

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: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/28/2013 1:20 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 5/28/2013 Time: 1:20 pm	
	2. <input type="checkbox"/> Manually submitted cost report		
	3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report		
	4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.		
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by REID HOSPITAL & HEALTH CARE SERVICES (150048) 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	-733,860	-1,055,401	0	0	1.00
2.00 Subprovider - IPF	0	1,914	0		0	2.00
3.00 Subprovider - IRF	0	-23,730	0		0	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	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-755,676	-1,055,401	0	0	200.00

The above amounts represent "due to" or "due from" the applicable program for the element of the above complex indicated.

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA				Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 11:58 am				
1.00		2.00		3.00		4.00						
Hospital and Hospital Health Care Complex Address:												
1.00	Street: 1401 CHESTER BOULEVARD			PO Box:							1.00	
2.00	City: RICHMOND			State: IN		Zip Code: 47374		County: WAYNE			2.00	
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
								V	XVIII	XIX		
1.00		2.00		3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:												
3.00	Hospital			REID HOSPITAL & HEALTH CARE SERVICES	150048	99915	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF			SUBPROVIDER	15S048	99915	4	01/01/2001	N	P	0	4.00
5.00	Subprovider - IRF			REHAB UNIT	15T048	99915	5	01/01/2003	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											12.00
13.00	Separately Certified ASC											13.00
14.00	Hospital-Based Hospice			HOSPICE	151524	99915		11/03/1993				14.00
15.00	Hospital-Based Health Clinic - RHC											15.00
16.00	Hospital-Based Health Clinic - FQHC											16.00
17.00	Hospital-Based (CMHC) I											17.00
18.00	Renal Dialysis											18.00
19.00	Other											19.00
							From:	To:				
							1.00	2.00				
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00		
21.00	Type of Control (see instructions)						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.			2,953	699	252	130	3,027	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.			54	28	0	0	3	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.						1			35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 11:58 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.	01/01/2012	12/31/2012	36.00		
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0		37.00		
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.			38.00		
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.			39.00		
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N	45.00	
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	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: 150048

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

Worksheet S-2
Part I
Date/Time Prepared:
5/28/2013 11:58 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: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 11:58 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	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		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00			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.	Y				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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/28/2013 11:58 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	549,082	116,985		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		Y	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)		Y		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

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							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/28/2013 11:58 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)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/14/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 150048

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

Worksheet S-2
Part II
Date/Time Prepared:
5/28/2013 11:58 am

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			Y	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.			Y	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.			Y	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			N	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	RENEE		ESSLINGER	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD, LLP			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	3173834253		RESSLINGER@BKD.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		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)	03/14/2013	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.	MANAGING CONSULTANT	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: 150048

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

Worksheet S-3
Part I
Date/Time Prepared:
5/28/2013 11:58 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	135	49,410	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)		135	49,410	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	22	8,052	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		157	57,462	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF	40.00	30	10,980		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	20	7,320		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE	116.00	0	0			24.00	
25.00 CMHC - CMHC						25.00	
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)		207				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	
				I/P Days / O/P Visi ts / Tri ps		Full Time Equival ents	
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l		
	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)	18,487	2,375	32,776			1.00	
2.00 HMO	2,898	3,943				2.00	
3.00 HMO IPF Subprovider	0	0				3.00	
4.00 HMO IRF Subprovider	380	31				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)	18,487	2,375	32,776			7.00	
8.00 INTENSIVE CARE UNIT	3,072	438	6,046			8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY		140	1,929			13.00	
14.00 Total (see instructions)	21,559	2,953	40,751	0.00	1,664.22	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF	7,494	430	9,211	0.00	52.09	16.00	
17.00 SUBPROVIDER - IRF	3,154	54	4,021	0.00	24.26	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY						22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE	6,352	371	12,071	0.00	14.72	24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part I Date/Time Prepared: 5/28/2013 11:58 am
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Component	I/P Days / O/P Visits / Trips			Full Time Equivalents							
	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll						
	6.00	7.00	8.00	9.00	10.00						
27.00	Total (sum of lines 14-26)					0.00	1,755.29	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			
Component	Full Time Equivalents	Discharges									
	Nonpaid Workers	Title V	Title VIII	Title XIX	Total All Patients						
	11.00	12.00	13.00	14.00	15.00						
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)							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							5.00			
6.00	Hospital Adults & Peds. Swing Bed NF							6.00			
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)							7.00			
8.00	INTENSIVE CARE UNIT							8.00			
9.00	CORONARY CARE UNIT							9.00			
10.00	BURN INTENSIVE CARE UNIT							10.00			
11.00	SURGICAL INTENSIVE CARE UNIT							11.00			
12.00	OTHER SPECIAL CARE (SPECIFY)							12.00			
13.00	NURSERY							13.00			
14.00	Total (see instructions)					0.00	0	5,438	1,464	10,525	14.00
15.00	CAH visits										15.00
16.00	SUBPROVIDER - IPF					0.00	0	497	45	544	16.00
17.00	SUBPROVIDER - IRF					0.00	0	236	7	307	17.00
18.00	SUBPROVIDER										18.00
19.00	SKILLED NURSING FACILITY										19.00
20.00	NURSING FACILITY										20.00
21.00	OTHER LONG TERM CARE										21.00
22.00	HOME HEALTH AGENCY										22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)										23.00
24.00	HOSPICE					0.00					24.00
25.00	CMHC - CMHC										25.00
26.00	RURAL HEALTH CLINIC					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: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/28/2013 11:58 am	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	109,180,581	0	109,180,581	3,651,002.48	29.90	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		46,033,899	49,406	46,083,305	1,085,491.91	42.45	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		10,950,479	0	10,950,479	302,896.00	36.15	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		13,476,025	0	13,476,025			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		7,803,030	0	7,803,030			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	1,193,643	91,338	1,284,981	43,182.24	29.76	26.00
27.00	Administrative & General	5.00	9,270,481	-225,999	9,044,482	293,198.49	30.85	27.00
28.00	Administrative & General under contract (see inst.)		4,140,973	0	4,140,973	145,071.00	28.54	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	1,649,877	0	1,649,877	81,222.54	20.31	30.00
31.00	Laundry & Linen Service	8.00	326,495	-23,610	302,885	24,437.88	12.39	31.00
32.00	Housekeeping	9.00	1,535,528	0	1,535,528	115,845.20	13.25	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	2,419,779	-1,175,916	1,243,863	83,901.03	14.83	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	1,175,916	1,175,916	79,318.00	14.83	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	547,802	225,999	773,801	18,199.07	42.52	38.00
39.00	Central Services and Supply	14.00	563,896	0	563,896	38,462.51	14.66	39.00
40.00	Pharmacy	15.00	3,229,517	0	3,229,517	108,901.55	29.66	40.00
41.00	Medical Records & Medical Records Library	16.00	373,133	0	373,133	26,545.50	14.06	41.00

