVE & GENERAL	5.05	0	47.00
48.00 IHHA LOBBYING EXPENSE	A	-6,656	OTHER ADMINISTRATIVE & GENERAL	5.05	0	48.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-17,427,130				50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150002

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2013 9:18 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	4.00	EMPLOYEE BENEFITS	8,945	4,945	4,000	171,400	40	1.00
2.00	5.05	OTHER ADMINISTRATIVE & GENERAL	230,318	0	230,318	171,400	1,982	2.00
3.00	17.02	MEDICAL EDUCATION	14,040	0	14,040	171,400	156	3.00
4.00	30.00	ADULTS & PEDIATRICS	365,665	262,800	102,865	171,400	646	4.00
5.00	31.00	INTENSIVE CARE UNIT	61,920	0	61,920	171,400	387	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	463,000	463,000	0	171,400	0	6.00
7.00	41.00	SUBPROVIDER - IRF	54,780	0	54,780	171,400	912	7.00
8.00	50.00	OPERATING ROOM	9,711,717	9,621,647	90,070	204,100	776	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	212,468	212,468	0	231,100	0	9.00
10.00	57.00	CT SCAN	800	800	0	231,100	0	10.00
11.00	60.00	LABORATORY	1,036,374	694,371	342,003	219,500	2,138	11.00
12.00	65.00	RESPIRATORY THERAPY	22,275	0	22,275	171,400	191	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	60,000	0	60,000	171,400	227	13.00
14.00	90.00	CLINIC	98,825	150	98,675	171,400	661	14.00
15.00	91.00	EMERGENCY	401,800	354,600	47,200	171,400	346	15.00
200.00			12,742,927	11,614,781	1,128,146		8,462	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	4.00	EMPLOYEE BENEFITS	3,296	165	0	0	0	1.00
2.00	5.05	OTHER ADMINISTRATIVE & GENERAL	163,324	8,166	0	0	0	2.00
3.00	17.02	MEDICAL EDUCATION	12,855	643	0	0	0	3.00
4.00	30.00	ADULTS & PEDIATRICS	53,233	2,662	0	0	3,467	4.00
5.00	31.00	INTENSIVE CARE UNIT	31,890	1,595	0	0	0	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	1,897	6.00
7.00	41.00	SUBPROVIDER - IRF	75,152	3,758	0	0	0	7.00
8.00	50.00	OPERATING ROOM	76,145	3,807	0	0	0	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	9.00
10.00	57.00	CT SCAN	0	0	0	0	0	10.00
11.00	60.00	LABORATORY	225,621	11,281	0	0	31,218	11.00
12.00	65.00	RESPIRATORY THERAPY	15,739	787	0	0	0	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	18,706	935	0	0	8,928	13.00
14.00	90.00	CLINIC	54,469	2,723	0	0	0	14.00
15.00	91.00	EMERGENCY	28,512	1,426	0	0	0	15.00
200.00			758,942	37,948	0	0	45,510	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	4.00	EMPLOYEE BENEFITS	0	3,296	704	5,649	1.00
2.00	5.05	OTHER ADMINISTRATIVE & GENERAL	0	163,324	66,994	66,994	2.00
3.00	17.02	MEDICAL EDUCATION	0	12,855	1,185	1,185	3.00
4.00	30.00	ADULTS & PEDIATRICS	975	54,208	48,657	311,457	4.00
5.00	31.00	INTENSIVE CARE UNIT	0	31,890	30,030	30,030	5.00
6.00	31.01	NEONATAL INTENSIVE CARE UNIT	0	0	0	463,000	6.00
7.00	41.00	SUBPROVIDER - IRF	0	75,152	0	0	7.00
8.00	50.00	OPERATING ROOM	0	76,145	13,925	9,635,572	8.00
9.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	212,468	9.00
10.00	57.00	CT SCAN	0	0	0	800	10.00
11.00	60.00	LABORATORY	10,302	235,923	106,080	800,451	11.00
12.00	65.00	RESPIRATORY THERAPY	0	15,739	6,536	6,536	12.00
13.00	70.00	ELECTROENCEPHALOGRAPHY	8,928	27,634	32,366	32,366	13.00
14.00	90.00	CLINIC	0	54,469	44,206	44,356	14.00
15.00	91.00	EMERGENCY	0	28,512	18,688	373,288	15.00
200.00			20,205	779,147	369,371	11,984,152	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	8,093,235	8,093,235			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS	21,761,975	33,897	0	21,795,872	4.00
5.01 00510	DATA PROCESSING	15,352,740	52,745	0	701,520	16,107,005
5.02 00520	PURCHASING, RECEIVING, AND STORES	3,522,596	42,081	0	143,737	0
5.03 00530	ADMITTING	2,555,943	55,769	0	385,148	0
5.04 00540	CASHIERING/ACCOUNTS RECEIVABLE	5,670,616	175,888	0	309,827	0
5.05 00550	OTHER ADMINISTRATIVE & GENERAL	18,991,014	571,518	0	1,932,520	16,107,005
5.06 00560	PATIENT TRANSPORTATION	637,310	0	0	99,228	0
7.00 00700	OPERATION OF PLANT	15,884,110	1,717,952	0	617,214	0
8.00 00800	LAUNDRY & LINEN SERVICE	1,384,319	102,304	0	0	0
9.00 00900	HOUSEKEEPING	5,231,585	118,431	0	638,377	0
10.00 01000	DIETARY	3,862,669	108,175	0	362,203	0
11.00 01100	CAFETERIA	1,111,964	75,627	0	149,389	0
13.00 01300	NURSING ADMINISTRATION	2,842,679	36,445	0	470,278	0
14.00 01400	CENTRAL SERVICES & SUPPLY	1,467,292	205,715	0	107,647	0
15.00 01500	PHARMACY	5,143,711	108,801	0	0	0
16.00 01600	MEDICAL RECORDS & LIBRARY	2,425,232	64,895	0	294,490	0
17.00 01700	SOCIAL SERVICE	447,475	9,349	0	83,876	0
17.01 01701	STAFF EDUCATION	0	63,976	0	0	0
17.02 01702	MEDICAL EDUCATION	85,943	2,147	0	12,223	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	92,277	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	106,117	25,638	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	599,854	0	0	107,482	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	30,977,125	1,797,654	0	5,045,841	0
31.00 03100	INTENSIVE CARE UNIT	7,209,546	114,006	0	1,132,038	0
31.01 02060	NEONATAL INTENSIVE CARE UNIT	2,439,618	12,959	0	421,895	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	793,344	22,797	0	95,285	0
41.00 04100	SUBPROVIDER - IRF	3,138,959	179,314	0	515,050	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	1,123,646	140,178	0	161,402	0
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,071,605	342,335	0	718,766	0
50.01 03330	ENDOSCOPY	1,013,832	0	0	113,237	0
51.00 05100	RECOVERY ROOM	980,848	83,484	0	166,039	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,992,841	40,193	0	500,997	0
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,897,823	304,524	0	370,675	0
54.01 03630	RADIOLOGY-ULTRASOUND	1,595,440	29,007	0	205,596	0
55.00 05500	RADIOLOGY-THERAPEUTIC	1,376,525	77,395	0	95,692	0
56.00 05600	RADIOISOTOPE	1,175,187	51,901	0	89,462	0
57.00 05700	CT SCAN	2,268,468	49,146	0	181,323	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	504,267	24,134	0	66,909	0
59.00 05900	CARDIAC CATHETERIZATION	3,202,987	48,170	0	271,544	0
60.00 06000	LABORATORY	9,647,983	134,978	0	849,499	0
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	920,446	2,210	0	212,160	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	2,830,304	44,572	0	364,173	0
66.00 06600	PHYSICAL THERAPY	1,576,881	70,422	0	271,390	0
67.00 06700	OCCUPATIONAL THERAPY	1,173,750	60,521	0	185,161	0
68.00 06800	SPEECH PATHOLOGY	393,464	10,308	0	67,309	0
69.00 06900	ELECTROCARDIOLOGY	635,003	0	0	92,577	0
69.01 06901	CARDIAC REHAB	1,885,172	0	0	64,233	0
70.00 07000	ELECTROENCEPHALOGRAPHY	1,875,093	0	0	187,237	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,629,468	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	11,701,629	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	11,749,606	9,539	0	77,453	0
74.00 07400	RENAL DIALYSIS	1,374,287	25,156	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING		
		BLDG & FIXT	MVBLE EQUIP				
75.00 07500 ASC (NON-DISTINCT PART)	0	1.00	2.00	4.00	5.01	75.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	3,786,385	456,536	0	381,254	0	90.00	
91.00 09100 EMERGENCY	7,720,045	155,324	0	1,018,789	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS							
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00 10100 HOME HEALTH AGENCY	2,057,551	0	0	297,119	0	101.00	
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00	
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00	
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00 11600 HOSPICE	0	0	0	0	0	116.00	
118.00 11800 SUBTOTALS (SUM OF LINES 1-117)	256,989,784	7,858,116	0	20,635,264	16,107,005	118.00	
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	278,955	10,337	0	15,212	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	10,434,633	153,304	0	1,121,523	0	192.00	
192.01 19201 OTHER NON-REIMBURSABLE	2,742,549	19,841	0	7,627	0	192.01	
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	120,035	51,637	0	16,246	0	192.02	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	270,565,956	8,093,235	0	21,795,872	16,107,005	202.00
Cost Center Description	PURCHASING, RECEIVING, AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL		
	5.02	5.03	5.04	5A.04	5.05		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00 00400	EMPLOYEE BENEFITS					4.00	
5.01 00510	DATA PROCESSING					5.01	
5.02 00520	PURCHASING, RECEIVING, AND STORES					5.02	
5.03 00530	ADMINITTING	3,005,301				5.03	
5.04 00540	CASHIERING/ACCOUNTS RECEIVABLE	2,676	66,837	6,225,844		5.04	
5.05 00550	OTHER ADMINISTRATIVE & GENERAL	10,434	217,175	460,138	38,289,804	5.05	
5.06 00560	PATIENT TRANSPORTATION	79	0	0	736,617	121,428	5.06
7.00 00700	OPERATION OF PLANT	51,003	652,817	1,383,150	20,306,246	3,347,403	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	189	38,875	82,366	1,608,053	265,081	8.00
9.00 00900	HOUSEKEEPING	78,322	45,004	95,351	6,207,070	1,023,211	9.00
10.00 01000	DIETARY	40,933	41,106	87,093	4,502,179	742,166	10.00
11.00 01100	CAFETERIA	177	28,738	60,889	1,426,784	235,200	11.00
13.00 01300	NURSING ADMINISTRATION	1,100	13,849	29,342	3,393,693	559,437	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	78,171	165,625	2,024,450	333,722	14.00
15.00 01500	PHARMACY	10,594	41,344	87,597	5,392,047	888,857	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,274	24,660	52,248	2,863,799	472,086	16.00
17.00 01700	SOCIAL SERVICE	0	3,553	7,527	551,780	90,959	17.00
17.01 01701	STAFF EDUCATION	0	24,311	51,508	139,795	23,045	17.01
17.02 01702	MEDICAL EDUCATION	160	816	1,728	103,017	16,982	17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	92,277	15,211	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	9,742	20,641	162,138	26,728	22.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B Part I Date/Time Prepared: 5/28/2013 9:18 am