HOSPITAL WAGE INDEX INFORMATION		Worksheet A		Amount		Reclassification of Salaries		Adjusted Salaries		Paid Hours		Average Hourly Wage	
		Line Number	Reported	(from Worksheet A-6)	(col. 2 ± col. 3)							(col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00		6.00					
42.00	Social Service	17.00	631,312	0	631,312	23,831.44		26.49		42.00			
43.00	Other General Service	18.00	0	0	0	0.00		0.00		43.00			

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150048

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

Worksheet S-3
Part III
Date/Time Prepared:
5/28/2013 11:58 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	113,321,554	0	113,321,554	3,796,073.48	29.85	1.00
2.00	Excluded area salaries (see instructions)	46,033,899	49,406	46,083,305	1,085,491.91	42.45	2.00
3.00	Subtotal salaries (line 1 minus line 2)	67,287,655	-49,406	67,238,249	2,710,581.57	24.81	3.00
4.00	Subtotal other wages & related costs (see inst.)	10,950,479	0	10,950,479	302,896.00	36.15	4.00
5.00	Subtotal wage-related costs (see inst.)	13,476,025	0	13,476,025	0.00	20.04	5.00
6.00	Total (sum of lines 3 thru 5)	91,714,159	-49,406	91,664,753	3,013,477.57	30.42	6.00
7.00	Total overhead cost (see instructions)	25,882,436	67,728	25,950,164	1,082,116.45	23.98	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/28/2013 11:58 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			6,033,333 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			2,109,727 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			11,566,364 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			412,514 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			56,815 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)			249,669 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			0 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			67,515 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			89,959 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			693,159 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			21,279,055 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/28/2013 11:58 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			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 13.00
14.00	Hospital-Based Health Clinic RHC		0	0 14.00
15.00	Hospital-Based Health Clinic FQHC		0	0 15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 150048
Component CCN: 151524