Cost Center Description			PURCHASING, RECEIVING, AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
23.00	02300	PARAMED ED PRGM-(SPECIFY)	2,259	0	0	709,595	116,974	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	185,319	683,105	1,447,323	40,136,367	6,616,327	30.00
31.00	03100	INTENSIVE CARE UNIT	59,306	43,322	91,788	8,650,006	1,425,919	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	551	4,925	10,434	2,890,382	476,468	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	1,735	8,663	18,354	940,178	154,985	40.00
41.00	04100	SUBPROVIDER - I/RF	11,826	68,139	144,369	4,057,657	668,889	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	18,117	53,267	112,859	1,609,469	265,315	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	147,938	130,086	275,619	9,686,349	1,596,756	50.00
50.01	03330	ENDOSCOPY	16,866	0	0	1,143,935	188,573	50.01
51.00	05100	RECOVERY ROOM	3,014	31,724	67,215	1,332,324	219,628	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,996	15,273	32,360	3,593,660	592,400	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,287	115,718	245,177	4,949,204	815,856	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	16,766	11,022	23,354	1,881,185	310,106	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,408	29,410	62,312	1,643,742	270,964	55.00
56.00	05600	RADIOISOTOPE	42,218	19,722	41,786	1,420,276	234,127	56.00
57.00	05700	CT SCAN	36,193	18,675	39,568	2,593,373	427,507	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	8,506	9,171	19,431	632,418	104,252	58.00
59.00	05900	CARDIAC CATHETERIZATION	87,987	18,305	38,783	3,667,776	604,618	59.00
60.00	06000	LABORATORY	274,260	51,291	108,673	11,066,684	1,824,299	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	39,953	840	1,779	1,177,388	194,088	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	67,025	16,937	35,885	3,358,896	553,701	65.00
66.00	06600	PHYSICAL THERAPY	2,160	26,760	56,698	2,004,311	330,403	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,427	22,998	48,727	1,492,584	246,047	67.00
68.00	06800	SPEECH PATHOLOGY	516	3,917	8,299	483,813	79,755	68.00
69.00	06900	ELECTROCARDIOLOGY	2,313	0	0	729,893	120,320	69.00
69.01	06901	CARDIAC REHAB	1,556	0	0	1,950,961	321,608	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	31,409	0	0	2,093,739	345,144	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	867,921	0	0	8,497,389	1,400,761	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,331,174	0	0	13,032,803	2,148,405	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	37,925	3,625	7,680	11,885,828	1,959,331	73.00
74.00	07400	RENAL DIALYSIS	0	9,559	20,253	1,429,255	235,607	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	10,268	173,482	367,564	5,175,489	853,159	90.00
91.00	09100	EMERGENCY	107,497	59,023	125,054	9,185,732	1,514,231	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	13,444	0	0	2,368,114	390,374	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PURCHASING, RECEIVING, AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,663,522	2,915,957	6,036,547	255,270,524	35,768,413
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	21,634	3,928	8,322	338,388	55,782
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	23,158	58,255	123,427	11,914,300	1,964,025
192.01	19201	OTHER NON-REIMBURSABLE	89	7,539	15,974	2,793,619	460,517
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	11	19,622	41,574	249,125	41,067
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments				0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,708,414	3,005,301	6,225,844	270,565,956	38,289,804
Cost Center Description		PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	DATA PROCESSING					5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES					5.02
5.03	00530	ADMINITTING					5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL					5.05
5.06	00560	PATIENT TRANSPORTATION	858,045				5.06
7.00	00700	OPERATION OF PLANT	0	23,653,649			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	444,550	2,317,684		8.00
9.00	00900	HOUSEKEEPING	0	514,630	0	7,744,911	9.00
10.00	01000	DIETARY	0	470,063	0	160,418	10.00
11.00	01100	CAFETERIA	0	328,630	0	112,151	11.00
13.00	01300	NURSING ADMINISTRATION	1,957	158,367	0	54,046	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	893,913	26,643	305,065	14.00
15.00	01500	PHARMACY	0	472,782	15	161,346	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	281,993	0	96,235	16.00
17.00	01700	SOCIAL SERVICE	0	40,627	0	13,865	17.00
17.01	01701	STAFF EDUCATION	0	278,003	0	94,874	17.01
17.02	01702	MEDICAL EDUCATION	0	9,327	0	3,183	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	111,406	0	38,019	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	326,815	7,811,531	1,143,417	2,665,831	3,939,860
31.00	03100	INTENSIVE CARE UNIT	5,464	495,402	60,531	169,065	831,303
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	56,314	53,431	19,218	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	99,060	0	33,806	76,513
41.00	04100	SUBPROVIDER - I RF	11,353	779,191	0	265,913	559,866
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	609,127	49,670	207,876	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	17	1,487,578	240,774	507,664	0
50.01	03330	ENDOSCOPY	25,684	0	6,474	0	194
51.00	05100	RECOVERY ROOM	0	362,773	63,026	123,803	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	10,127	174,653	53,847	59,603	269,916
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	101,630	1,323,275	80,061	451,592	0
54.01	03630	RADIOLOGY-ULTRASOUND	92,797	126,045	13,585	43,015	0
55.00	05500	RADIOLOGY-THERAPEUTIC	5,872	336,312	3,630	114,773	0
56.00	05600	RADIOISOTOPE	48,168	225,530	0	76,966	0
57.00	05700	CT SCAN	120,574	213,559	18,452	72,881	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	36,782	104,871	7,377	35,789	0
59.00	05900	CARDIAC CATHETERIZATION	20,033	209,319	82,080	71,434	31,023
60.00	06000	LABORATORY	0	586,532	0	200,165	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	9,602	0	3,277	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.06	7.00	8.00	9.00	10.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,651	193,682	3,547	66,097	0	65.00
66.00	06600	PHYSICAL THERAPY	0	306,010	29,084	104,432	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	262,989	0	89,750	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	44,792	0	15,286	4,013	68.00
69.00	06900	ELECTROCARDIOLOGY	3,438	0	13,824	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,140	0	0	0	49	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	41,450	0	14,146	0	73.00
74.00	07400	RENAL DIALYSIS	68	109,311	110,941	37,304	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	851	1,983,828	0	677,018	0	90.00
91.00	09100	EMERGENCY	43,624	674,943	257,275	230,337	162,089	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	858,045	22,631,970	2,317,684	7,396,243	5,874,826	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	44,916	0	15,329	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	666,164	0	227,341	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	86,217	0	29,423	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	224,382	0	76,575	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	858,045	23,653,649	2,317,684	7,744,911	5,874,826	202.00
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00530	ADMITTING						5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL						5.05
5.06	00560	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	2,102,765					11.00
13.00	01300	NURSING ADMINISTRATION	47,134	4,214,634				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	25,307	0	3,609,100			14.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
15.00	01500	PHARMACY	0	0	15,485	6,930,532		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	56,110	0	3,328	0	3,773,551	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	1,622	0	274	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	323	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	11,269	37,914	3,865	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	708,318	2,383,039	303,092	0	348,797	30.00
31.00	03100	INTENSIVE CARE UNIT	125,011	420,582	98,985	0	61,507	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	49,583	166,816	870	0	30,107	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	12,436	41,840	987	0	8,221	40.00
41.00	04100	SUBPROVIDER - I/RF	75,862	0	19,904	0	30,924	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	19,735	66,394	29,789	0	7,676	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	98,530	331,492	248,218	0	476,416	50.00
50.01	03330	ENDOSCOPY	13,691	46,062	25,055	0	36,592	50.01
51.00	05100	RECOVERY ROOM	18,973	63,833	4,977	0	35,498	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	58,751	197,659	20,434	0	17,176	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54,441	0	25,457	0	119,771	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	19,972	0	28,687	0	55,460	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	10,378	0	4,120	0	60,816	55.00
56.00	05600	RADIOISOTOPE	8,319	0	72,238	0	44,436	56.00
57.00	05700	CT SCAN	22,362	0	61,596	0	359,139	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,710	0	14,554	0	86,585	58.00
59.00	05900	CARDIAC CATHETERIZATION	29,749	0	148,137	0	195,643	59.00
60.00	06000	LABORATORY	95,910	0	475,750	1,062,225	453,336	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	48,099	0	68,108	0	31,097	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	52,034	0	72,587	0	96,944	65.00
66.00	06600	PHYSICAL THERAPY	32,453	0	3,176	0	29,802	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,527	0	1,971	0	21,480	67.00
68.00	06800	SPEECH PATHOLOGY	6,929	0	883	0	4,920	68.00
69.00	06900	ELECTROCARDIOLOGY	15,041	0	3,958	0	65,921	69.00
69.01	06901	CARDIAC REHAB	8,770	0	2,623	0	2,245	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	19,923	0	53,567	0	94,401	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	1,485,063	0	154,707	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	129,017	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,949	0	64,892	5,845,588	390,733	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	22,923	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	46,720	0	15,608	0	66,946	90.00
91.00	09100	EMERGENCY	136,431	459,003	180,815	0	221,102	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	40,032	0	15,867	19,022	13,213	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/28/2013 9:18 am				
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,006,404	4,214,634	3,574,920	6,926,835	3,773,551	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,809	0	2,705	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	88,166	0	31,329	3,697	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,386	0	127	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	19	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	2,102,765	4,214,634	3,609,100	6,930,532	3,773,551	202.00
Cost Center Description		SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS			
		17.00	17.01	17.02	SERVICES-SALAR Y & FRINGES	SERVICES-OTHER PRGM COSTS		
					21.00	22.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	DATA PROCESSING					5.01	
5.02	00520	PURCHASING, RECEIVING, AND STORES					5.02	
5.03	00530	ADMINISTRATIVE					5.03	
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE					5.04	
5.05	00550	OTHER ADMINISTRATIVE & GENERAL					5.05	
5.06	00560	PATIENT TRANSPORTATION					5.06	
7.00	00700	OPERATION OF PLANT					7.00	
8.00	00800	LAUNDRY & LINEN SERVICE					8.00	
9.00	00900	HOUSEKEEPING					9.00	
10.00	01000	DIETARY					10.00	
11.00	01100	CAFETERIA					11.00	
13.00	01300	NURSING ADMINISTRATION					13.00	
14.00	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	697,231				17.00	
17.01	01701	STAFF EDUCATION	0	535,717			17.01	
17.02	01702	MEDICAL EDUCATION	0	0	134,405		17.02	
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	107,488	21.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	338,614	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	162	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	539,679	309,583	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	43,111	0	0	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	6,578	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	2,960	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	123,604	21,264	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	7,571	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	21,081	0	0	0	50.00
50.01	03330	ENDOSCOPY	0	3,537	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	4,373	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	31,729	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,968	0	0	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	765	0	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	410	0	0	0	55.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description			INTERNS & RESIDENTS					
			SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	SERVICES-SALARY & FRINGES		SERVICES-OTHER PRGM COSTS
			17.00	17.01	17.02	21.00		22.00
56.00	05600	RADIOISOTOPE	0	2,970	0	0	0	56.00
57.00	05700	CT SCAN	0	2,316	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	780	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,161	0	0	0	59.00
60.00	06000	LABORATORY	0	4,186	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	203	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	5,772	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	557	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	583	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	152	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,703	0	0	0	69.00
69.01	06901	CARDIAC REHAB	0	405	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,637	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	1,885	0	0	0	90.00
91.00	09100	EMERGENCY	33,948	37,440	134,405	107,488	338,614	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,620	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	697,231	533,482	134,405	107,488	338,614	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,215	0	0	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	20	0	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	697,231	535,717	134,405	107,488	338,614	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description			PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	DATA PROCESSING					5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES					5.02
5.03	00530	ADMINISTRATIVE					5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL					5.05
5.06	00560	PATIENT TRANSPORTATION					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	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
17.01	01701	STAFF EDUCATION					17.01
17.02	01702	MEDICAL EDUCATION					17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD					21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD					22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	879,779				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	67,232,656	0	67,232,656	30.00
31.00	03100	INTENSIVE CARE UNIT	0	12,386,886	0	12,386,886	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	3,749,767	0	3,749,767	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0	1,370,986	0	1,370,986	40.00
41.00	04100	SUBPROVIDER - I/RF	0	6,614,427	0	6,614,427	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	2,872,622	0	2,872,622	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	14,694,875	0	14,694,875	50.00
50.01	03330	ENDOSCOPY	0	1,489,797	0	1,489,797	50.01
51.00	05100	RECOVERY ROOM	0	2,229,208	0	2,229,208	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	5,079,955	0	5,079,955	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,928,255	0	7,928,255	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	2,571,617	0	2,571,617	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,451,017	0	2,451,017	55.00
56.00	05600	RADIOISOTOPE	0	2,133,030	0	2,133,030	56.00
57.00	05700	CT SCAN	0	3,891,759	0	3,891,759	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	1,031,118	0	1,031,118	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,069,973	0	5,069,973	59.00
60.00	06000	LABORATORY	0	15,769,087	0	15,769,087	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,531,862	0	1,531,862	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	4,404,911	0	4,404,911	65.00
66.00	06600	PHYSICAL THERAPY	0	2,840,228	0	2,840,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,135,931	0	2,135,931	67.00
68.00	06800	SPEECH PATHOLOGY	0	640,543	0	640,543	68.00
69.00	06900	ELECTROCARDIOLOGY	0	954,098	0	954,098	69.00
69.01	06901	CARDIAC REHAB	0	2,286,612	0	2,286,612	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,609,600	0	2,609,600	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	11,537,920	0	11,537,920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,310,225	0	15,310,225	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	20,209,937	0	20,209,937	73.00
74.00	07400	RENAL DIALYSIS	0	1,945,409	0	1,945,409	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150002

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	8,821,504	0	8,821,504	90.00
91.00	09100 EMERGENCY	879,779	14,597,256	-446,102	14,151,154	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	2,849,242	0	2,849,242	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	879,779	251,242,313	-446,102	250,796,211	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	461,929	0	461,929	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	14,897,237	0	14,897,237	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	3,373,309	0	3,373,309	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	591,168	0	591,168	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	879,779	270,565,956	-446,102	270,119,854	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	33,897	0	33,897	4.00
5.01 00510	DATA PROCESSING	0	52,745	0	52,745	5.01
5.02 00520	PURCHASING, RECEIVING, AND STORES	0	42,081	0	42,081	5.02
5.03 00530	ADMITTING	0	55,769	0	55,769	5.03
5.04 00540	CASHIERING/ACCOUNTS RECEIVABLE	0	175,888	0	175,888	5.04
5.05 00550	OTHER ADMINISTRATIVE & GENERAL	0	571,518	0	571,518	5.05
5.06 00560	PATIENT TRANSPORTATION	0	0	0	0	5.06
7.00 00700	OPERATION OF PLANT	0	1,717,952	0	1,717,952	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	102,304	0	102,304	8.00
9.00 00900	HOUSEKEEPING	0	118,431	0	118,431	9.00
10.00 01000	DIETARY	0	108,175	0	108,175	10.00
11.00 01100	CAFETERIA	0	75,627	0	75,627	11.00
13.00 01300	NURSING ADMINISTRATION	0	36,445	0	36,445	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	205,715	0	205,715	14.00
15.00 01500	PHARMACY	0	108,801	0	108,801	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	64,895	0	64,895	16.00
17.00 01700	SOCIAL SERVICE	0	9,349	0	9,349	17.00
17.01 01701	STAFF EDUCATION	0	63,976	0	63,976	17.01
17.02 01702	MEDICAL EDUCATION	0	2,147	0	2,147	17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	25,638	0	25,638	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	1,797,654	0	1,797,654	30.00
31.00 03100	INTENSIVE CARE UNIT	0	114,006	0	114,006	31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	0	12,959	0	12,959	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0	22,797	0	22,797	40.00
41.00 04100	SUBPROVIDER - I RF	0	179,314	0	179,314	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	0	140,178	0	140,178	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	342,335	0	342,335	50.00
50.01 03330	ENDOSCOPY	0	0	0	0	50.01
51.00 05100	RECOVERY ROOM	0	83,484	0	83,484	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	40,193	0	40,193	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	304,524	0	304,524	54.00
54.01 03630	RADIOLOGY-ULTRASOUND	0	29,007	0	29,007	54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	0	77,395	0	77,395	55.00
56.00 05600	RADIOISOTOPE	0	51,901	0	51,901	56.00
57.00 05700	CT SCAN	0	49,146	0	49,146	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	24,134	0	24,134	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	48,170	0	48,170	59.00
60.00 06000	LABORATORY	0	134,978	0	134,978	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	2,210	0	2,210	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	44,572	0	44,572	65.00
66.00 06600	PHYSICAL THERAPY	0	70,422	0	70,422	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	60,521	0	60,521	67.00
68.00 06800	SPEECH PATHOLOGY	0	10,308	0	10,308	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
69.01 06901	CARDIAC REHAB	0	0	0	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	9,539	0	9,539	73.00
74.00 07400	RENAL DIALYSIS	0	25,156	0	25,156	74.00
75.00 07500	ASC (NON-DIESTINCT PART)	0	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		1.00	2.00			
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	456,536	0	456,536	594	90.00
91.00 09100 EMERGENCY	0	155,324	0	155,324	1,587	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	463	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	7,858,116	0	7,858,116	32,089	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	10,337	0	10,337	24	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	153,304	0	153,304	1,747	192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	19,841	0	19,841	12	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	51,637	0	51,637	25	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments	0	0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	8,093,235	0	8,093,235	33,897	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 9:18 am		
Cost Center Description			DATA PROCESSING 5.01	PURCHASING, RECEIVING, AND STORES 5.02	ADMINITTING 5.03	CASHIERING/ACCOUNTS RECEIVABLE 5.04	OTHER ADMINISTRATIVE & GENERAL 5.05
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	DATA PROCESSING	53,838				5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES	0	42,305			5.02
5.03	00530	ADMINITTING	0	96	56,465		5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE	0	31	1,256	177,658	5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL	53,838	119	4,080	13,130	645,695
5.06	00560	PATIENT TRANSPORTATION	0	1	0	0	2,048
7.00	00700	OPERATION OF PLANT	0	582	12,265	39,469	56,451
8.00	00800	LAUNDRY & LINEN SERVICE	0	2	730	2,350	4,470
9.00	00900	HOUSEKEEPING	0	894	846	2,721	17,256
10.00	01000	DIETARY	0	467	772	2,485	12,516
11.00	01100	CAFETERIA	0	2	540	1,737	3,966
13.00	01300	NURSING ADMINISTRATION	0	13	260	837	9,434
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	1,469	4,726	5,628
15.00	01500	PHARMACY	0	121	777	2,500	14,990
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26	463	1,491	7,961
17.00	01700	SOCIAL SERVICE	0	0	67	215	1,534
17.01	01701	STAFF EDUCATION	0	0	457	1,470	389
17.02	01702	MEDICAL EDUCATION	0	2	15	49	286
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	257
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	183	589	451
23.00	02300	PARAMED PRGM-(SPECIFY)	0	26	0	0	1,973
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	2,115	12,832	41,304	111,547
31.00	03100	INTENSIVE CARE UNIT	0	677	814	2,619	24,047
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	6	93	298	8,035
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	20	163	524	2,614
41.00	04100	SUBPROVIDER - I/RF	0	135	1,280	4,120	11,280
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	207	1,001	3,220	4,474
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	1,688	2,444	7,865	26,928
50.01	03330	ENDOSCOPY	0	192	0	0	3,180
51.00	05100	RECOVERY ROOM	0	34	596	1,918	3,704
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	137	287	923	9,990
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	174	2,174	6,996	13,759
54.01	03630	RADIOLOGY-ULTRASOUND	0	191	207	666	5,230
55.00	05500	RADIOLOGY-THERAPEUTIC	0	27	553	1,778	4,570
56.00	05600	RADIOISOTOPE	0	482	371	1,192	3,948
57.00	05700	CT SCAN	0	413	351	1,129	7,210
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	97	172	554	1,758
59.00	05900	CARDIAC CATHETERIZATION	0	1,004	344	1,107	10,196
60.00	06000	LABORATORY	0	3,129	964	3,101	30,765
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	456	16	51	3,273
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	765	318	1,024	9,338
66.00	06600	PHYSICAL THERAPY	0	25	503	1,618	5,572
67.00	06700	OCCUPATIONAL THERAPY	0	16	432	1,390	4,149
68.00	06800	SPEECH PATHOLOGY	0	6	74	237	1,345
69.00	06900	ELECTROCARDIOLOGY	0	26	0	0	2,029
69.01	06901	CARDIAC REHAB	0	18	0	0	5,424
70.00	07000	ELECTROENCEPHALOGRAPHY	0	358	0	0	5,821
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,903	0	0	23,623
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	15,180	0	0	36,231
73.00	07300	DRUGS CHARGED TO PATIENTS	0	433	68	219	33,043
74.00	07400	RENAL DIALYSIS	0	0	180	578	3,973
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE & GENERAL	
			5.01	5.02	5.03	5.04	5.05	
90.00	09000	CLINIC	0	117	3,259	10,489	14,388	90.00
91.00	09100	EMERGENCY	0	1,227	1,109	3,568	25,536	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER HEALTH AGENCY	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	153	0	0	6,583	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	53,838	41,793	54,785	172,257	603,173	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	247	74	237	941	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	264	1,095	3,522	33,122	192.00
192.01	19201	OTHER NON-REIMBURSABLE	0	1	142	456	7,766	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	369	1,186	693	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	53,838	42,305	56,465	177,658	645,695	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 9:18 am		
Cost Center Description		PATIENT TRANSPORTATION 5.06	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	DATA PROCESSING				5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES				5.02
5.03	00530	ADMITTING				5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL				5.05
5.06	00560	PATIENT TRANSPORTATION	2,204			5.06
7.00	00700	OPERATION OF PLANT	0	1,827,680		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	34,350	144,206	8.00
9.00	00900	HOUSEKEEPING	0	39,765	0	180,907
10.00	01000	DIETARY	0	36,321	0	3,747
11.00	01100	CAFETERIA	0	25,393	0	2,620
13.00	01300	NURSING ADMINISTRATION	5	12,237	0	1,262
14.00	01400	CENTRAL SERVICES & SUPPLY	0	69,071	1,658	7,126
15.00	01500	PHARMACY	0	36,531	1	3,769
16.00	01600	MEDICAL RECORDS & LIBRARY	0	21,789	0	2,248
17.00	01700	SOCIAL SERVICE	0	3,139	0	324
17.01	01701	STAFF EDUCATION	0	21,481	0	2,216
17.02	01702	MEDICAL EDUCATION	0	721	0	74
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	8,608	0	888
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	841	603,586	71,144	62,270
31.00	03100	INTENSIVE CARE UNIT	14	38,279	3,766	3,949
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	4,351	3,324	449
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	7,654	0	790
41.00	04100	SUBPROVIDER - I/RF	29	60,207	0	6,211
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	47,066	3,090	4,856
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	114,943	14,981	11,858
50.01	03330	ENDOSCOPY	66	0	403	0
51.00	05100	RECOVERY ROOM	0	28,031	3,921	2,892
52.00	05200	DELIVERY ROOM & LABOR ROOM	26	13,495	3,350	1,392
53.00	05300	ANESTHESIOLOGY	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	261	102,247	4,981	10,548
54.01	03630	RADIOLOGY-ULTRASOUND	238	9,739	845	1,005
55.00	05500	RADIOLOGY-THERAPEUTIC	15	25,986	226	2,681
56.00	05600	RADIOISOTOPE	124	17,426	0	1,798
57.00	05700	CT SCAN	310	16,501	1,148	1,702
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	94	8,103	459	836
59.00	05900	CARDIAC CATHETERIZATION	51	16,174	5,107	1,669
60.00	06000	LABORATORY	0	45,320	0	4,675
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	742	0	77
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	4	14,965	221	1,544
66.00	06600	PHYSICAL THERAPY	0	23,645	1,810	2,439
67.00	06700	OCCUPATIONAL THERAPY	0	20,321	0	2,096
68.00	06800	SPEECH PATHOLOGY	0	3,461	0	357
69.00	06900	ELECTROCARDIOLOGY	9	0	860	0
69.01	06901	CARDIAC REHAB	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	3	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,203	0	330
74.00	07400	RENAL DIALYSIS	0	8,446	6,903	871
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0
90.00	09000	CLINIC	2	153,287	0	15,814

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description		PATIENT TRANSPORTATION	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.06	7.00	8.00	9.00	10.00	
91.00	09100 EMERGENCY	112	52,152	16,008	5,380	4,554	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,204	1,748,736	144,206	172,763	165,047	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	3,471	0	358	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	51,473	0	5,310	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	6,662	0	687	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	17,338	0	1,789	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,204	1,827,680	144,206	180,907	165,047	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 9:18 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00530	ADMITTING						5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL						5.05
5.06	00560	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	110,118					11.00
13.00	01300	NURSING ADMINISTRATION	2,468	63,694				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,325	0	296,886			14.00
15.00	01500	PHARMACY	0	0	1,274	168,764		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,938	0	274	0	102,544	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	85	0	23	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	17	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	590	573	318	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,093	36,014	24,933	0	9,513	30.00
31.00	03100	INTENSIVE CARE UNIT	6,547	6,356	8,143	0	1,677	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,597	2,521	72	0	821	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	651	632	81	0	224	40.00
41.00	04100	SUBPROVIDER - IRF	3,973	0	1,637	0	843	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,033	1,003	2,450	0	209	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	5,160	5,010	20,419	0	12,623	50.00
50.01	03330	ENDOSCOPY	717	696	2,061	0	998	50.01
51.00	05100	RECOVERY ROOM	994	965	409	0	968	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,077	2,987	1,681	0	468	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,851	0	2,094	0	3,266	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	1,046	0	2,360	0	1,513	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	543	0	339	0	1,659	55.00
56.00	05600	RADIOISOTOPE	436	0	5,942	0	1,212	56.00
57.00	05700	CT SCAN	1,171	0	5,067	0	9,795	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	404	0	1,197	0	2,361	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,558	0	12,186	0	5,336	59.00
60.00	06000	LABORATORY	5,023	0	39,136	25,866	12,364	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	2,519	0	5,603	0	848	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,725	0	5,971	0	2,644	65.00
66.00	06600	PHYSICAL THERAPY	1,699	0	261	0	813	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,075	0	162	0	586	67.00
68.00	06800	SPEECH PATHOLOGY	363	0	73	0	134	68.00
69.00	06900	ELECTROCARDIOLOGY	788	0	326	0	1,798	69.00
69.01	06901	CARDIAC REHAB	459	0	216	0	61	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,043	0	4,406	0	2,575	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	122,160	0	4,219	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,519	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	416	0	5,338	142,345	10,656	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	625	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
90.00	09000	CLINIC	2,447	0	1,284	0	1,826	90.00
91.00	09100	EMERGENCY	7,145	6,937	14,874	0	6,030	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	2,096	0	1,305	463	360	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	105,072	63,694	294,075	168,674	102,544	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	252	0	222	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	4,617	0	2,577	90	0	192.00
192.01	19201	OTHER NON-REIMBURSABLE	177	0	10	0	0	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	0	0	2	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	110,118	63,694	296,886	168,764	102,544	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
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Cost Center Description	INTERNS & RESIDENTS				
	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS
	17.00	17.01	17.02	21.00	22.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00510 DATA PROCESSING					5.01
5.02 00520 PURCHASING, RECEIVING, AND STORES					5.02
5.03 00530 ADMITTING					5.03
5.04 00540 CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05 00550 OTHER ADMINISTRATIVE & GENERAL					5.05
5.06 00560 PATIENT TRANSPORTATION					5.06
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 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	14,759				17.00
17.01 01701 STAFF EDUCATION	0	89,989			17.01
17.02 01702 MEDICAL EDUCATION	0	0	3,421		17.02
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	257	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	27	0	0	23.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	27	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	11,424	52,002	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	7,242	0		31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	0	1,105	0		31.01
32.00 03200 CORONARY CARE UNIT	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00 04000 SUBPROVIDER - I PF	0	497	0		40.00
41.00 04100 SUBPROVIDER - I RF	2,616	3,572	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	1,272	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0		45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	3,541	0		50.00
50.01 03330 ENDOSCOPY	0	594	0		50.01
51.00 05100 RECOVERY ROOM	0	735	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	5,330	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	1,170	0		54.00
54.01 03630 RADIOLOGY-ULTRASOUND	0	129	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	69	0		55.00
56.00 05600 RADIOISOTOPE	0	499	0		56.00
57.00 05700 CT SCAN	0	389	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	131	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,707	0		59.00
60.00 06000 LABORATORY	0	703	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	34	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	970	0		65.00
66.00 06600 PHYSICAL THERAPY	0	94	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	98	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	26	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	286	0		69.00
69.01 06901 CARDIAC REHAB	0	68	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	275	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	3	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

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Cost Center Description	SOCIAL SERVICE 17.00	STAFF EDUCATION 17.01	MEDICAL EDUCATION 17.02	INTERNS & RESIDENTS		
				SERVICES-SALAR Y & FRINGES 21.00	SERVICES-OTHER PRGM COSTS 22.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00
90.00 09000 CLINIC	0	317	0			90.00
91.00 09100 EMERGENCY	719	6,289	3,421			91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0			92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0			94.00
95.00 09500 AMBULANCE SERVICES	0	0	0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0			96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0			97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0			98.00
99.00 09900 CMHC	0	0	0			99.00
99.10 09910 CORF	0	0	0			99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0			100.00
101.00 10100 HOME HEALTH AGENCY	0	440	0			101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0			105.00
106.00 10600 HEART ACQUISITION	0	0	0			106.00
107.00 10700 LIVER ACQUISITION	0	0	0			107.00
108.00 10800 LUNG ACQUISITION	0	0	0			108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0			109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0			110.00
111.00 11100 ISLET ACQUISITION	0	0	0			111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0			115.00
116.00 11600 HOSPICE	0	0	0			116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	14,759	89,614	3,421	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0			190.00
191.00 19100 RESEARCH	0	0	0			191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	372	0			192.00
192.01 19201 OTHER NON-REIMBURSABLE	0	3	0			192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	0			192.02
193.00 19300 NONPAID WORKERS	0	0	0			193.00
200.00 Cross Foot Adjustments				257	36,374	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	14,759	89,989	3,421	257	36,374	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 9:18 am
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	DATA PROCESSING				5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES				5.02
5.03	00530	ADMINISTRATIVE				5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL				5.05
5.06	00560	PATIENT TRANSPORTATION				5.06
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	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
17.01	01701	STAFF EDUCATION				17.01
17.02	01702	MEDICAL EDUCATION				17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD				22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	3,674			23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	2,992,764	0	2,992,764	30.00
31.00	03100	INTENSIVE CARE UNIT	243,254	0	243,254	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	37,288	0	37,288	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	38,945	0	38,945	40.00
41.00	04100	SUBPROVIDER - I RF	291,748	0	291,748	41.00
42.00	04200	SUBPROVIDER	0	0	0	42.00
43.00	04300	NURSERY	210,310	0	210,310	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	570,915	0	570,915	50.00
50.01	03330	ENDOSCOPY	9,088	0	9,088	50.01
51.00	05100	RECOVERY ROOM	128,910	0	128,910	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	91,699	0	91,699	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	455,622	0	455,622	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	52,496	0	52,496	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	115,990	0	115,990	55.00
56.00	05600	RADIOISOTOPE	85,470	0	85,470	56.00
57.00	05700	CT SCAN	94,614	0	94,614	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	40,404	0	40,404	58.00
59.00	05900	CARDIAC CATHETERIZATION	105,904	0	105,904	59.00
60.00	06000	LABORATORY	307,347	0	307,347	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,160	0	16,160	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,628	0	85,628	65.00
66.00	06600	PHYSICAL THERAPY	109,324	0	109,324	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,134	0	91,134	67.00
68.00	06800	SPEECH PATHOLOGY	16,602	0	16,602	68.00
69.00	06900	ELECTROCARDIOLOGY	6,266	0	6,266	69.00
69.01	06901	CARDIAC REHAB	6,346	0	6,346	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,774	0	14,774	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	159,905	0	159,905	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,930	0	54,930	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	205,714	0	205,714	73.00
74.00	07400	RENAL DIALYSIS	46,732	0	46,732	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150002

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		660,360	0	660,360	90.00
91.00	09100 EMERGENCY		311,972	0	311,972	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)		0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY		11,863	0	11,863	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600 HEART ACQUISITION		0	0	0	106.00
107.00	10700 LIVER ACQUISITION		0	0	0	107.00
108.00	10800 LUNG ACQUISITION		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600 HOSPICE		0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	7,670,478	0	7,670,478	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		16,163	0	16,163	190.00
191.00	19100 RESEARCH		0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES		257,493	0	257,493	192.00
192.01	19201 OTHER NON-REIMBURSABLE		35,757	0	35,757	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH		73,039	0	73,039	192.02
193.00	19300 NONPAID WORKERS		0	0	0	193.00
200.00	Cross Foot Adjustments	3,674	40,305	0	40,305	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,674	8,093,235	0	8,093,235	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING, RECEIVING, AND STORES (PURCHASE REQUISITIONS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	1,410,133				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		1,410,133			2.00
4.00 00400	EMPLOYEE BENEFITS	5,906	5,906	116,279,749		4.00
5.01 00510	DATA PROCESSING	9,190	9,190	3,742,579	1,000	5.01
5.02 00520	PURCHASING, RECEIVING, AND STORES	7,332	7,332	766,829	0	32,598,816 5.02
5.03 00530	ADMITTING	9,717	9,717	2,054,746	0	74,200 5.03
5.04 00540	CASHIERING/ACCOUNTS RECEIVABLE	30,646	30,646	1,652,911	0	23,527 5.04
5.05 00550	OTHER ADMINISTRATIVE & GENERAL	99,579	99,579	10,309,909	1,000	91,719 5.05
5.06 00560	PATIENT TRANSPORTATION	0	0	529,379	0	695 5.06
7.00 00700	OPERATION OF PLANT	299,329	299,329	3,292,807	0	448,342 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	17,825	17,825	0	0	1,660 8.00
9.00 00900	HOUSEKEEPING	20,635	20,635	3,405,712	0	688,487 9.00
10.00 01000	DIETARY	18,848	18,848	1,932,335	0	359,826 10.00
11.00 01100	CAFETERIA	13,177	13,177	796,985	0	1,558 11.00
13.00 01300	NURSING ADMINISTRATION	6,350	6,350	2,508,914	0	9,668 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	35,843	35,843	574,291	0	0 14.00
15.00 01500	PHARMACY	18,957	18,957	0	0	93,131 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	11,307	11,307	1,571,091	0	19,988 16.00
17.00 01700	SOCIAL SERVICE	1,629	1,629	447,475	0	0 17.00
17.01 01701	STAFF EDUCATION	11,147	11,147	0	0	0 17.01
17.02 01702	MEDICAL EDUCATION	374	374	65,209	0	1,407 17.02
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	4,467	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	573,413	0	19,858 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	313,217	313,217	26,919,086	0	1,629,052 30.00
31.00 03100	INTENSIVE CARE UNIT	19,864	19,864	6,039,373	0	521,332 31.00
31.01 02060	NEONATAL INTENSIVE CARE UNIT	2,258	2,258	2,250,789	0	4,847 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - I/PF	3,972	3,972	508,339	0	15,248 40.00
41.00 04100	SUBPROVIDER - I/RF	31,243	31,243	2,747,766	0	103,956 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	24,424	24,424	861,073	0	159,262 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	59,647	59,647	3,834,585	0	1,300,455 50.00
50.01 03330	ENDOSCOPY	0	0	604,113	0	148,265 50.01
51.00 05100	RECOVERY ROOM	14,546	14,546	885,812	0	26,498 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	7,003	7,003	2,672,798	0	105,455 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	53,059	53,059	1,977,532	0	134,382 54.00
54.01 03630	RADIOLOGY-ULTRASOUND	5,054	5,054	1,096,847	0	147,379 54.01
55.00 05500	RADIOLOGY-THERAPEUTIC	13,485	13,485	510,513	0	21,168 55.00
56.00 05600	RADIOISOTOPE	9,043	9,043	477,275	0	371,119 56.00
57.00 05700	CT SCAN	8,563	8,563	967,351	0	318,151 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	4,205	4,205	356,954	0	74,769 58.00
59.00 05900	CARDIAC CATHETERIZATION	8,393	8,393	1,448,673	0	773,455 59.00
60.00 06000	LABORATORY	23,518	23,518	4,532,040	0	2,410,890 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385	385	1,131,863	0	351,208 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	7,766	7,766	1,942,847	0	589,188 65.00
66.00 06600	PHYSICAL THERAPY	12,270	12,270	1,447,855	0	18,986 66.00
67.00 06700	OCCUPATIONAL THERAPY	10,545	10,545	987,827	0	12,546 67.00
68.00 06800	SPEECH PATHOLOGY	1,796	1,796	359,089	0	4,536 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	493,895	0	20,335 69.00
69.01 06901	CARDIAC REHAB	0	0	342,680	0	13,677 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	998,902	0	276,098 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	7,629,468 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	11,701,629 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,662	1,662	413,208	0	333,383 73.00
74.00 07400	RENAL DIALYSIS	4,383	4,383	0	0	0 74.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING, RECEIVING, AND STORES (PURCHASE REQUISITIONS)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	79,545	79,545	2,033,972	0	90,257	90.00
91.00 09100 EMERGENCY	27,063	27,063	5,435,195	0	944,950	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	1,585,118	0	118,183	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	1,369,167	1,369,167	110,087,955	1,000	32,204,193	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	1,801	81,156	0	190,171	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	26,711	26,711	5,983,277	0	203,572	192.00
192.01 19201 OTHER NON-REIMBURSABLE	3,457	3,457	40,690	0	780	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	8,997	8,997	86,671	0	100	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	8,093,235	0	21,795,872	16,107,005	3,708,414	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.739342	0.000000	0.187443	16,107.005000	0.113759	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			33,897	53,838	42,305	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000292	53.838000	0.001298	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description			ADMITTING (SQUARE FEET)	CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	
			5.03	5.04	5A.05	5.05	5.06	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00530	ADMITTING	1,377,988					5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE	30,646	1,347,342				5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL	99,579	99,579	-38,289,804	232,276,152		5.05
5.06	00560	PATIENT TRANSPORTATION	0	0	0	736,617	50,412	5.06
7.00	00700	OPERATION OF PLANT	299,329	299,329	0	20,306,246	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	17,825	17,825	0	1,608,053	0	8.00
9.00	00900	HOUSEKEEPING	20,635	20,635	0	6,207,070	0	9.00
10.00	01000	DIETARY	18,848	18,848	0	4,502,179	0	10.00
11.00	01100	CAFETERIA	13,177	13,177	0	1,426,784	0	11.00
13.00	01300	NURSING ADMINISTRATION	6,350	6,350	0	3,393,693	115	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	35,843	35,843	0	2,024,450	0	14.00
15.00	01500	PHARMACY	18,957	18,957	0	5,392,047	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	11,307	11,307	0	2,863,799	0	16.00
17.00	01700	SOCIAL SERVICE	1,629	1,629	0	551,780	0	17.00
17.01	01701	STAFF EDUCATION	11,147	11,147	0	139,795	0	17.01
17.02	01702	MEDICAL EDUCATION	374	374	0	103,017	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	92,277	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	4,467	4,467	0	162,138	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	709,595	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	313,217	313,217	0	40,136,367	19,201	30.00
31.00	03100	INTENSIVE CARE UNIT	19,864	19,864	0	8,650,006	321	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	2,258	2,258	0	2,890,382	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	3,972	3,972	0	940,178	0	40.00
41.00	04100	SUBPROVIDER - I RF	31,243	31,243	0	4,057,657	667	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	24,424	24,424	0	1,609,469	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	59,647	59,647	0	9,686,349	1	50.00
50.01	03330	ENDOSCOPY	0	0	0	1,143,935	1,509	50.01
51.00	05100	RECOVERY ROOM	14,546	14,546	0	1,332,324	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,003	7,003	0	3,593,660	595	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	53,059	53,059	0	4,949,204	5,971	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	5,054	5,054	0	1,881,185	5,452	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	13,485	13,485	0	1,643,742	345	55.00
56.00	05600	RADIOISOTOPE	9,043	9,043	0	1,420,276	2,830	56.00
57.00	05700	CT SCAN	8,563	8,563	0	2,593,373	7,084	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,205	4,205	0	632,418	2,161	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,393	8,393	0	3,667,776	1,177	59.00
60.00	06000	LABORATORY	23,518	23,518	0	11,066,684	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	385	385	0	1,177,388	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	7,766	7,766	0	3,358,896	97	65.00
66.00	06600	PHYSICAL THERAPY	12,270	12,270	0	2,004,311	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,545	10,545	0	1,492,584	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,796	1,796	0	483,813	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	729,893	202	69.00
69.01	06901	CARDIAC REHAB	0	0	0	1,950,961	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	2,093,739	67	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	8,497,389	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	13,032,803	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,662	1,662	0	11,885,828	0	73.00
74.00	07400	RENAL DIALYSIS	4,383	4,383	0	1,429,255	4	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description		ADMINISTRATIVE (SQUARE FEET)	CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	
		5.03	5.04	5A.05	5.05	5.06	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	79,545	79,545	0	5,175,489	50	90.00
91.00	09100 EMERGENCY	27,063	27,063	0	9,185,732	2,563	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	2,368,114	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,337,022	1,306,376	-38,289,804	216,980,720	50,412	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	1,801	0	338,388	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	26,711	26,711	0	11,914,300	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	3,457	3,457	0	2,793,619	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	8,997	8,997	0	249,125	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,005,301	6,225,844		38,289,804	858,045	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.180934	4.620834		0.164846	17.020650	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	56,465	177,658		645,695	2,204	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.040976	0.131858		0.002780	0.043720	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520						5.02
5.03	00530						5.03
5.04	00540						5.04
5.05	00550						5.05
5.06	00560						5.06
7.00	00700	948,434					7.00
8.00	00800	17,825	2,077,434				8.00
9.00	00900	20,635	0	909,974			9.00
10.00	01000	18,848	0	18,848	363,025		10.00
11.00	01100	13,177	0	13,177	0	2,721,249	11.00
13.00	01300	6,350	0	6,350	0	60,998	13.00
14.00	01400	35,843	23,881	35,843	0	32,750	14.00
15.00	01500	18,957	13	18,957	0	0	15.00
16.00	01600	11,307	0	11,307	0	72,614	16.00
17.00	01700	1,629	0	1,629	0	0	17.00
17.01	01701	11,147	0	11,147	0	0	17.01
17.02	01702	374	0	374	0	2,099	17.02
21.00	02100	0	0	0	0	0	21.00
22.00	02200	4,467	0	4,467	0	418	22.00
23.00	02300	0	0	0	0	14,584	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	313,217	1,024,892	313,217	243,457	916,655	30.00
31.00	03100	19,864	54,256	19,864	51,369	161,780	31.00
31.01	02060	2,258	47,892	2,258	0	64,167	31.01
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	3,972	0	3,972	4,728	16,094	40.00
41.00	04100	31,243	0	31,243	34,596	98,175	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	24,424	44,521	24,424	0	25,539	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	59,647	215,816	59,647	0	127,511	50.00
50.01	03330	0	5,803	0	12	17,718	50.01
51.00	05100	14,546	56,493	14,546	0	24,554	51.00
52.00	05200	7,003	48,265	7,003	16,679	76,031	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	53,059	71,762	53,059	0	70,454	54.00
54.01	03630	5,054	12,177	5,054	0	25,846	54.01
55.00	05500	13,485	3,254	13,485	0	13,430	55.00
56.00	05600	9,043	0	9,043	0	10,766	56.00
57.00	05700	8,563	16,539	8,563	0	28,939	57.00
58.00	05800	4,205	6,612	4,205	0	9,978	58.00
59.00	05900	8,393	73,572	8,393	1,917	38,499	59.00
60.00	06000	23,518	0	23,518	0	124,120	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	385	0	385	0	62,246	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	7,766	3,179	7,766	0	67,339	65.00
66.00	06600	12,270	26,069	12,270	0	41,998	66.00
67.00	06700	10,545	0	10,545	0	26,564	67.00
68.00	06800	1,796	0	1,796	248	8,967	68.00
69.00	06900	0	12,391	0	0	19,465	69.00
69.01	06901	0	0	0	0	11,349	69.01
70.00	07000	0	0	0	3	25,783	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	1,662	0	1,662	0	10,287	73.00
74.00	07400	4,383	99,441	4,383	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	
		7.00	8.00	9.00	10.00	11.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	79,545	0	79,545	60,462	90.00
91.00	09100	EMERGENCY	27,063	230,606	27,063	176,559	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	51,807	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	907,468	2,077,434	869,008	363,025	2,596,545
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,801	0	1,801	6,224	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	26,711	0	26,711	114,098	192.00
192.01	19201	OTHER NON-REIMBURSABLE	3,457	0	3,457	4,382	192.01
192.02	19202	FAMILY HEALTH/GARY COMM HEALTH	8,997	0	8,997	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	23,653,649	2,317,684	7,744,911	5,874,826	2,102,765
203.00		Unit cost multiplier (Wkst. B, Part I)	24.939689	1.115647	8.511134	16.182979	0.772721
204.00		Cost to be allocated (per Wkst. B, Part II)	1,827,680	144,206	180,907	165,047	110,118
205.00		Unit cost multiplier (Wkst. B, Part II)	1.927050	0.069415	0.198805	0.454644	0.040466