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/28/2013 11:58 am

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of col.s. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	8,295	371	1,386	75	650	9,316	2.00
3.00	Inpatient Respite Care	25	0	0	0	0	25	3.00
4.00	General Inpatient Care	0	0	0	0	0	0	4.00
5.00	Total Hospice Days	8,320	371	1,386	75	650	9,341	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	207	5	12	1	25	237	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	40.19	74.20	115.50	75.00	26.00	39.41	8.00
9.00	Unduplicated Census Count	0	0	0	0	0	0	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/28/2013 11:58 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)		0.397668		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		22,858,003		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		N		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?				4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		60,126,006		6.00
7.00	Medicaid cost (line 1 times line 6)		23,910,189		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,052,186		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		69,959		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,052,186		19.00
				1.00	
				1.00	
				2.00	
				3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	Uninsured patients	Insured patients	Total (col. 1 + col. 2)	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	14,018,727	6,973,676	20,992,403	21.00
22.00	Partial payment by patients approved for charity care	5,574,799	2,773,208	8,348,007	22.00
23.00	Cost of charity care (line 21 minus line 22)	0	0	0	23.00
				5,574,799	2,773,208
				8,348,007	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?				24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			26,000,962	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			762,170	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			25,238,792	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			10,036,660	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			18,384,667	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			19,436,853	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/28/2013 11:58 am		
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		10,351,992		19,792,611	30,144,603	1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE		0		1,079,523	1,079,523	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		0		0	0	2.00
4.00	00400	EMPLOYEE BENEFITS	1,193,643	26,504,384	27,698,027	888,920	28,586,947	4.00
5.01	00510	NONPATIENT TELEPHONES	235,433	122,902	358,335	0	358,335	5.01
5.02	00520	DATA PROCESSING	3,369,566	15,072,000	18,441,566	-12,019	18,429,547	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	770,893	703,398	1,474,291	-3,596	1,470,695	5.03
5.04	00540	ADMITTING	0	1,916,500	1,916,500	0	1,916,500	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	2,526	2,945,584	2,948,110	-56,165	2,891,945	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,892,063	29,031,641	33,923,704	-1,131,660	32,792,044	5.06
7.00	00700	OPERATION OF PLANT	1,649,877	2,896,429	4,546,306	-3,437	4,542,869	7.00
8.00	00801	LAUNDRY & LINEN SERVICE	326,495	396,032	722,527	-51,551	670,976	8.00
9.00	00900	HOUSEKEEPING	1,535,528	507,141	2,042,669	0	2,042,669	9.00
10.00	01000	DIETARY	2,419,779	2,451,202	4,870,981	-2,951,994	1,918,987	10.00
11.00	01100	CAFETERIA	0	0	0	2,948,767	2,948,767	11.00
13.00	01300	NURSING ADMINISTRATION	547,802	317,639	865,441	225,999	1,091,440	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	563,896	2,500,931	3,064,827	0	3,064,827	14.00
15.00	01500	PHARMACY	3,229,517	18,067,337	21,296,854	0	21,296,854	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	373,133	4,598,845	4,971,978	-8,380	4,963,598	16.00
17.00	01700	SOCIAL SERVICE	0	2,306,956	2,306,956	0	2,306,956	17.00
17.01	01701	INSERVICE EDUCATION	631,312	817,154	1,448,466	0	1,448,466	17.01
23.00	02300	PARAMED ED PRGM	193,981	46,633	240,614	-4,112	236,502	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,071,690	4,418,319	15,490,009	-16,915	15,473,094	30.00
31.00	03100	INTENSIVE CARE UNIT	4,031,647	1,253,990	5,285,637	0	5,285,637	31.00
40.00	04000	SUBPROVIDER - I PF	2,502,489	349,956	2,852,445	0	2,852,445	40.00
41.00	04100	SUBPROVIDER - I RF	1,354,136	780,000	2,134,136	0	2,134,136	41.00
43.00	04300	NURSERY	433,506	85,318	518,824	0	518,824	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,246,348	34,068,916	35,315,264	-9,221,129	26,094,135	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	701,255	191,879	893,134	0	893,134	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,714,346	8,962,911	14,677,257	-232,221	14,445,036	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,306,023	10,931,077	12,237,100	-6,475,221	5,761,879	59.00
60.00	06000	LABORATORY	3,338,484	7,600,870	10,939,354	-1,664,411	9,274,943	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	1,663,295	1,663,295	63.00
65.00	06500	RESPIRATORY THERAPY	1,512,587	467,892	1,980,479	0	1,980,479	65.00
66.00	06600	PHYSICAL THERAPY	4,014,882	914,968	4,929,850	-244,887	4,684,963	66.00
69.00	06900	ELECTROCARDIOLOGY	998,517	906,399	1,904,916	-204	1,904,712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	225,098	92,566	317,664	0	317,664	70.00
70.01	07001	CARDIAC REHAB	198,242	83,557	281,799	-37,939	243,860	70.01
70.02	07002	EMG & ENG	19,469	8,487	27,956	0	27,956	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	15,694,677	15,694,677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	-2,515	-2,515	73.00
74.00	07400	RENAL DIALYSIS	0	800,535	800,535	0	800,535	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	4,508,265	6,633,962	11,142,227	-429,150	10,713,077	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,408,685	367,439	1,776,124	-36,784	1,739,340	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	676,175	1,273,724	1,949,899	-22,004	1,927,895	96.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	885,910	676,543	1,562,453	0	1,562,453	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	68,083,198	202,424,008	270,507,206	19,687,498	290,194,704	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	6,885	2,533,066	2,539,951	-1,079,524	1,460,427	192.00
194.00	07950	RENTAL SPACE	0	18,264,879	18,264,879	-15,527,003	2,737,876	194.00
194.01	07951	FOUNDATION	176,898	204,720	381,618	0	381,618	194.01
194.02	07952	RETAIL SERVICES	74,043	20,420	94,463	0	94,463	194.02
194.03	07953	REID CONTRACTED SERVICES	342,532	22,572	365,104	86,356	451,460	194.03
194.04	07954	REID PHYSICIAN ASSOC.	40,497,025	23,949,440	64,446,465	-3,167,327	61,279,138	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	109,180,581	247,419,105	356,599,686	0	356,599,686	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150048

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

Worksheet A
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-5,852,240	24,292,363	1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE	0	1,079,523	1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	0	2.00
4.00	00400	EMPLOYEE BENEFITS	3,947,427	32,534,374	4.00
5.01	00510	NONPATIENT TELEPHONES	0	358,335	5.01
5.02	00520	DATA PROCESSING	-112,746	18,316,801	5.02
5.03	00530	PURCHASING RECEIVING AND STORES	-290,586	1,180,109	5.03
5.04	00540	ADMINISTRATIVE	0	1,916,500	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	-41,287	2,850,658	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-2,692,134	30,099,910	5.06
7.00	00700	OPERATION OF PLANT	-70,171	4,472,698	7.00
8.00	00801	LAUNDRY & LINEN SERVICE	0	670,976	8.00
9.00	00900	HOUSEKEEPING	0	2,042,669	9.00
10.00	01000	DIETARY	-397,153	1,521,834	10.00
11.00	01100	CAFETERIA	-2,635,523	313,244	11.00
13.00	01300	NURSING ADMINISTRATION	-49	1,091,391	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,216	3,062,611	14.00
15.00	01500	PHARMACY	-203,842	21,093,012	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-114,261	4,849,337	16.00
17.00	01700	SOCIAL SERVICE	0	2,306,956	17.00
17.01	01701	INSERVICE EDUCATION	-411,785	1,036,681	17.01
23.00	02300	PARAMED PRGM	-54,475	182,027	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-2,267,783	13,205,311	30.00
31.00	03100	INTENSIVE CARE UNIT	-22,458	5,263,179	31.00
40.00	04000	SUBPROVIDER - I/PF	-128	2,852,317	40.00
41.00	04100	SUBPROVIDER - I/RF	-14,922	2,119,214	41.00
43.00	04300	NURSERY	0	518,824	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,644,658	22,449,477	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	893,134	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-84,471	14,360,565	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	5,761,879	59.00
60.00	06000	LABORATORY	-846,573	8,428,370	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,663,295	63.00
65.00	06500	RESPIRATORY THERAPY	0	1,980,479	65.00
66.00	06600	PHYSICAL THERAPY	-34,111	4,650,852	66.00
69.00	06900	ELECTROCARDIOLOGY	-55,208	1,849,504	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	317,664	70.00
70.01	07001	CARDIAC REHAB	0	243,860	70.01
70.02	07002	EMG & ENG	0	27,956	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,694,677	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	-2,515	73.00
74.00	07400	RENAL DIALYSIS	0	800,535	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	-5,147,494	5,565,583	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	1,739,340	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	-671,931	1,255,964	96.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	0	0	113.00
116.00	11600	HOSPICE	0	1,562,453	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-21,720,778	268,473,926	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,460,427	192.00
194.00	07950	RENTAL SPACE	-7,178	2,730,698	194.00
194.01	07951	FOUNDATION	0	381,618	194.01
194.02	07952	RETAIL SERVICES	0	94,463	194.02
194.03	07953	REID CONTRACTED SERVICES	0	451,460	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	61,279,138	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956	VACANT SPACE	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-21,727,956	334,871,730	200.00

RECLASSIFICATIONS

Provider CCN: 150048

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 - DIETARY RECLASS						
1.00	CAFETERIA	11.00	1,175,916	1,772,851	1.00	
	TOTALS		1,175,916	1,772,851		
B - LAUNDRY RECLASS						
1.00	REID CONTRACTED SERVICES	194.03	23,610	27,941	1.00	
	TOTALS		23,610	27,941		
D - VP OF NURSING RECLASS						
1.00	NURSING ADMINISTRATION	13.00	225,999	0	1.00	
	TOTALS		225,999	0		
E - QUAKER HILL RENT RECLASS						
1.00	RENTAL SPACE	194.00	0	3,437	1.00	
	TOTALS		0	3,437		
F - OCC MED RECLASS						
1.00	REID CONTRACTED SERVICES	194.03	25,796	9,009	1.00	
2.00	EMPLOYEE BENEFITS	4.00	91,338	303,007	2.00	
	TOTALS		117,134	312,016		
H - PROPERTY INSURANCE RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	341,628	1.00	
	TOTALS		0	341,628		
I - WORKERS COMPENSATION RECLASS						
1.00	EMPLOYEE BENEFITS	4.00	0	500,777	1.00	
	TOTALS		0	500,777		
K - BUILDING RENTAL RECLASS						
1.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	3,059	1.00	
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	5,566,448	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	5,569,507		
L - BUILDING DEPR EXPENSE RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	13,867,881	1.00	
2.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	865,575	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
	TOTALS		0	14,733,456		
N - PROPERTY TAX RECLASS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	16,654	1.00	
2.00	NEW CAP BLDG & FIXT - OFFSITE	1.01	0	210,889	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
	TOTALS		0	227,543		
O - IMPLANTABLE DEVICES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	15,694,677	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
	TOTALS		0	15,694,677		