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	DATA PROCESSING						5.01
5.02	00520	PURCHASING, RECEIVING, AND STORES						5.02
5.03	00530	ADMINISTRATIVE						5.03
5.04	00540	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00550	OTHER ADMINISTRATIVE & GENERAL						5.05
5.06	00560	PATIENT TRANSPORTATION						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION	1,621,192					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,541,651				14.00
15.00	01500	PHARMACY	0	79,552	12,990,038			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	17,098	0	797,779,242		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	801	17.00
17.01	01701	STAFF EDUCATION	0	0	0	0	0	17.01
17.02	01702	MEDICAL EDUCATION	0	1,407	0	0	0	17.02
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	14,584	19,858	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	916,655	1,557,127	0	73,741,428	620	30.00
31.00	03100	INTENSIVE CARE UNIT	161,780	508,532	0	13,003,564	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	64,167	4,468	0	6,365,214	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	16,094	5,069	0	1,737,983	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0	102,255	0	6,537,745	142	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	25,539	153,040	0	1,622,780	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	127,511	1,275,216	0	100,710,519	0	50.00
50.01	03330	ENDOSCOPY	17,718	128,720	0	7,736,096	0	50.01
51.00	05100	RECOVERY ROOM	24,554	25,567	0	7,504,949	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	76,031	104,981	0	3,631,243	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	130,784	0	25,321,595	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	147,379	0	11,725,063	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	21,168	0	12,857,503	0	55.00
56.00	05600	RADIOISOTOPE	0	371,119	0	9,394,469	0	56.00
57.00	05700	CT SCAN	0	316,450	0	75,927,896	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	74,769	0	18,305,451	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	761,049	0	41,362,215	0	59.00
60.00	06000	LABORATORY	0	2,444,154	1,990,949	95,842,751	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	349,904	0	6,574,497	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	372,912	0	20,495,502	0	65.00
66.00	06600	PHYSICAL THERAPY	0	16,315	0	6,300,655	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	10,126	0	4,541,256	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	4,536	0	1,040,117	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	20,335	0	13,936,858	0	69.00
69.01	06901	CARDIAC REHAB	0	13,477	0	474,734	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	275,198	0	19,958,018	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,629,468	0	32,707,551	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	27,276,296	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	333,383	10,956,507	82,607,390	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	4,846,218	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIREMENTS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	80,184	0	14,153,567	0	90.00
91.00	09100 EMERGENCY	176,559	928,934	0	46,744,714	39	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	81,518	35,653	2,793,405	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	1,621,192	18,366,052	12,983,109	797,779,242	801	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	13,895	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	160,954	6,929	0	0	192.00
192.01	19201 OTHER NON-REIMBURSABLE	0	650	0	0	0	192.01
192.02	19202 FAMILY HEALTH/GARY COMM HEALTH	0	100	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,214,634	3,609,100	6,930,532	3,773,551	697,231	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.599713	0.194648	0.533527	0.004730	870.450687	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	63,694	296,886	168,764	102,544	14,759	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.039288	0.016012	0.012992	0.000129	18.425718	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.01	17.02		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 DATA PROCESSING						5.01
5.02 00520 PURCHASING, RECEIVING, AND STORES						5.02
5.03 00530 ADMITTING						5.03
5.04 00540 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05 00550 OTHER ADMINISTRATIVE & GENERAL						5.05
5.06 00560 PATIENT TRANSPORTATION						5.06
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 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
17.01 01701 STAFF EDUCATION	105,713					17.01
17.02 01702 MEDICAL EDUCATION	0	100				17.02
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	100			21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0		100		22.00
23.00 02300 PARAMED PRGM-(SPECIFY)	32	0			100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	61,090	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	8,507	0	0	0	0	31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT	1,298	0	0	0	0	31.01
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	584	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	4,196	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	1,494	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	4,160	0	0	0	0	50.00
50.01 03330 ENDOSCOPY	698	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	863	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	6,261	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,375	0	0	0	0	54.00
54.01 03630 RADIOLOGY-ULTRASOUND	151	0	0	0	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	81	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	586	0	0	0	0	56.00
57.00 05700 CT SCAN	457	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	154	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	2,005	0	0	0	0	59.00
60.00 06000 LABORATORY	826	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	40	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	1,139	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	110	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	115	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	30	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	336	0	0	0	0	69.00
69.01 06901 CARDIAC REHAB	80	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	323	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	4	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150002

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
			17.01	17.02		
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	372	0	0	0	0	90.00
91.00 09100 EMERGENCY	7,388	100	100	100	100	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	517	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	105,272	100	100	100	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	437	0	0	0	0	192.00
192.01 19201 OTHER NON-REIMBURSABLE	4	0	0	0	0	192.01
192.02 19202 FAMILY HEALTH/GARY COMM HEALTH	0	0	0	0	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	535,717	134,405	107,488	338,614	879,779	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5.067655	1,344.050000	1,074.880000	3,386.140000	8,797.790000	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	89,989	3,421	257	36,374	3,674	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.851258	34.210000	2.570000	363.740000	36.740000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:18 am

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	67,232,656		67,232,656	48,657	67,281,313	56,973,478	30.00
31.00	03100	INTENSIVE CARE UNIT	12,386,886		12,386,886	30,030	12,416,916	13,003,564	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,749,767		3,749,767	0	3,749,767	6,365,214	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	1,370,986		1,370,986	0	1,370,986	1,737,983	40.00
41.00	04100	SUBPROVIDER - I RF	6,614,427		6,614,427	0	6,614,427	6,537,745	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	2,872,622		2,872,622	0	2,872,622	1,622,780	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	14,694,875		14,694,875	13,925	14,708,800	63,263,413	50.00
50.01	03330	ENDOSCOPY	1,489,797		1,489,797	0	1,489,797	4,100,908	50.01
51.00	05100	RECOVERY ROOM	2,229,208		2,229,208	0	2,229,208	3,970,500	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,079,955		5,079,955	0	5,079,955	2,256,185	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,928,255		7,928,255	0	7,928,255	8,489,176	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,571,617		2,571,617	0	2,571,617	3,980,301	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,451,017		2,451,017	0	2,451,017	1,029,753	55.00
56.00	05600	RADIOISOTOPE	2,133,030		2,133,030	0	2,133,030	4,861,439	56.00
57.00	05700	CT SCAN	3,891,759		3,891,759	0	3,891,759	33,548,401	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,031,118		1,031,118	0	1,031,118	7,638,757	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,069,973		5,069,973	0	5,069,973	23,347,479	59.00
60.00	06000	LABORATORY	15,769,087		15,769,087	106,080	15,875,167	50,671,174	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,531,862		1,531,862	0	1,531,862	5,547,820	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,404,911	0	4,404,911	6,536	4,411,447	18,702,598	65.00
66.00	06600	PHYSICAL THERAPY	2,840,228	0	2,840,228	0	2,840,228	6,151,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,135,931	0	2,135,931	0	2,135,931	4,467,625	67.00
68.00	06800	SPEECH PATHOLOGY	640,543	0	640,543	0	640,543	949,911	68.00
69.00	06900	ELECTROCARDIOLOGY	954,098		954,098	0	954,098	8,593,560	69.00
69.01	06901	CARDIAC REHAB	2,286,612		2,286,612	0	2,286,612	131,329	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,609,600		2,609,600	32,366	2,641,966	8,296,545	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,537,920		11,537,920	0	11,537,920	21,654,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,310,225		15,310,225	0	15,310,225	19,976,411	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,209,937		20,209,937	0	20,209,937	72,460,984	73.00
74.00	07400	RENAL DIALYSIS	1,945,409		1,945,409	0	1,945,409	4,507,126	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	8,821,504		8,821,504	44,206	8,865,710	629,637	90.00
91.00	09100	EMERGENCY	14,151,154		14,151,154	18,688	14,169,842	14,149,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,744,846		9,744,846	0	9,744,846	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:18 am

			Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			3.00	4.00	5.00	6.00		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	0	98.00
99.00 09900 CMHC	0		0		0		0	99.00
99.10 09910 CORF	0		0		0		0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0		0		0	100.00
101.00 10100 HOME HEALTH AGENCY	2,849,242		2,849,242		2,849,242		0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0		0		0		0	105.00
106.00 10600 HEART ACQUISITION	0		0		0		0	106.00
107.00 10700 LIVER ACQUISITION	0		0		0		0	107.00
108.00 10800 LUNG ACQUISITION	0		0		0		0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0		0		0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0		0		0	110.00
111.00 11100 ISLET ACQUISITION	0		0		0		0	111.00
113.00 11300 INTEREST EXPENSE								113.00
114.00 11400 UTILIZATION REVIEW-SNF								114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0		0	115.00
116.00 11600 HOSPICE	0		0		0		0	116.00
200.00 Subtotal (see instructions)	260,541,057	0	260,541,057	300,488	260,841,545	479,617,352	200.00	
201.00 Less Observation Beds	9,744,846		9,744,846		9,744,846		201.00	
202.00 Total (see instructions)	250,796,211	0	250,796,211	300,488	251,096,699	479,617,352	202.00	
Charges								
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	7.00	8.00	9.00	10.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS		56,973,478						30.00
31.00 03100 INTENSIVE CARE UNIT		13,003,564						31.00
31.01 02060 NEONATAL INTENSIVE CARE UNIT		6,365,214						31.01
32.00 03200 CORONARY CARE UNIT		0						32.00
33.00 03300 BURN INTENSIVE CARE UNIT		0						33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0						34.00
40.00 04000 SUBPROVIDER - I PF		1,737,983						40.00
41.00 04100 SUBPROVIDER - I RF		6,537,745						41.00
42.00 04200 SUBPROVIDER		0						42.00
43.00 04300 NURSERY		1,622,780						43.00
44.00 04400 SKILLED NURSING FACILITY		0						44.00
45.00 04500 NURSING FACILITY		0						45.00
46.00 04600 OTHER LONG TERM CARE		0						46.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	37,447,106	100,710,519	0.145912	0.000000	0.146050			50.00
50.01 03330 ENDOSCOPY	3,635,188	7,736,096	0.192577	0.000000	0.192577			50.01
51.00 05100 RECOVERY ROOM	3,534,449	7,504,949	0.297032	0.000000	0.297032			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,375,058	3,631,243	1.398958	0.000000	1.398958			52.00
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,832,419	25,321,595	0.313103	0.000000	0.313103			54.00
54.01 03630 RADIOLOGY-ULTRASOUND	7,744,762	11,725,063	0.219326	0.000000	0.219326			54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	11,827,750	12,857,503	0.190629	0.000000	0.190629			55.00
56.00 05600 RADIOISOTOPE	4,533,030	9,394,469	0.227052	0.000000	0.227052			56.00
57.00 05700 CT SCAN	42,379,495	75,927,896	0.051256	0.000000	0.051256			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	10,666,694	18,305,451	0.056328	0.000000	0.056328			58.00
59.00 05900 CARDIAC CATHETERIZATION	18,014,736	41,362,215	0.122575	0.000000	0.122575			59.00
60.00 06000 LABORATORY	45,171,577	95,842,751	0.164531	0.000000	0.165638			60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,026,677	6,574,497	0.233001	0.000000	0.233001			62.00
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000			63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000			64.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:18 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00	9.00	10.00	11.00				
65.00 06500 RESPIRATORY THERAPY	1,792,904	20,495,502	0.214921	0.000000	0.215240				65.00
66.00 06600 PHYSICAL THERAPY	149,203	6,300,655	0.450783	0.000000	0.450783				66.00
67.00 06700 OCCUPATIONAL THERAPY	73,631	4,541,256	0.470339	0.000000	0.470339				67.00
68.00 06800 SPEECH PATHOLOGY	90,206	1,040,117	0.615837	0.000000	0.615837				68.00
69.00 06900 ELECTROCARDIOLOGY	5,343,298	13,936,858	0.068459	0.000000	0.068459				69.00
69.01 06901 CARDIAC REHAB	343,405	474,734	4.816617	0.000000	4.816617				69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	11,661,473	19,958,018	0.130754	0.000000	0.132376				70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,052,969	32,707,551	0.352760	0.000000	0.352760				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,299,885	27,276,296	0.561301	0.000000	0.561301				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	10,146,406	82,607,390	0.244650	0.000000	0.244650				73.00
74.00 07400 RENAL DIALYSIS	339,092	4,846,218	0.401428	0.000000	0.401428				74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000				75.00
OUTPATIENT SERVICE COST CENTERS									
88.00 08800 RURAL HEALTH CLINIC	0	0							88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0							89.00
90.00 09000 CLINIC	13,523,930	14,153,567	0.623271	0.000000	0.626394				90.00
91.00 09100 EMERGENCY	32,595,192	46,744,714	0.302733	0.000000	0.303132				91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	16,767,950	16,767,950	0.581159	0.000000	0.581159				92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0.000000				92.01
OTHER REIMBURSABLE COST CENTERS									
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000				94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000				95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000				96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000				97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000				98.00
99.00 09900 CMHC	0	0							99.00
99.10 09910 CORF	0	0							99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0							100.00
101.00 10100 HOME HEALTH AGENCY	2,793,405	2,793,405							101.00
SPECIAL PURPOSE COST CENTERS									
105.00 10500 KIDNEY ACQUISITION	0	0							105.00
106.00 10600 HEART ACQUISITION	0	0							106.00
107.00 10700 LIVER ACQUISITION	0	0							107.00
108.00 10800 LUNG ACQUISITION	0	0							108.00
109.00 10900 PANCREAS ACQUISITION	0	0							109.00
110.00 11000 INTESTINAL ACQUISITION	0	0							110.00
111.00 11100 ISLET ACQUISITION	0	0							111.00
113.00 11300 INTEREST EXPENSE									113.00
114.00 11400 UTILIZATION REVIEW-SNF									114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0							115.00
116.00 11600 HOSPICE	0	0							116.00
200.00 Subtotal (see instructions)	318,161,890	797,779,242							200.00
201.00 Less Observation Beds									201.00
202.00 Total (see instructions)	318,161,890	797,779,242							202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:18 am