Provider CCN: 150048

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	
	P - BLOOD BANK RECLASS				
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	60,989	1,602,306	1.00
	TOTALS		60,989	1,602,306	
500.00	Grand Total: Increases		1,603,648	40,786,139	500.00

RECLASSIFICATIONS

Provider CCN: 150048

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		
A - DIETARY RECLASS							
1.00	DIETARY	10.00	1,175,916	1,772,851	0		1.00
	TOTALS		1,175,916	1,772,851			
B - LAUNDRY RECLASS							
1.00	LAUNDRY & LINEN SERVICE	8.00	23,610	27,941	0		1.00
	TOTALS		23,610	27,941			
D - VP OF NURSING RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	225,999	0	0		1.00
	TOTALS		225,999	0			
E - QUAKER HILL RENT RECLASS							
1.00	OPERATION OF PLANT	7.00	0	3,437	0		1.00
	TOTALS		0	3,437			
F - OCC MED RECLASS							
1.00	EMERGENCY	91.00	117,134	312,016	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		117,134	312,016			
H - PROPERTY INSURANCE RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	341,628	12		1.00
	TOTALS		0	341,628			
I - WORKERS COMPENSATION RECLASS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	500,777	0		1.00
	TOTALS		0	500,777			
K - BUILDING RENTAL RECLASS							
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	3,059	10		1.00
2.00	RENTAL SPACE	194.00	0	2,536,701	10		2.00
3.00	REID PHYSICIAN ASSOC.	194.04	0	3,029,747	0		3.00
	TOTALS		0	5,569,507			
L - BUILDING DEPR EXPENSE RECLASS							
1.00	EMPLOYEE BENEFITS	4.00	0	6,202	9		1.00
2.00	DATA PROCESSING	5.02	0	12,019	9		2.00
3.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	56,165	0		3.00
4.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	63,256	0		4.00
5.00	DIETARY	10.00	0	3,227	0		5.00
6.00	MEDICAL RECORDS & LIBRARY	16.00	0	8,380	0		6.00
7.00	PARAMED PRGM	23.00	0	4,112	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	16,779	0		8.00
9.00	OPERATING ROOM	50.00	0	3,596	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	228,604	0		10.00
11.00	PHYSICAL THERAPY	66.00	0	244,887	0		11.00
12.00	ELECTROCARDIOLOGY	69.00	0	204	0		12.00
13.00	CARDIAC REHAB	70.01	0	37,939	0		13.00
14.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,083	0		14.00
15.00	PATIENT CARE CENTER - OCC	93.00	0	36,784	0		15.00
16.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0	22,004	0		16.00
17.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	865,575	0		17.00
18.00	RENTAL SPACE	194.00	0	12,992,506	0		18.00
19.00	REID PHYSICIAN ASSOC.	194.04	0	129,134	0		19.00
	TOTALS		0	14,733,456			
N - PROPERTY TAX RECLASS							
1.00	PURCHASING RECEIVING AND STORES	5.03	0	3,596	13		1.00
2.00	OPERATING ROOM	50.00	0	1,830	13		2.00
3.00	LABORATORY	60.00	0	1,116	0		3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0	432	0		4.00
5.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	210,890	0		5.00
6.00	RENTAL SPACE	194.00	0	1,233	0		6.00
7.00	REID PHYSICIAN ASSOC.	194.04	0	8,446	0		7.00
	TOTALS		0	227,543			
O - IMPLANTABLE DEVICES RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	136	0		1.00
2.00	OPERATING ROOM	50.00	0	9,215,703	0		2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,617	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	6,475,221	0		4.00
	TOTALS		0	15,694,677			
P - BLOOD BANK RECLASS							
1.00	LABORATORY	60.00	60,989	1,602,306	0		1.00
	TOTALS		60,989	1,602,306			
500.00	Grand Total: Decreases		1,603,648	40,786,139			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150048

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

Worksheet A-7
Part I
Date/Time Prepared:
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	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	10,391,371	1,231,467	0	1,231,467	0 1.00
2.00	Land Improvements	31,920,487	2,461,087	0	2,461,087	41,178 2.00
3.00	Buildings and Fixtures	111,891,200	5,982,765	0	5,982,765	21,201 3.00
4.00	Building Improvements	6,862,784	105,279	0	105,279	292,817 4.00
5.00	Fixed Equipment	103,250,303	1,130,804	0	1,130,804	2,367 5.00
6.00	Movable Equipment	136,708,160	13,927,830	0	13,927,830	967,172 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	401,024,305	24,839,232	0	24,839,232	1,324,735 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	401,024,305	24,839,232	0	24,839,232	1,324,735 10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	11,622,838	0			0 1.00
2.00	Land Improvements	34,340,396	0			0 2.00
3.00	Buildings and Fixtures	117,852,764	0			0 3.00
4.00	Building Improvements	6,675,246	0			0 4.00
5.00	Fixed Equipment	104,378,740	0			0 5.00
6.00	Movable Equipment	149,668,818	0			0 6.00
7.00	HIT designated Assets	0	0			0 7.00
8.00	Subtotal (sum of lines 1-7)	424,538,802	0			0 8.00
9.00	Reconciling Items	0	0			0 9.00
10.00	Total (line 8 minus line 9)	424,538,802	0			0 10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150048