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	67,232,656		67,232,656	0	0	56,973,478	30.00
31.00	03100	INTENSIVE CARE UNIT	12,386,886		12,386,886	0	0	13,003,564	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	3,749,767		3,749,767	0	0	6,365,214	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	1,370,986		1,370,986	0	0	1,737,983	40.00
41.00	04100	SUBPROVIDER - I RF	6,614,427		6,614,427	0	0	6,537,745	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	2,872,622		2,872,622	0	0	1,622,780	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	14,694,875		14,694,875	0	0	63,263,413	50.00
50.01	03330	ENDOSCOPY	1,489,797		1,489,797	0	0	4,100,908	50.01
51.00	05100	RECOVERY ROOM	2,229,208		2,229,208	0	0	3,970,500	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,079,955		5,079,955	0	0	2,256,185	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,928,255		7,928,255	0	0	8,489,176	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	2,571,617		2,571,617	0	0	3,980,301	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	2,451,017		2,451,017	0	0	1,029,753	55.00
56.00	05600	RADIOISOTOPE	2,133,030		2,133,030	0	0	4,861,439	56.00
57.00	05700	CT SCAN	3,891,759		3,891,759	0	0	33,548,401	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,031,118		1,031,118	0	0	7,638,757	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,069,973		5,069,973	0	0	23,347,479	59.00
60.00	06000	LABORATORY	15,769,087		15,769,087	0	0	50,671,174	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,531,862		1,531,862	0	0	5,547,820	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,404,911	0	4,404,911	0	0	18,702,598	65.00
66.00	06600	PHYSICAL THERAPY	2,840,228	0	2,840,228	0	0	6,151,452	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,135,931	0	2,135,931	0	0	4,467,625	67.00
68.00	06800	SPEECH PATHOLOGY	640,543	0	640,543	0	0	949,911	68.00
69.00	06900	ELECTROCARDIOLOGY	954,098		954,098	0	0	8,593,560	69.00
69.01	06901	CARDIAC REHAB	2,286,612		2,286,612	0	0	131,329	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	2,609,600		2,609,600	0	0	8,296,545	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,537,920		11,537,920	0	0	21,654,582	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	15,310,225		15,310,225	0	0	19,976,411	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,209,937		20,209,937	0	0	72,460,984	73.00
74.00	07400	RENAL DIALYSIS	1,945,409		1,945,409	0	0	4,507,126	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	8,821,504		8,821,504	0	0	629,637	90.00
91.00	09100	EMERGENCY	14,597,256		14,597,256	0	0	14,149,522	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	9,744,846		9,744,846	0	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0		0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0		0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:18 am

			Title XIX		Hospital		Cost			
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges				
			Total Costs	RCE Disallowance	Total Costs	Inpatient				
			1.00	2.00	3.00	4.00	5.00	6.00		
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	0	97.00		
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	0	98.00		
99.00 09900 CMHC	0		0	0	0	0	0	99.00		
99.10 09910 CORF	0		0	0	0	0	0	99.10		
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0	0	0	0	0	100.00		
101.00 10100 HOME HEALTH AGENCY	2,849,242		2,849,242	0	0	0	0	101.00		
SPECIAL PURPOSE COST CENTERS										
105.00 10500 KIDNEY ACQUISITION	0		0	0	0	0	0	105.00		
106.00 10600 HEART ACQUISITION	0		0	0	0	0	0	106.00		
107.00 10700 LIVER ACQUISITION	0		0	0	0	0	0	107.00		
108.00 10800 LUNG ACQUISITION	0		0	0	0	0	0	108.00		
109.00 10900 PANCREAS ACQUISITION	0		0	0	0	0	0	109.00		
110.00 11000 INTESTINAL ACQUISITION	0		0	0	0	0	0	110.00		
111.00 11100 ISLET ACQUISITION	0		0	0	0	0	0	111.00		
113.00 11300 INTEREST EXPENSE	0		0	0	0	0	0	113.00		
114.00 11400 UTILIZATION REVIEW-SNF	0		0	0	0	0	0	114.00		
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0	0	0	0	0	115.00		
116.00 11600 HOSPICE	0		0	0	0	0	0	116.00		
200.00 Subtotal (see instructions)	260,987,159	0	260,987,159	0	0	479,617,352	200.00			
201.00 Less Observation Beds	9,744,846		9,744,846	0	0	0	201.00			
202.00 Total (see instructions)	251,242,313	0	251,242,313	0	0	479,617,352	202.00			
Charges										
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio					
						7.00	8.00	9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00 03000 ADULTS & PEDIATRICS		56,973,478						30.00		
31.00 03100 INTENSIVE CARE UNIT		13,003,564						31.00		
31.01 02060 NEONATAL INTENSIVE CARE UNIT		6,365,214						31.01		
32.00 03200 CORONARY CARE UNIT		0						32.00		
33.00 03300 BURN INTENSIVE CARE UNIT		0						33.00		
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0						34.00		
40.00 04000 SUBPROVIDER - I PF		1,737,983						40.00		
41.00 04100 SUBPROVIDER - I RF		6,537,745						41.00		
42.00 04200 SUBPROVIDER		0						42.00		
43.00 04300 NURSERY		1,622,780						43.00		
44.00 04400 SKILLED NURSING FACILITY		0						44.00		
45.00 04500 NURSING FACILITY		0						45.00		
46.00 04600 OTHER LONG TERM CARE		0						46.00		
ANCILLARY SERVICE COST CENTERS										
50.00 05000 OPERATING ROOM	37,447,106	100,710,519	0.145912	0.000000	0.000000			50.00		
50.01 03330 ENDOSCOPY	3,635,188	7,736,096	0.192577	0.000000	0.000000			50.01		
51.00 05100 RECOVERY ROOM	3,534,449	7,504,949	0.297032	0.000000	0.000000			51.00		
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,375,058	3,631,243	1.398958	0.000000	0.000000			52.00		
53.00 05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000			53.00		
54.00 05400 RADIOLOGY-DIAGNOSTIC	16,832,419	25,321,595	0.313103	0.000000	0.000000			54.00		
54.01 03630 RADIOLOGY-ULTRASOUND	7,744,762	11,725,063	0.219326	0.000000	0.000000			54.01		
55.00 05500 RADIOLOGY-THERAPEUTIC	11,827,750	12,857,503	0.190629	0.000000	0.000000			55.00		
56.00 05600 RADIOISOTOPE	4,533,030	9,394,469	0.227052	0.000000	0.000000			56.00		
57.00 05700 CT SCAN	42,379,495	75,927,896	0.051256	0.000000	0.000000			57.00		
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	10,666,694	18,305,451	0.056328	0.000000	0.000000			58.00		
59.00 05900 CARDIAC CATHETERIZATION	18,014,736	41,362,215	0.122575	0.000000	0.000000			59.00		
60.00 06000 LABORATORY	45,171,577	95,842,751	0.164531	0.000000	0.000000			60.00		
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000			60.01		
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000			61.00		
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	1,026,677	6,574,497	0.233001	0.000000	0.000000			62.00		
63.00 06300 BLOOD STORAGE, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000			63.00		
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000			64.00		

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150002

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 9:18 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00	9.00	10.00	11.00			
65.00 06500 RESPIRATORY THERAPY	1,792,904	20,495,502	0.214921	0.000000	0.000000		65.00	
66.00 06600 PHYSICAL THERAPY	149,203	6,300,655	0.450783	0.000000	0.000000		66.00	
67.00 06700 OCCUPATIONAL THERAPY	73,631	4,541,256	0.470339	0.000000	0.000000		67.00	
68.00 06800 SPEECH PATHOLOGY	90,206	1,040,117	0.615837	0.000000	0.000000		68.00	
69.00 06900 ELECTROCARDIOLOGY	5,343,298	13,936,858	0.068459	0.000000	0.000000		69.00	
69.01 06901 CARDIAC REHAB	343,405	474,734	4.816617	0.000000	0.000000		69.01	
70.00 07000 ELECTROENCEPHALOGRAPHY	11,661,473	19,958,018	0.130754	0.000000	0.000000		70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,052,969	32,707,551	0.352760	0.000000	0.000000		71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,299,885	27,276,296	0.561301	0.000000	0.000000		72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	10,146,406	82,607,390	0.244650	0.000000	0.000000		73.00	
74.00 07400 RENAL DIALYSIS	339,092	4,846,218	0.401428	0.000000	0.000000		74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00	
90.00 09000 CLINIC	13,523,930	14,153,567	0.623271	0.000000	0.000000		90.00	
91.00 09100 EMERGENCY	32,595,192	46,744,714	0.312276	0.000000	0.000000		91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	16,767,950	16,767,950	0.581159	0.000000	0.000000		92.00	
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0.000000		92.01	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00	
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00	
99.00 09900 CMHC	0	0					99.00	
99.10 09910 CORF	0	0					99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0					100.00	
101.00 10100 HOME HEALTH AGENCY	2,793,405	2,793,405					101.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0	0					105.00	
106.00 10600 HEART ACQUISITION	0	0					106.00	
107.00 10700 LIVER ACQUISITION	0	0					107.00	
108.00 10800 LUNG ACQUISITION	0	0					108.00	
109.00 10900 PANCREAS ACQUISITION	0	0					109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0					110.00	
111.00 11100 ISLET ACQUISITION	0	0					111.00	
113.00 11300 INTEREST EXPENSE							113.00	
114.00 11400 UTILIZATION REVIEW-SNF							114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00	
116.00 11600 HOSPICE	0	0					116.00	
200.00 Subtotal (see instructions)	318,161,890	797,779,242					200.00	
201.00 Less Observation Beds							201.00	
202.00 Total (see instructions)	318,161,890	797,779,242					202.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/28/2013 9:18 am
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Cost Center Description		Title XVIII			Hospital		PPS
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,992,764	0	2,992,764	92,870	32.23	30.00
31.00	INTENSIVE CARE UNIT	243,254		243,254	8,478	28.69	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	37,288		37,288	4,134	9.02	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	38,945	0	38,945	1,576	24.71	40.00
41.00	SUBPROVIDER - IRF	291,748	0	291,748	10,775	27.08	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	210,310		210,310	3,120	67.41	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (Lines 30-199)	3,814,309		3,814,309	120,953		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
		6.00	7.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	42,924	1,383,441				30.00
31.00	INTENSIVE CARE UNIT	5,034	144,425				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	1,040	25,698				40.00
41.00	SUBPROVIDER - IRF	8,451	228,853				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (Lines 30-199)	57,449	1,782,417				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS				Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/28/2013 9:18 am	
				Title XVIII	Hospital	PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	570,915	100,710,519	0.005669	30,895,788	175,148	50.00
50.01	03330 ENDOSCOPY	9,088	7,736,096	0.001175	2,258,031	2,653	50.01
51.00	05100 RECOVERY ROOM	128,910	7,504,949	0.017177	1,492,179	25,631	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	91,699	3,631,243	0.025253	31,045	784	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	455,622	25,321,595	0.017993	5,844,311	105,157	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	52,496	11,725,063	0.004477	1,819,719	8,147	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	115,990	12,857,503	0.009021	357,988	3,229	55.00
56.00	05600 RADIOISOTOPE	85,470	9,394,469	0.009098	2,528,121	23,001	56.00
57.00	05700 CT SCAN	94,614	75,927,896	0.001246	15,460,190	19,263	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	40,404	18,305,451	0.002207	3,728,954	8,230	58.00
59.00	05900 CARDIAC CATHETERIZATION	105,904	41,362,215	0.002560	12,737,502	32,608	59.00
60.00	06000 LABORATORY	307,347	95,842,751	0.003207	26,522,161	85,057	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	16,160	6,574,497	0.002458	2,844,172	6,991	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	85,628	20,495,502	0.004178	9,771,372	40,825	65.00
66.00	06600 PHYSICAL THERAPY	109,324	6,300,655	0.017351	1,935,656	33,586	66.00
67.00	06700 OCCUPATIONAL THERAPY	91,134	4,541,256	0.020068	940,401	18,872	67.00
68.00	06800 SPEECH PATHOLOGY	16,602	1,040,117	0.015962	454,581	7,256	68.00
69.00	06900 ELECTROCARDIOLOGY	6,266	13,936,858	0.000450	4,443,457	2,000	69.00
69.01	06901 CARDIAC REHAB	6,346	474,734	0.013367	190	3	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	14,774	19,958,018	0.000740	1,419,846	1,051	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	159,905	32,707,551	0.004889	11,604,213	56,733	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	54,930	27,276,296	0.002014	10,953,926	22,061	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	205,714	82,607,390	0.002490	37,590,135	93,599	73.00
74.00	07400 RENAL DIALYSIS	46,732	4,846,218	0.009643	3,122,037	30,106	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	660,360	14,153,567	0.046657	95,798	4,470	90.00
91.00	09100 EMERGENCY	311,972	46,744,714	0.006674	7,021,422	46,861	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	433,460	16,767,950	0.025851	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	4,277,766	708,745,073		195,873,195	853,322	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/28/2013 9:18 am
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Cost Center Description		Title XVIII				Hospital	
		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)	PPS
		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
31.01	02060	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0 31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00	04300	NURSERY	0	0	0	0	0 43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0 45.00
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	92,870	0.00	42,924	0	30.00
31.00	03100	INTENSIVE CARE UNIT	8,478	0.00	5,034	0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT	4,134	0.00	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	1,576	0.00	1,040	0	40.00
41.00	04100	SUBPROVIDER - IRF	10,775	0.00	8,451	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	42.00
43.00	04300	NURSERY	3,120	0.00	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	45.00
200.00		Total (lines 30-199)	120,953		57,449	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
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Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000 OPERATING ROOM	0	0	0	0	0	0	50.00	
50.01	03330 ENDOSCOPY	0	0	0	0	0	0	50.01	
51.00	05100 RECOVERY ROOM	0	0	0	0	0	0	51.00	
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00	
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00	
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00	
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	0	0	0	54.01	
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00	
56.00	05600 RADIOISOTOPE	0	0	0	0	0	0	56.00	
57.00	05700 CT SCAN	0	0	0	0	0	0	57.00	
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00	
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00	
60.00	06000 LABORATORY	0	0	0	0	0	0	60.00	
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01	
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY							61.00	
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00	
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00	
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00	
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00	
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00	
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00	
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00	
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00	
69.01	06901 CARDIAC REHAB	0	0	0	0	0	0	69.01	
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00	
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00	
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00	
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00	
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00	
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00	
90.00	09000 CLINIC	0	0	0	0	0	0	90.00	
91.00	09100 EMERGENCY	0	0	879,779	0	879,779	0	91.00	
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00	
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	0	92.01	
OTHER REIMBURSABLE COST CENTERS									
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00	
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00	
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00	
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00	
200.00	Total (lines 50-199)	0	0	879,779	0	879,779	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	100,710,519	0.000000	0.000000	30,895,788	50.00
50.01	03330 ENDOSCOPY	0	7,736,096	0.000000	0.000000	2,258,031	50.01
51.00	05100 RECOVERY ROOM	0	7,504,949	0.000000	0.000000	1,492,179	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,631,243	0.000000	0.000000	31,045	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,321,595	0.000000	0.000000	5,844,311	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	11,725,063	0.000000	0.000000	1,819,719	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,857,503	0.000000	0.000000	357,988	55.00
56.00	05600 RADIOISOTOPE	0	9,394,469	0.000000	0.000000	2,528,121	56.00
57.00	05700 CT SCAN	0	75,927,896	0.000000	0.000000	15,460,190	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,305,451	0.000000	0.000000	3,728,954	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,362,215	0.000000	0.000000	12,737,502	59.00
60.00	06000 LABORATORY	0	95,842,751	0.000000	0.000000	26,522,161	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,574,497	0.000000	0.000000	2,844,172	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	20,495,502	0.000000	0.000000	9,771,372	65.00
66.00	06600 PHYSICAL THERAPY	0	6,300,655	0.000000	0.000000	1,935,656	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,541,256	0.000000	0.000000	940,401	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,040,117	0.000000	0.000000	454,581	68.00
69.00	06900 ELECTROCARDIOLOGY	0	13,936,858	0.000000	0.000000	4,443,457	69.00
69.01	06901 CARDIAC REHAB	0	474,734	0.000000	0.000000	190	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	19,958,018	0.000000	0.000000	1,419,846	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,707,551	0.000000	0.000000	11,604,213	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,276,296	0.000000	0.000000	10,953,926	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	82,607,390	0.000000	0.000000	37,590,135	73.00
74.00	07400 RENAL DIALYSIS	0	4,846,218	0.000000	0.000000	3,122,037	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	14,153,567	0.000000	0.000000	95,798	90.00
91.00	09100 EMERGENCY	879,779	46,744,714	0.018821	0.018821	7,021,422	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	16,767,950	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	879,779	708,745,073			195,873,195	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
	Title XVIII	Hospital	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	12,069,662	0	50.00
50.01 03330 ENDOSCOPY	0	2,140,846	0	50.01
51.00 05100 RECOVERY ROOM	0	1,574,544	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	18,185	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	5,875,325	0	54.00
54.01 03630 RADIOLOGY-ULTRASOUND	0	1,357,572	0	54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	4,870,237	0	55.00
56.00 05600 RADIOISOTOPE	0	1,952,066	0	56.00
57.00 05700 CT SCAN	0	12,781,304	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	3,323,147	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	11,971,087	0	59.00
60.00 06000 LABORATORY	0	705,185	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	273,933	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	448,818	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,781,149	0	69.00
69.01 06901 CARDIAC REHAB	0	142,690	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	833,726	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,179,941	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,968,151	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	6,598,036	0	73.00
74.00 07400 RENAL DIALYSIS	0	275,807	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	3,723,798	0	90.00
91.00 09100 EMERGENCY	132,150	6,495,098	122,244	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,553,435	0	92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	132,150	90,913,742	122,244	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:18 am
		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	0.145912	12,069,662	0	0	1,761,109
50.01 03330 ENDOSCOPY	0.192577	2,140,846	0	0	412,278
51.00 05100 RECOVERY ROOM	0.297032	1,574,544	0	0	467,690
52.00 05200 DELIVERY ROOM & LABOR ROOM	1.398958	18,185	0	0	25,440
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.313103	5,875,325	48	0	1,839,582
54.01 03630 RADIOLOGY-ULTRASOUND	0.219326	1,357,572	0	0	297,751
55.00 05500 RADIOLOGY-THERAPEUTIC	0.190629	4,870,237	0	0	928,408
56.00 05600 RADIOISOTOPE	0.227052	1,952,066	0	0	443,220
57.00 05700 CT SCAN	0.051256	12,781,304	0	0	655,119
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056328	3,323,147	0	0	187,186
59.00 05900 CARDIAC CATHETERIZATION	0.122575	11,971,087	0	0	1,467,356
60.00 06000 LABORATORY	0.164531	705,185	0	0	116,025
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	273,933	0	0	63,827
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.214921	448,818	0	0	96,460
66.00 06600 PHYSICAL THERAPY	0.450783	0	0	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.470339	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.615837	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.068459	1,781,149	0	0	121,936
69.01 06901 CARDIAC REHAB	4.816617	142,690	0	0	687,283
70.00 07000 ELECTROENCEPHALOGRAPHY	0.130754	833,726	0	0	109,013
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	4,179,941	0	0	1,474,516
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.561301	3,968,151	0	0	2,227,327
73.00 07300 DRUGS CHARGED TO PATIENTS	0.244650	6,598,036	0	6,907	1,614,210
74.00 07400 RENAL DIALYSIS	0.401428	275,807	0	0	110,717
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.623271	3,723,798	0	0	2,320,935
91.00 09100 EMERGENCY	0.302733	6,495,098	0	0	1,966,281
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	3,553,435	0	0	2,065,111
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	90,913,742	48	6,907	21,458,780
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	
202.00	Net Charges (line 200 +/- line 201)	90,913,742	48	6,907	21,458,780