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

Worksheet A-7
Part II
Date/Time Prepared:
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Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	10,351,992	0	0	0	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	10,351,992	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	10,351,992				1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0				1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	10,351,992				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150048

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

Worksheet A-7
Part III
Date/Time Prepared:
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Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	424,538,802	0	424,538,802	1.000000	0	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	0.000000	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	424,538,802	0	424,538,802	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	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	24,216,452	5,566,448	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	0	865,575	3,059	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	25,082,027	5,569,507	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	NEW CAP REL COSTS-BLDG & FIXT	-5,848,819	341,628	16,654	0	24,292,363	1.00
1.01	NEW CAP BLDG & FIXT - OFFSITE	0	0	210,889	0	1,079,523	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	-5,848,819	341,628	227,543	0	25,371,886	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150048

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center	Line #	Wkst. A-7	Ref.
			1.00	2.00	3.00	4.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 1.00
1.01 Investment income - NEW CAP BLDG & FIXT - OFFSITE (chapter 2)			ONEW CAP BLDG & FIXT - OFFSITE	1.01		0 1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0 2.00
3.00 Investment income - other (chapter 2)		0		0.00		0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00		0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-211,086	PURCHASING RECEIVING AND STORES	5.03		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	-8,617,604				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	-3,168,670				0 12.00
13.00 Laundry and linen service		0		0.00		0 13.00
14.00 Cafeteria-employees and guests	B	-2,007,035	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	B	-478	RADIOLOGY-DIAGNOSTIC	54.00		0 16.00
17.00 Sale of drugs to other than patients		0		0.00		0 17.00
18.00 Sale of medical records and abstracts		0		0.00		0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00		0 19.00
20.00 Vending machines		0		0.00		0 20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0 21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0 22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)			0*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00		0 26.00
26.01 Depreciation - NEW CAP BLDG & FIXT - OFFSITE			ONEW CAP BLDG & FIXT - OFFSITE	1.01		0 26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00		0 27.00
28.00 Non-physician Anesthetist			0*** Cost Center Deleted ***	19.00		28.00
29.00 Physicians' assistant			0	0.00		0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0*** Cost Center Deleted ***	67.00		30.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150048

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

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
31.00	A-8-3	0	*** Cost Center Deleted ***			68.00	31.00
32.00		0			0.00	0	32.00
33.00	B	-151,931	EMPLOYEE BENEFITS		4.00	0	33.00
33.01	B	-3,155	EMPLOYEE BENEFITS		4.00	0	33.01
33.02	B	-39,058	EMPLOYEE BENEFITS		4.00	0	33.02
33.03	B	-8,076	DATA PROCESSING		5.02	0	33.03
33.04	B	-79,500	PURCHASING RECEIVING AND STORES		5.03	0	33.04
33.05	B	-41,287	CASHIERING/ACCOUNTS RECEIVABLE		5.05	0	33.05
33.06	B	-2,000	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.06
33.07	B	-321	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.07
33.08	B	-24,016	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.08
33.09	B	-140,747	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.09
33.10	B	-347	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.10
33.11	B	-3,070	OPERATION OF PLANT		7.00	0	33.11
33.12	B	-143,876	DIETARY		10.00	0	33.12
33.13	B	-17,965	DIETARY		10.00	0	33.13
33.14	B	-36,006	DIETARY		10.00	0	33.14
33.15	B	-3,118	DIETARY		10.00	0	33.15
33.16	B	-27,654	DIETARY		10.00	0	33.16
33.17	B	-162,095	DIETARY		10.00	0	33.17
33.18	B	-370,537	CAFETERIA		11.00	0	33.18
33.19	B	-26,620	CAFETERIA		11.00	0	33.19
33.20	B	-189,455	CAFETERIA		11.00	0	33.20
33.21	B	-41,876	CAFETERIA		11.00	0	33.21
33.22	B	-2,216	CENTRAL SERVICES & SUPPLY		14.00	0	33.22
33.23	B	-15,000	PHARMACY		15.00	0	33.23
33.24	B	-7,875	PHARMACY		15.00	0	33.24
33.25	B	-163,823	PHARMACY		15.00	0	33.25
33.26	B	-17,144	PHARMACY		15.00	0	33.26
33.27	B	-89,752	MEDICAL RECORDS & LIBRARY		16.00	0	33.27
33.28	B	-24,509	MEDICAL RECORDS & LIBRARY		16.00	0	33.28
33.29	B	-8,134	INSERVICE EDUCATION		17.01	0	33.29
33.30	B	-600	INSERVICE EDUCATION		17.01	0	33.30
33.31	B	-50,950	PARAMEDICAL PRGM		23.00	0	33.31
33.32	B	-350	ADULTS & PEDIATRICS		30.00	0	33.32
33.33	B	-14,418	OPERATING ROOM		50.00	0	33.33
33.34	B	-15,583	RADIOLOGY-DIAGNOSTIC		54.00	0	33.34
33.35	B	-2,400	RADIOLOGY-DIAGNOSTIC		54.00	0	33.35
33.36	B	-65,995	RADIOLOGY-DIAGNOSTIC		54.00	0	33.36
33.37	B	-24,080	LABORATORY		60.00	0	33.37
33.38	B	-17,866	LABORATORY		60.00	0	33.38
33.39	B	-2,868	PHYSICAL THERAPY		66.00	0	33.39
33.40	B	-30,151	PHYSICAL THERAPY		66.00	0	33.40
33.41	B	-8,463	EMERGENCY		91.00	0	33.41
33.42	B	-2	EMERGENCY		91.00	0	33.42
33.43	B	-649,284	DURABLE MEDICAL EQUIP-RENTED		96.00	0	33.43
33.44	B	-58,418	EMPLOYEE BENEFITS		4.00	0	33.44
33.45	A	4,622,899	EMPLOYEE BENEFITS		4.00	0	33.45
33.46	A	-3,333	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	33.46
33.47	A	-325,180	INSERVICE EDUCATION		17.01	0	33.47
33.48	A	-12,484	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.48
33.49	A	-519,963	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.49
33.50	A	-1,775,001	OTHER ADMINISTRATIVE AND GENERAL		5.06	0	33.50
33.51	A	-105,870	EMPLOYEE BENEFITS		4.00	0	33.51