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:18 am	
		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
50.01	03330	ENDOSCOPY	0	0	50.01
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	15	0	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0	0	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
69.01	06901	CARDIAC REHAB	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	1,690	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	15	1,690	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	15	1,690	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150002 Component CCN: 15S002		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 9:18 am	
			Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	570,915	100,710,519	0.005669	0	0	50.00
50.01	03330	ENDOSCOPY	9,088	7,736,096	0.001175	0	0	50.01
51.00	05100	RECOVERY ROOM	128,910	7,504,949	0.017177	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	91,699	3,631,243	0.025253	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	455,622	25,321,595	0.017993	16,544	298	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	52,496	11,725,063	0.004477	6,760	30	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	115,990	12,857,503	0.009021	0	0	55.00
56.00	05600	RADIOISOTOPE	85,470	9,394,469	0.009098	12,150	111	56.00
57.00	05700	CT SCAN	94,614	75,927,896	0.001246	45,576	57	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	40,404	18,305,451	0.002207	2,500	6	58.00
59.00	05900	CARDIAC CATHETERIZATION	105,904	41,362,215	0.002560	1,341	3	59.00
60.00	06000	LABORATORY	307,347	95,842,751	0.003207	181,965	584	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,160	6,574,497	0.002458	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,628	20,495,502	0.004178	644	3	65.00
66.00	06600	PHYSICAL THERAPY	109,324	6,300,655	0.017351	17,091	297	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,134	4,541,256	0.020068	12,660	254	67.00
68.00	06800	SPEECH PATHOLOGY	16,602	1,040,117	0.015962	1,348	22	68.00
69.00	06900	ELECTROCARDIOLOGY	6,266	13,936,858	0.000450	13,793	6	69.00
69.01	06901	CARDIAC REHAB	6,346	474,734	0.013367	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,774	19,958,018	0.000740	525	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	159,905	32,707,551	0.004889	6,225	30	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,930	27,276,296	0.002014	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	205,714	82,607,390	0.002490	178,046	443	73.00
74.00	07400	RENAL DIALYSIS	46,732	4,846,218	0.009643	7,626	74	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	660,360	14,153,567	0.046657	0	0	90.00
91.00	09100	EMERGENCY	311,972	46,744,714	0.006674	77,926	520	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,767,950	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	3,844,306	708,745,073		582,720	2,738	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	879,779	0	879,779	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	879,779	0	879,779	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
	Title XVIII	Subprovider - IPF	PPS

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	100,710,519	0.000000	0.000000	0	50.00
50.01	03330 ENDOSCOPY	0	7,736,096	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	7,504,949	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,631,243	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,321,595	0.000000	0.000000	16,544	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	11,725,063	0.000000	0.000000	6,760	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,857,503	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	9,394,469	0.000000	0.000000	12,150	56.00
57.00	05700 CT SCAN	0	75,927,896	0.000000	0.000000	45,576	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,305,451	0.000000	0.000000	2,500	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,362,215	0.000000	0.000000	1,341	59.00
60.00	06000 LABORATORY	0	95,842,751	0.000000	0.000000	181,965	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,574,497	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	20,495,502	0.000000	0.000000	644	65.00
66.00	06600 PHYSICAL THERAPY	0	6,300,655	0.000000	0.000000	17,091	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,541,256	0.000000	0.000000	12,660	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,040,117	0.000000	0.000000	1,348	68.00
69.00	06900 ELECTROCARDIOLOGY	0	13,936,858	0.000000	0.000000	13,793	69.00
69.01	06901 CARDIAC REHAB	0	474,734	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	19,958,018	0.000000	0.000000	525	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,707,551	0.000000	0.000000	6,225	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,276,296	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	82,607,390	0.000000	0.000000	178,046	73.00
74.00	07400 RENAL DIALYSIS	0	4,846,218	0.000000	0.000000	7,626	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	14,153,567	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	879,779	46,744,714	0.018821	0.018821	77,926	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	16,767,950	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	879,779	708,745,073			582,720	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
Title XVII I		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	356	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	1,467	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	1,467	356	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:18 am	
		Component CCN: 15S002	Title XVIII	Subprovider - IPF	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	0.145912	0	0	0
50.01	03330 ENDOSCOPY	0.192577	0	0	0
51.00	05100 RECOVERY ROOM	0.297032	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.398958	0	0	0
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313103	0	0	0
54.01	03630 RADIOLOGY-ULTRASOUND	0.219326	0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190629	0	0	0
56.00	05600 RADIOISOTOPE	0.227052	0	0	0
57.00	05700 CT SCAN	0.051256	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056328	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.122575	0	0	0
60.00	06000 LABORATORY	0.164531	356	0	59
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.214921	0	0	0
66.00	06600 PHYSICAL THERAPY	0.450783	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.470339	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.615837	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.068459	0	0	0
69.01	06901 CARDIAC REHAB	4.816617	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.130754	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.561301	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244650	0	0	0
74.00	07400 RENAL DIALYSIS	0.401428	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0
90.00	09000 CLINIC	0.623271	0	0	0
91.00	09100 EMERGENCY	0.302733	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	0	0	0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0
200.00	Subtotal (see instructions)		356	0	59
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 +/- line 201)		356	0	59

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:18 am
		Component CCN: 15S002	Title XVII I	Subprovider - IPF
				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
50.01 03330 ENDOSCOPY	0	0		50.01
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 RADIOLOGY-ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150002 Component CCN: 15T002		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 9:18 am		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	570,915	100,710,519	0.005669	131,656	746	50.00
50.01	03330	ENDOSCOPY	9,088	7,736,096	0.001175	35,706	42	50.01
51.00	05100	RECOVERY ROOM	128,910	7,504,949	0.017177	17,971	309	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	91,699	3,631,243	0.025253	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	455,622	25,321,595	0.017993	213,976	3,850	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	52,496	11,725,063	0.004477	50,669	227	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	115,990	12,857,503	0.009021	22,230	201	55.00
56.00	05600	RADIOISOTOPE	85,470	9,394,469	0.009098	40,899	372	56.00
57.00	05700	CT SCAN	94,614	75,927,896	0.001246	259,573	323	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	40,404	18,305,451	0.002207	119,355	263	58.00
59.00	05900	CARDIAC CATHETERIZATION	105,904	41,362,215	0.002560	181,797	465	59.00
60.00	06000	LABORATORY	307,347	95,842,751	0.003207	1,229,568	3,943	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	16,160	6,574,497	0.002458	39,770	98	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	85,628	20,495,502	0.004178	338,672	1,415	65.00
66.00	06600	PHYSICAL THERAPY	109,324	6,300,655	0.017351	2,582,228	44,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	91,134	4,541,256	0.020068	2,386,093	47,884	67.00
68.00	06800	SPEECH PATHOLOGY	16,602	1,040,117	0.015962	187,929	3,000	68.00
69.00	06900	ELECTROCARDIOLOGY	6,266	13,936,858	0.000450	36,494	16	69.00
69.01	06901	CARDIAC REHAB	6,346	474,734	0.013367	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	14,774	19,958,018	0.000740	23,976	18	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	159,905	32,707,551	0.004889	325,498	1,591	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	54,930	27,276,296	0.002014	8,602	17	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	205,714	82,607,390	0.002490	3,589,641	8,938	73.00
74.00	07400	RENAL DIALYSIS	46,732	4,846,218	0.009643	289,922	2,796	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	660,360	14,153,567	0.046657	0	0	90.00
91.00	09100	EMERGENCY	311,972	46,744,714	0.006674	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	16,767,950	0.000000	0	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	09950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	3,844,306	708,745,073		12,112,225	121,318	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	879,779	0	879,779	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES						95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	879,779	0	879,779	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
	Title XVIII	Subprovider - IRF	PPS

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	100,710,519	0.000000	0.000000	131,656	50.00
50.01	03330 ENDOSCOPY	0	7,736,096	0.000000	0.000000	35,706	50.01
51.00	05100 RECOVERY ROOM	0	7,504,949	0.000000	0.000000	17,971	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,631,243	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	25,321,595	0.000000	0.000000	213,976	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	11,725,063	0.000000	0.000000	50,669	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	12,857,503	0.000000	0.000000	22,230	55.00
56.00	05600 RADIOISOTOPE	0	9,394,469	0.000000	0.000000	40,899	56.00
57.00	05700 CT SCAN	0	75,927,896	0.000000	0.000000	259,573	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	18,305,451	0.000000	0.000000	119,355	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	41,362,215	0.000000	0.000000	181,797	59.00
60.00	06000 LABORATORY	0	95,842,751	0.000000	0.000000	1,229,568	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	6,574,497	0.000000	0.000000	39,770	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	20,495,502	0.000000	0.000000	338,672	65.00
66.00	06600 PHYSICAL THERAPY	0	6,300,655	0.000000	0.000000	2,582,228	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,541,256	0.000000	0.000000	2,386,093	67.00
68.00	06800 SPEECH PATHOLOGY	0	1,040,117	0.000000	0.000000	187,929	68.00
69.00	06900 ELECTROCARDIOLOGY	0	13,936,858	0.000000	0.000000	36,494	69.00
69.01	06901 CARDIAC REHAB	0	474,734	0.000000	0.000000	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	19,958,018	0.000000	0.000000	23,976	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	32,707,551	0.000000	0.000000	325,498	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	27,276,296	0.000000	0.000000	8,602	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	82,607,390	0.000000	0.000000	3,589,641	73.00
74.00	07400 RENAL DIALYSIS	0	4,846,218	0.000000	0.000000	289,922	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	14,153,567	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	879,779	46,744,714	0.018821	0.018821	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	16,767,950	0.000000	0.000000	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0.000000	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	879,779	708,745,073			12,112,225	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 9:18 am
Title XVII I		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	03330 ENDOSCOPY	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	270	0	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0	0	0	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
69.01	06901 CARDIAC REHAB	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00	09950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00	Total (lines 50-199)	0	270	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:18 am	
		Component CCN: 15T002	Title XVIII	Subprovider - IRF	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	0.145912	0	0	0
50.01	03330 ENDOSCOPY	0.192577	0	0	0
51.00	05100 RECOVERY ROOM	0.297032	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.398958	0	0	0
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313103	270	0	85
54.01	03630 RADIOLOGY-ULTRASOUND	0.219326	0	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190629	0	0	0
56.00	05600 RADIOISOTOPE	0.227052	0	0	0
57.00	05700 CT SCAN	0.051256	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056328	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0.122575	0	0	0
60.00	06000 LABORATORY	0.164531	0	0	0
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	0
65.00	06500 RESPIRATORY THERAPY	0.214921	0	0	0
66.00	06600 PHYSICAL THERAPY	0.450783	0	0	0
67.00	06700 OCCUPATIONAL THERAPY	0.470339	0	0	0
68.00	06800 SPEECH PATHOLOGY	0.615837	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0.068459	0	0	0
69.01	06901 CARDIAC REHAB	4.816617	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0.130754	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	0	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.561301	0	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244650	0	0	0
74.00	07400 RENAL DIALYSIS	0.401428	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			0
90.00	09000 CLINIC	0.623271	0	0	0
91.00	09100 EMERGENCY	0.302733	0	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	0	0	0
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000		0	94.00
95.00	09500 AMBULANCE SERVICES	0.000000		0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0
200.00	Subtotal (see instructions)		270	0	85
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0
202.00	Net Charges (line 200 +/- line 201)		270	0	85

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 9:18 am
	Component CCN: 15T002	Title XVII I	Subprovider - IRF

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
50.01 03330 ENDOSCOPY	0	0		50.01
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 RADIOLOGY-ULTRASOUND	0	0		54.01
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 06901 CARDIAC REHAB	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
92.01 09201 OBSERVATION BEDS (DISTINCT PART)	0	0		92.01
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2013 9:18 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		92,870	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		92,870	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)		79,419	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)		42,924	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)		67,281,313	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)		67,281,313	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		56,973,478	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		56,973,478	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.180923	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)		717.38	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)		67,281,313	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)		724.47	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		31,097,150	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)		31,097,150	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
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)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,416,916	8,478	1,464.60	5,034	7,372,796	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3,749,767	4,134	907.06	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					42,995,763	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					81,465,709	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,527,866	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					985,472	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,513,338	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					78,952,371	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)					13,451	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					724.47	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,744,846	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 9:18 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,992,764	67,281,313	0.044481	9,744,846	433,460	90.00
91.00	Nursing School cost	0	67,281,313	0.000000	9,744,846	0	91.00
92.00	Allied health cost	0	67,281,313	0.000000	9,744,846	0	92.00
93.00	All other Medical Education	0	67,281,313	0.000000	9,744,846	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15S002		Date/Time Prepared: 5/28/2013 9:18 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,576	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,576	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)		1,576	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)		1,040	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)		1,370,986	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)		1,370,986	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,737,983	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,737,983	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.788837	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,102.78	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)		1,370,986	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)		869.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		904,706	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)		904,706	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S002				Date/Time Prepared: 5/28/2013 9:18 am	
		Title XVIII		Subprovider - IPF		PPS	
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)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						130,281	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,034,987	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)						25,698	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						4,205	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						29,903	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,005,084	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)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15S002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 9:18 am	
		Title XVIII		Subprovider - IPF		PPS	
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	38,945	1,370,986	0.028407	0	0	90.00
91.00	Nursing School cost	0	1,370,986	0.000000	0	0	91.00
92.00	Allied health cost	0	1,370,986	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,370,986	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T002		Date/Time Prepared: 5/28/2013 9:18 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,775	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,775	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)		10,775	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)		8,451	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)		6,614,427	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)		6,614,427	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,537,745	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,537,745	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.011729	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)		606.75	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,614,427	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)		613.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,187,815	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)		5,187,815	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T002				Date/Time Prepared: 5/28/2013 9:18 am	
		Title XVIII		Subprovider - IRF		PPS	
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)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,973,156	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					9,160,971	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)					228,853	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					121,318	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					350,171	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					8,810,800	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)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15T002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 9:18 am	
		Title XVIII		Subprovider - IRF		PPS	
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	291,748	6,614,427	0.044108	0	0	90.00
91.00	Nursing School cost	0	6,614,427	0.000000	0	0	91.00
92.00	Allied health cost	0	6,614,427	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,614,427	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX		Date/Time Prepared: 5/28/2013 9:18 am
		Hospital		Cost
Cost Center Description			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		92,870	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		92,870	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)		79,419	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)		14,846	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)		3,120	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)		67,232,656	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)		67,232,656	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		56,973,478	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		56,973,478	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.180069	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)		717.38	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)		67,232,656	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)		723.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,747,613	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)		10,747,613	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		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)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	2,872,622	3,120	920.71	0	0 42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	12,386,886	8,478	1,461.06	0	0 43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	3,749,767	4,134	907.06	0	0 43.01	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0 44.00	
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0 45.00	
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0 46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)					0 47.00	
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					11,518,084 48.00	
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					22,265,697 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)					13,451 87.00	
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					723.94 88.00	
89.00	Observation bed cost (line 87 x line 88) (see instructions)					9,737,717 89.00	

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150002

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

Worksheet D-1

Date/Time Prepared:
5/28/2013 9:18 am

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

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15S002		Date/Time Prepared: 5/28/2013 9:18 am
		Title XIX	Subprovider - IPF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,576	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,576	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)		1,576	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)		261	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)		3,120	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)		1,370,986	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)		1,370,986	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,737,983	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,737,983	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.788837	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,102.78	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)		1,370,986	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)		869.91	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		227,047	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)		227,047	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S002				Date/Time Prepared: 5/28/2013 9:18 am	
		Title XIX		Subprovider - IPF		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)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					18,058		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					245,105		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)						0	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15S002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 9:18 am	
		Title XIX		Subprovider - IPF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T002		Date/Time Prepared: 5/28/2013 9:18 am
		Title XIX	Subprovider - IRF	Cost
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,775	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,775	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)		10,775	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)		975	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)		3,120	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)		6,614,427	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)		6,614,427	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,537,745	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		6,537,745	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.011729	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)		606.75	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		6,614,427	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)		613.87	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		598,523	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)		598,523	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T002				Date/Time Prepared: 5/28/2013 9:18 am	
		Title XIX		Subprovider - IRF		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)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
43.01 NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0		43.01
44.00 CORONARY CARE UNIT	0	0	0.00	0	0		44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0		45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0		46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					457,494		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,056,017		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)					0		70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					0		71.00
72.00 Program routine service cost (line 9 x line 71)					0		72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					0		73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					0		74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)					0		75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					0		76.00
77.00 Program capital-related costs (line 9 x line 76)					0		77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					0		78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					0		79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					0		80.00
81.00 Inpatient routine service cost per diem limitation					0		81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					0		82.00
83.00 Reasonable inpatient routine service costs (see instructions)					0		83.00
84.00 Program inpatient ancillary services (see instructions)					0		84.00
85.00 Utilization review - physician compensation (see instructions)					0		85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					0		86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150002 Component CCN: 15T002		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 9:18 am	
		Title XIX		Subprovider - IRF		Cost	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 9:18 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		30,884,491	30.00
31.00	03100	INTENSIVE CARE UNIT		7,621,460	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146050	30,895,788	50.00
50.01	03330	ENDOSCOPY	0.192577	2,258,031	50.01
51.00	05100	RECOVERY ROOM	0.297032	1,492,179	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.398958	31,045	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313103	5,844,311	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.219326	1,819,719	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.190629	357,988	55.00
56.00	05600	RADIOISOTOPE	0.227052	2,528,121	56.00
57.00	05700	CT SCAN	0.051256	15,460,190	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056328	3,728,954	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122575	12,737,502	59.00
60.00	06000	LABORATORY	0.165638	26,522,161	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	2,844,172	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.215240	9,771,372	65.00
66.00	06600	PHYSICAL THERAPY	0.450783	1,935,656	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.470339	940,401	67.00
68.00	06800	SPEECH PATHOLOGY	0.615837	454,581	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068459	4,443,457	69.00
69.01	06901	CARDIAC REHAB	4.816617	190	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132376	1,419,846	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	11,604,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561301	10,953,926	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244650	37,590,135	73.00
74.00	07400	RENAL DIALYSIS	0.401428	3,122,037	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.626394	95,798	90.00
91.00	09100	EMERGENCY	0.303132	7,021,422	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		195,873,195	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)		195,873,195	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S002		Date/Time Prepared: 5/28/2013 9:18 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		1,104,684		40.00
41.00	04100 SUBPROVIDER - IPF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.146050	0	0	50.00
50.01	03330 ENDOSCOPY	0.192577	0	0	50.01
51.00	05100 RECOVERY ROOM	0.297032	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.398958	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313103	16,544	5,180	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.219326	6,760	1,483	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190629	0	0	55.00
56.00	05600 RADIOISOTOPE	0.227052	12,150	2,759	56.00
57.00	05700 CT SCAN	0.051256	45,576	2,336	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056328	2,500	141	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.122575	1,341	164	59.00
60.00	06000 LABORATORY	0.165638	181,965	30,140	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.215240	644	139	65.00
66.00	06600 PHYSICAL THERAPY	0.450783	17,091	7,704	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.470339	12,660	5,954	67.00
68.00	06800 SPEECH PATHOLOGY	0.615837	1,348	830	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068459	13,793	944	69.00
69.01	06901 CARDIAC REHAB	4.816617	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.132376	525	69	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	6,225	2,196	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.561301	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244650	178,046	43,559	73.00
74.00	07400 RENAL DIALYSIS	0.401428	7,626	3,061	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000 CLINIC	0.626394	0	0	90.00
91.00	09100 EMERGENCY	0.303132	77,926	23,622	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		582,720	130,281	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)		582,720		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T002		Date/Time Prepared: 5/28/2013 9:18 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		11,205	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		5,118,795	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.146050	131,656	50.00
50.01	03330	ENDOSCOPY	0.192577	35,706	50.01
51.00	05100	RECOVERY ROOM	0.297032	17,971	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.398958	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313103	213,976	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.219326	50,669	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.190629	22,230	55.00
56.00	05600	RADIOISOTOPE	0.227052	40,899	56.00
57.00	05700	CT SCAN	0.051256	259,573	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056328	119,355	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122575	181,797	59.00
60.00	06000	LABORATORY	0.165638	1,229,568	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	39,770	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.215240	338,672	65.00
66.00	06600	PHYSICAL THERAPY	0.450783	2,582,228	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.470339	2,386,093	67.00
68.00	06800	SPEECH PATHOLOGY	0.615837	187,929	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068459	36,494	69.00
69.01	06901	CARDIAC REHAB	4.816617	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.132376	23,976	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	325,498	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561301	8,602	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244650	3,589,641	73.00
74.00	07400	RENAL DIALYSIS	0.401428	289,922	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.626394	0	90.00
91.00	09100	EMERGENCY	0.303132	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		12,112,225	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)		12,112,225	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 9:18 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,248,057	30.00
31.00	03100	INTENSIVE CARE UNIT		1,617,973	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		3,914,492	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		142,926	40.00
41.00	04100	SUBPROVIDER - I RF		435,090	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		881,780	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145912	10,130,775	50.00
50.01	03330	ENDOSCOPY	0.192577	430,586	50.01
51.00	05100	RECOVERY ROOM	0.297032	740,937	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.398958	1,568,306	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313103	988,736	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.219326	655,885	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.190629	291,330	55.00
56.00	05600	RADIOISOTOPE	0.227052	538,364	56.00
57.00	05700	CT SCAN	0.051256	4,010,858	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056328	849,950	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122575	3,050,502	59.00
60.00	06000	LABORATORY	0.164531	7,731,082	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	131,660	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.214921	3,396,067	65.00
66.00	06600	PHYSICAL THERAPY	0.450783	498,171	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.470339	324,638	67.00
68.00	06800	SPEECH PATHOLOGY	0.615837	88,766	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068459	911,670	69.00
69.01	06901	CARDIAC REHAB	4.816617	17,702	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130754	1,288,855	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561301	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244650	10,205,845	73.00
74.00	07400	RENAL DIALYSIS	0.401428	390,328	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.623271	103,339	90.00
91.00	09100	EMERGENCY	0.312276	2,515,937	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		50,860,289	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)		50,860,289	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S002		Date/Time Prepared: 5/28/2013 9:18 am	
		Title XIX	Subprovider - IPF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
31.01	02060 NEONATAL INTENSIVE CARE UNIT		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		34.00
40.00	04000 SUBPROVIDER - IPF		120,421		40.00
41.00	04100 SUBPROVIDER - IPF		0		41.00
42.00	04200 SUBPROVIDER		0		42.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.145912	0	0	50.00
50.01	03330 ENDOSCOPY	0.192577	0	0	50.01
51.00	05100 RECOVERY ROOM	0.297032	67	20	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1.398958	420	588	52.00
53.00	05300 ANESTHESIOLOGY	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.313103	2,784	872	54.00
54.01	03630 RADIOLOGY-ULTRASOUND	0.219326	1,480	325	54.01
55.00	05500 RADIOLOGY-THERAPEUTIC	0.190629	0	0	55.00
56.00	05600 RADIOISOTOPE	0.227052	0	0	56.00
57.00	05700 CT SCAN	0.051256	11,767	603	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.056328	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.122575	0	0	59.00
60.00	06000 LABORATORY	0.164531	23,793	3,915	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.214921	163	35	65.00
66.00	06600 PHYSICAL THERAPY	0.450783	2,894	1,305	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.470339	2,369	1,114	67.00
68.00	06800 SPEECH PATHOLOGY	0.615837	528	325	68.00
69.00	06900 ELECTROCARDIOLOGY	0.068459	1,338	92	69.00
69.01	06901 CARDIAC REHAB	4.816617	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.130754	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	882	311	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.561301	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.244650	23,771	5,816	73.00
74.00	07400 RENAL DIALYSIS	0.401428	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
90.00	09000 CLINIC	0.623271	0	0	90.00
91.00	09100 EMERGENCY	0.312276	8,765	2,737	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	0	0	92.00
92.01	09201 OBSERVATION BEDS (DISTINCT PART)	0.000000	0	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400 HOME PROGRAM DIALYSIS	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	98.00
200.00	Total (sum of lines 50-94 and 96-98)		81,021	18,058	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)		81,021		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T002		Date/Time Prepared: 5/28/2013 9:18 am	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
31.01	02060	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		613,434	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.145912	9,693	50.00
50.01	03330	ENDOSCOPY	0.192577	3,639	50.01
51.00	05100	RECOVERY ROOM	0.297032	2,177	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1.398958	2,456	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.313103	19,116	54.00
54.01	03630	RADIOLOGY-ULTRASOUND	0.219326	4,265	54.01
55.00	05500	RADIOLOGY-THERAPEUTIC	0.190629	20,966	55.00
56.00	05600	RADIOISOTOPE	0.227052	3,477	56.00
57.00	05700	CT SCAN	0.051256	27,857	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.056328	18,917	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.122575	11,180	59.00
60.00	06000	LABORATORY	0.164531	151,816	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.233001	10,069	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.214921	38,353	65.00
66.00	06600	PHYSICAL THERAPY	0.450783	304,933	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.470339	274,965	67.00
68.00	06800	SPEECH PATHOLOGY	0.615837	30,644	68.00
69.00	06900	ELECTROCARDIOLOGY	0.068459	4,666	69.00
69.01	06901	CARDIAC REHAB	4.816617	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.130754	851	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.352760	38,648	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.561301	2,062	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.244650	393,635	73.00
74.00	07400	RENAL DIALYSIS	0.401428	7,419	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.623271	0	90.00
91.00	09100	EMERGENCY	0.312276	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581159	0	92.00
92.01	09201	OBSERVATION BEDS (DISTINCT PART)	0.000000	0	92.01
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,381,804	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)		1,381,804	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 9:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		60,463,502	1.00
2.00	Outlier payments for discharges. (see instructions)		2,108,827	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		3,232,384	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		417.25	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)		8.53	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)		8.53	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		3.01	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)		3.01	12.00
13.00	Total allowable FTE count for the prior year.		2.73	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.		2.72	14.00
15.00	Sum of lines 12 through 14 divided by 3.		2.82	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		2.82	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.006759	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.006194	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.006194	21.00
22.00	IME payment adjustment (see instructions)		215,292	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)		215,292	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.94	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		28.57	31.00
32.00	Sum of lines 30 and 31		37.51	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.16	33.00
34.00	Disproportionate share adjustment (see instructions)		12,189,442	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)		7,170	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		718	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		10.01	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		5,101	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		1.014922	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		425.82	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		310,298	46.00
47.00	Subtotal (see instructions)		75,287,361	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		75,287,361	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		5,298,878	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).		90,367	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: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 9:18 am
		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)			132,150 58.00
59.00	Total (sum of amounts on lines 49 through 58)			80,808,756 59.00
60.00	Primary payer payments			55,030 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			80,753,726 61.00
62.00	Deductibles billed to program beneficiaries			5,336,395 62.00
63.00	Coinurance billed to program beneficiaries			1,045,839 63.00
64.00	Allowable bad debts (see instructions)			745,034 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			521,524 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-270,502 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			74,893,016 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)			3,402 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-133,212 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)			74,763,206 71.00
72.00	Interim payments			75,702,861 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)			-939,655 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
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: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 9:18 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		1,705	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		21,336,536	2.00
3.00	PPS payments		17,971,597	3.00
4.00	Outlier payment (see instructions)		318,825	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		122,244	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		1,705	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		6,955	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)		6,955	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)		6,955	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		5,250	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)		1,705	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)		18,412,666	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		10	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,060,402	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)		14,353,959	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		21,167	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)		14,375,126	30.00
31.00	Primary payer payments		1,981	31.00
32.00	Subtotal (line 30 minus line 31)		14,373,145	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)		649,533	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		454,673	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		221,766	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		14,827,818	37.00
38.00	MSP-LCC reconciliation amount from PS&R		-7	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)		14,827,825	40.00
41.00	Interim payments		14,926,636	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)		-98,811	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 9:18 am
		Component CCN: 15S002	Title XVIIII	Subprovider - IPF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		59	2.00
3.00	PPS payments		68	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		68	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)		20	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)		48	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)		48	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		48	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		48	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	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)		48	40.00
41.00	Interim payments		48	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)		0	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 9:18 am
		Component CCN: 15T002	Title XVIIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		85	2.00
3.00	PPS payments		42	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	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)		0	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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	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)		0	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)		42	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)		9	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)		33	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)		33	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		33	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		33	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	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)		33	40.00
41.00	Interim payments		34	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)		-1	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: 150002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 9:18 am

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		74,190,876		14,228,645	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		1,511,985		697,991	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		75,702,861		14,926,636	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		939,655		98,811	6.02
7.00	Total Medicare program liability (see instructions)		74,763,206		14,827,825	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150002
Component CCN: 15S002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 9:18 am

Title XVIII

Subprovider -
IPF

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		729,447		48	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		729,447		48	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		4,455		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		733,902		48	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150002
Component CCN: 15T002

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 9:18 am
PPS

Title XVIII

Subprovider -
IRF

		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					34 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		9,797,682		6,300	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)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/30/2012	15,600			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		15,600			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		9,819,582			34 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)					0 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)					0 6.00
6.01	SETTLEMENT TO PROVIDER		134,142			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			1 6.02
7.00	Total Medicare program liability (see instructions)		9,953,724			33 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/28/2013 9:18 am
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			16,416 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			47,958 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			2,766 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			92,031 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			797,779,242 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			45,489,090 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			2,215,254 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,248,350 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			-33,096 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/28/2013 9:18 am
		Component CCN: 15S002	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		797,073	1.00
2.00	Net IPF PPS Outlier Payments		0	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		4.306011	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		797,073	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		797,073	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		797,073	18.00
19.00	Deductibles		57,800	19.00
20.00	Subtotal (line 18 minus line 19)		739,273	20.00
21.00	Coinsurance		9,826	21.00
22.00	Subtotal (line 20 minus line 21)		729,447	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		4,268	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		2,988	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		4,268	25.00
26.00	Subtotal (sum of lines 22 and 24)		732,435	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		1,467	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		733,902	31.00
32.00	Interim payments		729,447	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		4,455	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)		0	51.00
52.00	The rate used to calculate the Time Value of Money		0.00	52.00
53.00	Time Value of Money (see instructions)		0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/28/2013 9:18 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			9,042,173 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0776 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			715,525 3.00
4.00	Outlier Payments			297,495 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			29.439891 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			10,055,193 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			10,055,193 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			10,055,193 19.00
20.00	Deductibles			41,520 20.00
21.00	Subtotal (line 19 minus line 20)			10,013,673 21.00
22.00	Coinsurance			71,961 22.00
23.00	Subtotal (line 21 minus line 22)			9,941,712 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			17,160 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			12,012 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-5,660 26.00
27.00	Subtotal (sum of lines 23 and 25)			9,953,724 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			9,953,724 32.00
33.00	Interim payments			9,819,582 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			134,142 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			297,495 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 9:18 am	
		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		22,265,697		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		22,265,697	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		22,265,697	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		15,240,318		8.00
9.00	Ancillary service charges		50,860,289	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		66,100,607	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		66,100,607	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		43,834,910	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		22,265,697	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		22,265,697	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		22,265,697	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		22,265,697	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		22,265,697	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		22,265,697	0	40.00
41.00	Interim payments		34,736,465	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		-12,470,768	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002 Component CCN: 15S002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 9:18 am
		Title XIX	Subprovider - IPF	Cost
		Inpatient 1.00	Outpatient 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	245,105		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	245,105	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	245,105	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	120,421		8.00
9.00	Ancillary service charges	81,021	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	201,442	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	201,442	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	0	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	43,663	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)	201,442	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	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)	201,442	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	43,663	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	201,442	0	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)	201,442	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	201,442	0	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)	201,442	0	40.00
41.00	Interim payments	69,063	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	132,379	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150002 Component CCN: 15T002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 9:18 am
		Title XIX	Subprovider - IRF	Cost
		Inpatient 1.00	Outpatient 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	1,056,017		1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)	0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)	1,056,017	0	4.00
5.00	Inpatient primary payer payments	0		5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)	1,056,017	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	613,434		8.00
9.00	Ancillary service charges	1,381,804	0	9.00
10.00	Organ acquisition charges, net of revenue	0		10.00
11.00	Incentive from target amount computation	0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	1,995,238	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis	0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)	0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	1,995,238	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	939,221	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)	0	0	18.00
19.00	Interns and Residents (see instructions)	0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)	0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)	1,056,017	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments	0	0	22.00
23.00	Outlier payments	0	0	23.00
24.00	Program capital payments	0	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)	1,056,017	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)	0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)	1,056,017	0	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)	1,056,017	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	1,056,017	0	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)	1,056,017	0	40.00
41.00	Interim payments	1,962,057	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	-906,040	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 9:18 am	
		Title XVII I	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			10.83	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			10.83	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			3.01	6.00
7.00	Enter the lesser of line 5 or line 6			3.01	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	2.44	0.00	2.44	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	2.44	0.00	2.44	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	2.44	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	2.33	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	2.72	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	2.50	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	2.50	0.00		17.00
18.00	Per resident amount	77,834.78	0.00		18.00
19.00	Approved amount for resident costs	194,587	0	194,587	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			194,587	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	57,449	2,773		26.00
27.00	Total Inpatient Days (see instructions)	104,382	104,382		27.00
28.00	Ratio of inpatient days to total inpatient days	0.550373	0.026566		28.00
29.00	Program direct GME amount	107,095	5,169		29.00
30.00	Reduction for direct GME payments for Medicare managed care		730		30.00
31.00	Net Program direct GME amount			111,534	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/28/2013 9:18 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		4,846,218	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		91,661,667	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		59,907	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		91,601,760	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		21,460,629	42.00
43.00	Primary payer payments (see instructions)		4,147	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		21,456,482	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		113,058,242	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.810217	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.189783	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		111,534	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		90,367	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		21,167	50.00