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
				Cost Center	Line #	
				1.00	2.00	
33.52	MARKETING / PROMOTIONS	A	-4,917	EMPLOYEE BENEFITS	4.00	0 33.52
33.53	MARKETING / PROMOTIONS	A	-104,574	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.53
33.54	MARKETING / PROMOTIONS	A	-3,473	DIETARY	10.00	0 33.54
33.55	MARKETING / PROMOTIONS	A	-100	INSERVICE EDUCATION	17.01	0 33.55
33.56	MARKETING / PROMOTIONS	A	-243	ADULTS & PEDIATRICS	30.00	0 33.56
33.57	MARKETING / PROMOTIONS	A	-14	OPERATING ROOM	50.00	0 33.57
33.58	MARKETING / PROMOTIONS	A	-15	PHYSICAL THERAPY	66.00	0 33.58
33.59	MARKETING / PROMOTIONS	A	-1,406	DURABLE MEDICAL EQUIP-RENTED	96.00	0 33.59
33.60	LIFELINE EXPENSE	A	-10,700	DURABLE MEDICAL EQUIP-RENTED	96.00	0 33.60
33.61	LIFELINE EXPENSE	A	-10,446	DURABLE MEDICAL EQUIP-RENTED	96.00	0 33.61
33.62	LIFELINE EXPENSE	A	-88	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.62
33.63	COMMUNITY RECOGN./APPRECIATION	A	-13,990	EMPLOYEE BENEFITS	4.00	0 33.63
33.64	COMMUNITY RECOGN./APPRECIATION	A	-79,808	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.64
33.65	COMMUNITY RECOGN./APPRECIATION	A	-2,966	DIETARY	10.00	0 33.65
33.67	COMMUNITY RECOGN./APPRECIATION	A	-77,771	INSERVICE EDUCATION	17.01	0 33.67
33.68	COMMUNITY RECOGN./APPRECIATION	A	-3,525	PARAMED ED PRGM	23.00	0 33.68
33.69	COMMUNITY RECOGN./APPRECIATION	A	-2,528	ADULTS & PEDIATRICS	30.00	0 33.69
33.70	COMMUNITY RECOGN./APPRECIATION	A	-75	INTENSIVE CARE UNIT	31.00	0 33.70
33.71	COMMUNITY RECOGN./APPRECIATION	A	-128	SUBPROVIDER - IPF	40.00	0 33.71
33.73	COMMUNITY RECOGN./APPRECIATION	A	-209	OPERATING ROOM	50.00	0 33.73
33.74	COMMUNITY RECOGN./APPRECIATION	A	-1,077	PHYSICAL THERAPY	66.00	0 33.74
33.75	COMMUNITY RECOGN./APPRECIATION	A	-1,323	EMERGENCY	91.00	0 33.75
33.76	COMMUNITY RECOGN./APPRECIATION	A	-95	DURABLE MEDICAL EQUIP-RENTED	96.00	0 33.76
33.77	DEPRECIATION OF PATIENT ENTERTAINMENT	A	-746	DATA PROCESSING	5.02	0 33.77
33.78	DEPRECIATION OF PATIENT ENTERTAINMENT	A	-105,946	ADULTS & PEDIATRICS	30.00	0 33.78
33.79	DEPRECIATION OF PATIENT ENTERTAINMENT	A	-22,383	INTENSIVE CARE UNIT	31.00	0 33.79
33.80	DEPRECIATION OF PATIENT ENTERTAINMENT	A	-14,922	SUBPROVIDER - IRF	41.00	0 33.80
33.81	CABLE TV	A	-57,644	OPERATION OF PLANT	7.00	0 33.81
33.82	PATIENT ENTERTAINMENT SYSTEM MAINTEN	A	-103,924	DATA PROCESSING	5.02	0 33.82
33.83	UNNECESSARY BORROWING	A	-5,848,819	NEW CAP REL COSTS-BLDG & FIXT	1.00	11 33.83
33.84	PHYSICIAN RECRUITMENT EXPENSE	A	-11,013	EMPLOYEE BENEFITS	4.00	0 33.84
33.85	ALCOHOL EXPENSE	A	-9,457	OPERATION OF PLANT	7.00	0 33.85
33.86	ALCOHOL EXPENSE	A	-49	NURSING ADMINISTRATION	13.00	0 33.86
33.87	ALCOHOL EXPENSE	A	-15	RADIOLOGY-DIAGNOSTIC	54.00	0 33.87
33.88	ALCOHOL EXPENSE	A	-21	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.88
33.89	COUNTRY CLUB DUES	A	-32,852	OTHER ADMINISTRATIVE AND GENERAL	5.06	0 33.89
33.90	COUNTRY CLUB DUES	A	-7,178	RENTAL SPACE	194.00	0 33.90
33.91	OCCUPATIONAL MED RECLASS	A	-287,120	EMPLOYEE BENEFITS	4.00	0 33.91
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-21,727,956			50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