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

Provider CCN: 150002

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

Worksheet G

Date/Time Prepared:
5/28/2013 9:18 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	41,662,822	0	0	0	1.00
2.00	Temporary investments	6,415,963	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	33,332,579	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	0	0	0	0	7.00
8.00	Prepaid expenses	0	0	0	0	8.00
9.00	Other current assets	32,120,290	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)	113,531,654	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	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	124,971,548	0	0	0	15.00
16.00	Accumulated depreciation	0	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	0	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)	124,971,548	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	129,912,791	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,863,883	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	132,776,674	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	371,279,876	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	12,598,765	0	0	0	37.00
38.00	Salaries, wages, and fees payable	17,388,198	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	3,926,053	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	8,290,096	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	42,203,112	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	79,820,196	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	47,040,009	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	126,860,205	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	169,063,317	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	202,216,559	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	202,216,559	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	371,279,876	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150002

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

Worksheet G-1

Date/Time Prepared:
5/28/2013 9:18 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		183,240,311		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		26,827,049			2.00
3.00	Total (sum of line 1 and line 2)		210,067,360		0	3.00
4.00	CHANGE IN RESTRICTED NET ASSETS	32,079		0		4.00
5.00	PENSION-RELATED CHANGES	1,389,390		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		1,421,469		0	10.00
11.00	Subtotal (line 3 plus line 10)		211,488,829		0	11.00
12.00	PENSION-RELATED CHANGES	9,272,270		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)		9,272,270		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		202,216,559		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	CHANGE IN RESTRICTED NET ASSETS		0			4.00
5.00	PENSION-RELATED CHANGES		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	PENSION-RELATED CHANGES		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: 150002

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2013 9:18 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	72,570,507		72,570,507	1.00
2.00	SUBPROVIDER - IPF	1,739,198		1,739,198	2.00
3.00	SUBPROVIDER - IRF	6,622,215		6,622,215	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	80,931,920		80,931,920	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	13,668,098		13,668,098	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	6,400,841		6,400,841	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	20,068,939		20,068,939	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	101,000,859		101,000,859	17.00
18.00	Ancillary services	372,937,654	249,523,218	622,460,872	18.00
19.00	Outpatient services	20,292,822	51,991,119	72,283,941	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		2,793,405	2,793,405	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
27.01	PHYSICIAN	0	30,824,064	30,824,064	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	494,231,335	335,131,806	829,363,141	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		287,993,086		29.00
30.00	MEDICAID ASSESSMENT FEE	0			30.00
31.00	FOUNDATION	0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	AUDITED FINANCIALS ADJ	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)		287,993,086		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150002

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

Worksheet G-3

Date/Time Prepared:
5/28/2013 9:18 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	829,363,141	1.00
2.00	Less contractual allowances and discounts on patients' accounts	515,816,119	2.00
3.00	Net patient revenues (line 1 minus line 2)	313,547,022	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	287,993,086	4.00
5.00	Net income from service to patients (line 3 minus line 4)	25,553,936	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER OPERATING REVENUE	6,126,862	24.00
24.01	NON OPERATING REVENUE	1,360,216	24.01
24.02	INVESTMENT INCOME	10,598,682	24.02
24.03	NET ASSETS RELEASED FROM RESTRICTION	105,590	24.03
25.00	Total other income (sum of lines 6-24)	18,191,350	25.00
26.00	Total (line 5 plus line 25)	43,745,286	26.00
27.00	FOUNDATION EXPENSES	436,372	27.00
27.01	HOSPITAL ASSESSMENT FEE	16,481,865	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	16,918,237	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	26,827,049	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150002

Period: From 01/01/2012

Worksheet H

HHA CCN: 157536

To 12/31/2012

Date/Time Prepared: 5/28/2013 9:18 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00	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	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	321,477	0	0	475,466	796,943	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	675,341	0	0	0	675,341	6.00
7.00	Physical Therapy	377,200	0	0	0	377,200	7.00
8.00	Occupational Therapy	103,108	0	0	0	103,108	8.00
9.00	Speech Pathology	27,289	0	0	0	27,289	9.00
10.00	Medical Social Services	3,266	0	0	0	3,266	10.00
11.00	Home Health Aide	77,437	0	0	0	77,437	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	1,585,118	0	0	475,466	2,060,584	24.00
	Reclassification	Reclassified 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	Capital Related - Bldg. & Fixtures	0	0	0	0		1.00
2.00	Capital Related - Movable Equipment	0	0	0	0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation	0	0	0	0		4.00
5.00	Administrative and General	-3,033	793,910	0	793,910		5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	675,341	0	675,341		6.00
7.00	Physical Therapy	0	377,200	0	377,200		7.00
8.00	Occupational Therapy	0	103,108	0	103,108		8.00
9.00	Speech Pathology	0	27,289	0	27,289		9.00
10.00	Medical Social Services	0	3,266	0	3,266		10.00
11.00	Home Health Aide	0	77,437	0	77,437		11.00
12.00	Supplies (see instructions)	0	0	0	0		12.00
13.00	Drugs	0	0	0	0		13.00
14.00	DME	0	0	0	0		14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0		15.00
16.00	Respiratory Therapy	0	0	0	0		16.00
17.00	Private Duty Nursing	0	0	0	0		17.00
18.00	Clinic	0	0	0	0		18.00
19.00	Health Promotion Activities	0	0	0	0		19.00
20.00	Day Care Program	0	0	0	0		20.00
21.00	Home Delivered Meals Program	0	0	0	0		21.00
22.00	Homemaker Service	0	0	0	0		22.00
23.00	All Others (specify)	0	0	0	0		23.00
24.00	Total (sum of lines 1-23)	-3,033	2,057,551	0	2,057,551		24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/28/2013 9:18 am
		HHA CCN: 157536	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					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	793,910	0	0	0	793,910	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	675,341	0	0	0	675,341	6.00	
7.00	Physical Therapy	377,200	0	0	0	377,200	7.00	
8.00	Occupational Therapy	103,108	0	0	0	103,108	8.00	
9.00	Speech Pathology	27,289	0	0	0	27,289	9.00	
10.00	Medical Social Services	3,266	0	0	0	3,266	10.00	
11.00	Home Health Aide	77,437	0	0	0	77,437	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	2,057,551	0	0	0	2,057,551	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	793,910					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	424,298	1,099,639				6.00	
7.00	Physical Therapy	236,984	614,184				7.00	
8.00	Occupational Therapy	64,780	167,888				8.00	
9.00	Speech Pathology	17,145	44,434				9.00	
10.00	Medical Social Services	2,052	5,318				10.00	
11.00	Home Health Aide	48,651	126,088				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		2,057,551				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 150002

Period: From 01/01/2012

Worksheet H-1

HHA CCN: 157536

To 12/31/2012

Part II
Date/Time Prepared:
5/28/2013 9:18 am

Home Health
Agency I

PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-793,910	1,263,641
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	675,341
7.00	Physical Therapy	0	0	0	0	0	377,200
8.00	Occupational Therapy	0	0	0	0	0	103,108
9.00	Speech Pathology	0	0	0	0	0	27,289
10.00	Medical Social Services	0	0	0	0	0	3,266
11.00	Home Health Aide	0	0	0	0	0	77,437
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-793,910	1,263,641
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		793,910
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.628272

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

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

Worksheet H-2 Part I

HHA CCN: 157536

Home Health Agency I

Date/Time Prepared: 5/28/2013 9:18 am

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	DATA PROCESSING	PURCHASING, RECEIVING, AND STORES	
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				
1.00 Administrative and General	0	0	0	297,119	0	13,444	1.00
2.00 Skilled Nursing Care	1,099,639	0	0	0	0	0	2.00
3.00 Physical Therapy	614,184	0	0	0	0	0	3.00
4.00 Occupational Therapy	167,888	0	0	0	0	0	4.00
5.00 Speech Pathology	44,434	0	0	0	0	0	5.00
6.00 Medical Social Services	5,318	0	0	0	0	0	6.00
7.00 Home Health Aide	126,088	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	2,057,551	0	0	297,119	0	13,444	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	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	OTHER ADMINISTRATIVE & GENERAL	PATIENT TRANSPORTATION	OPERATION OF PLANT	
	5.03	5.04	5A.04	5.05	5.06	7.00	
1.00 Administrative and General	0	0	310,563	51,195	0	0	1.00
2.00 Skilled Nursing Care	0	0	1,099,639	181,270	0	0	2.00
3.00 Physical Therapy	0	0	614,184	101,246	0	0	3.00
4.00 Occupational Therapy	0	0	167,888	27,676	0	0	4.00
5.00 Speech Pathology	0	0	44,434	7,325	0	0	5.00
6.00 Medical Social Services	0	0	5,318	877	0	0	6.00
7.00 Home Health Aide	0	0	126,088	20,785	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	2,368,114	390,374	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.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150002

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157536

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 9:18 am

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	0	0	40,032	0	15,867	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	40,032	0	15,867	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	STAFF EDUCATION	MEDICAL EDUCATION	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		15.00	16.00	17.00	17.01	17.02	21.00	
1.00	Administrative and General	19,022	13,213	0	2,620	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	19,022	13,213	0	2,620	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: 150002

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157536

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 9:18 am

Home Health
Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
	SERVICES-OTHER PRGM COSTS						
	22.00						
1.00 Administrative and General	0	0	452,512	0	452,512		1.00
2.00 Skilled Nursing Care	0	0	1,280,909	0	1,280,909	241,841	2.00
3.00 Physical Therapy	0	0	715,430	0	715,430	135,076	3.00
4.00 Occupational Therapy	0	0	195,564	0	195,564	36,923	4.00
5.00 Speech Pathology	0	0	51,759	0	51,759	9,772	5.00
6.00 Medical Social Services	0	0	6,195	0	6,195	1,170	6.00
7.00 Home Health Aide	0	0	146,873	0	146,873	27,730	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	0	0	2,849,242	0	2,849,242	452,512	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.						0.188804	21.00
Cost Center Description	Total HHA Costs						
	28.00						
1.00 Administrative and General							1.00
2.00 Skilled Nursing Care	1,522,750						2.00
3.00 Physical Therapy	850,506						3.00
4.00 Occupational Therapy	232,487						4.00
5.00 Speech Pathology	61,531						5.00
6.00 Medical Social Services	7,365						6.00
7.00 Home Health Aide	174,603						7.00
8.00 Supplies (see instructions)	0						8.00
9.00 Drugs	0						9.00
10.00 DME	0						10.00
11.00 Home Dialysis Aide Services	0						11.00
12.00 Respiratory Therapy	0						12.00
13.00 Private Duty Nursing	0						13.00
14.00 Clinic	0						14.00
15.00 Health Promotion Activities	0						15.00
16.00 Day Care Program	0						16.00
17.00 Home Delivered Meals Program	0						17.00
18.00 Homemaker Service	0						18.00
19.00 All Others (specify)	0						19.00
20.00 Total (sum of lines 1-19) (2)	2,849,242						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 STATISTICAL BASIS		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/28/2013 9:18 am
			Home Health Agency I	PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	DATA PROCESSING (MACHINE TIME)	PURCHASING, RECEIVING, AND STORES (PURCHASE REQUISITIONS)	ADMITTING (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					
1.00 Administrative and General	0	0	1,585,118	0	118,183	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	1,585,118	0	118,183	0	20.00
21.00 Total cost to be allocated	0	0	297,119	0	13,444	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	0.187443	0.000000	0.113756	0.000000	22.00

Cost Center Description	CASHIERING/ACCOUNTS RECEIVABLE (SQUARE FEET)	Reconciliation	OTHER ADMINISTRATIVE & GENERAL (ACCUMULATED COST)	PATIENT TRANSPORTATION (NUMBER OF TRIPS)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.05	5.05	5.06	7.00	8.00	
	1.00 Administrative and General	0	0	310,563	0	0	
2.00 Skilled Nursing Care	0	0	1,099,639	0	0	0	2.00
3.00 Physical Therapy	0	0	614,184	0	0	0	3.00
4.00 Occupational Therapy	0	0	167,888	0	0	0	4.00
5.00 Speech Pathology	0	0	44,434	0	0	0	5.00
6.00 Medical Social Services	0	0	5,318	0	0	0	6.00
7.00 Home Health Aide	0	0	126,088	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	2,368,114	0	0	0	20.00
21.00 Total cost to be allocated	0	0	390,374	0	0	0	21.00
22.00 Unit cost multiplier	0.000000		0.164846	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/28/2013 9:18 am
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			Home Health Agency I	PPS
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Cost Center Description	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PRODUCTIVE HOURS)	NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUISITIONS)	PHARMACY (COSTED REQUIS.)		
	9.00	10.00	11.00	13.00	14.00	15.00		
1.00	Administrative and General	0	0	51,807	0	81,518	35,653	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	51,807	0	81,518	35,653	20.00
21.00	Total cost to be allocated	0	0	40,032	0	15,867	19,022	21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.772714	0.000000	0.194644	0.533532	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	STAFF EDUCATION (TIME SPENT)	MEDICAL EDUCATION (TIME SPENT)	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)		
	16.00	17.00	17.01	17.02	21.00	22.00		
1.00	Administrative and General	2,793,405	0	517	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	2,793,405	0	517	0	0	0	20.00
21.00	Total cost to be allocated	13,213	0	2,620	0	0	0	21.00
22.00	Unit cost multiplier	0.004730	0.000000	5.067698	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/28/2013 9:18 am PPS
		Home Health Agency I	

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/28/2013 9:18 am
		HHA CCN: 157536	Title XVIII	Home Health Agency I

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,522,750		1,522,750	9,532	159.75	1.00
2.00	Physical Therapy	3.00	850,506	0	850,506	4,741	179.39	2.00
3.00	Occupational Therapy	4.00	232,487	0	232,487	1,261	184.37	3.00
4.00	Speech Pathology	5.00	61,531	0	61,531	198	310.76	4.00
5.00	Medical Social Services	6.00	7,365		7,365	60	122.75	5.00
6.00	Home Health Aide	7.00	174,603		174,603	3,047	57.30	6.00
7.00	Total (sum of lines 1-6)		2,849,242	0	2,849,242	18,839		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		23844	3,062	1,984		8.00
8.01	Skilled Nursing Care		23844	0	0		8.01
9.00	Physical Therapy		23844	2,162	875		9.00
9.01	Physical Therapy		23844	0	0		9.01
10.00	Occupational Therapy		23844	542	244		10.00
10.01	Occupational Therapy		23844	0	0		10.01
11.00	Speech Pathology		23844	65	34		11.00
11.01	Speech Pathology		23844	0	0		11.01
12.00	Medical Social Services		23844	25	12		12.00
12.01	Medical Social Services		23844	0	0		12.01
13.00	Home Health Aide		23844	765	1,815		13.00
13.01	Home Health Aide		23844	0	0		13.01
14.00	Total (sum of lines 8-13)			6,621	4,964		14.00

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

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

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,062	1,984		489,155	316,944	1.00
2.00	Physical Therapy	2,162	875		387,841	156,966	2.00
3.00	Occupational Therapy	542	244		99,929	44,986	3.00
4.00	Speech Pathology	65	34		20,199	10,566	4.00
5.00	Medical Social Services	25	12		3,069	1,473	5.00
6.00	Home Health Aide	765	1,815		43,835	104,000	6.00
7.00	Total (sum of lines 1-6)	6,621	4,964		1,044,028	634,935	7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/28/2013 9:18 am
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		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	806,099					1.00
2.00	Physical Therapy	544,807					2.00
3.00	Occupational Therapy	144,915					3.00
4.00	Speech Pathology	30,765					4.00
5.00	Medical Social Services	4,542					5.00
6.00	Home Health Aide	147,835					6.00
7.00	Total (sum of lines 1-6)	1,678,963					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: 150002 HHA CCN: 157536	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/28/2013 9:18 am
		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	0.450783	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.470339	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.615837	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.352760	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.244650	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-11 Date/Time Prepared: 5/28/2013 9:18 am	
		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		4,877	2,166	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)		-4,877	-2,166	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		953,203	554,739	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		14,114	7,866	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		14,466	12,693	13.00
14.00	Total PPS Reimbursement - PEP Episodes		29,711	13,765	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		3,152	2,222	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		856	0	16.00
17.00	Total Other Payments		42	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,010,667	589,119	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		1,010,667	589,119	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		1,010,667	589,119	26.00
27.00	Reimbursable bad debts (from your records)		-283	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: 150002 HHA CCN: 157536	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/28/2013 9:18 am	
		Title XVIII	Home Health Agency I	PPS	
			Part A Services	Part B Services	
			1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,010,950	589,119	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		1,010,950	589,119	31.00
32.00	Interim payments (see instructions)		1,010,583	589,119	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)		367	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: 150002	Period: From 01/01/2012	Worksheet H-5
	HHA CCN: 157536	To 12/31/2012	Date/Time Prepared: 5/28/2013 9:18 am
		Home Health Agency I	PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,010,583		589,119	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,010,583		589,119	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		367		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,010,950		589,119	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 150002 HHA CCN: 157536	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/28/2013 9:18 am PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150002	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 9:18 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		4,869,394	1.00
2.00	Capital DRG outlier payments		29,707	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		251.45	3.00
4.00	Number of interns & residents (see instructions)		2.82	4.00
5.00	Indirect medical education percentage (see instructions)		0.32	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		15,582	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.94	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		28.57	8.00
9.00	Sum of lines 7 and 8		37.51	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.89	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		384,195	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		5,298,878	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