Provider CCN: 150048

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

Worksheet A-8-1

Date/Time Prepared:
5/28/2013 11:58 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	50.00	OPERATING ROOM	17,076,631	20,245,301	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
4.01	0.00		0	0	4.01
4.02	0.00		0	0	4.02
5.00	0	0	17,076,631	20,245,301	5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	A	REID O/P SURGER	55.00	0.00	6.00
7.00			0.00	0.00	7.00
8.00			0.00	0.00	8.00
9.00			0.00	0.00	9.00
10.00			0.00	0.00	10.00
100.00	G. Other (financial or non-financial) specify:			0.00	100.00

(1) Use the following symbols to indicate interrelationship to related organizations:

- A. Individual has financial interest (stockholder, partner, etc.) in both related organization and in provider.
- B. Corporation, partnership, or other organization has financial interest in provider.
- C. Provider has financial interest in corporation, partnership, or other organization.
- D. Director, officer, administrator, or key person of provider or relative of such person has financial interest in related organization.
- E. Individual is director, officer, administrator, or key person of provider and related organization.
- F. Director, officer, administrator, or key person of related organization or relative of such person has financial interest in provider.

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 150048

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

Worksheet A-8-2

Date/Time Prepared:
5/28/2013 11:58 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	50.00	OPERATING ROOM	461,347	461,347	0	0	0	1.00
2.00	60.00	LABORATORY	804,627	804,627	0	0	0	2.00
3.00	69.00	ELECTROCARDIOLOGY	55,208	55,208	0	0	0	3.00
4.00	91.00	EMERGENCY	5,137,706	5,137,706	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	2,158,716	2,158,716	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			8,617,604	8,617,604	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	50.00	OPERATING ROOM	0	0	0	0	0	1.00
2.00	60.00	LABORATORY	0	0	0	0	0	2.00
3.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	3.00
4.00	91.00	EMERGENCY	0	0	0	0	0	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	50.00	OPERATING ROOM	0	0	0	461,347	1.00
2.00	60.00	LABORATORY	0	0	0	804,627	2.00
3.00	69.00	ELECTROCARDIOLOGY	0	0	0	55,208	3.00
4.00	91.00	EMERGENCY	0	0	0	5,137,706	4.00
5.00	30.00	ADULTS & PEDIATRICS	0	0	0	2,158,716	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	8,617,604	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
0						4.00
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	24,292,363	24,292,363			1.00
1.01 00101	NEW CAP BLDG & FIXT - OFFSITE	1,079,523	0	1,079,523		1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS	32,534,374	88,743	1,572	0	32,624,689
5.01 00510	NONPATIENT TELEPHONES	358,335	126,282	0	0	71,189
5.02 00520	DATA PROCESSING	18,316,801	416,219	4,305	0	1,018,866
5.03 00530	PURCHASING RECEIVING AND STORES	1,180,109	520,357	0	0	233,097
5.04 00540	ADMINISTRATIVE	1,916,500	4,788	7,406	0	0
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	2,850,658	27,098	32,078	0	764
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	30,099,910	834,167	27,734	0	1,410,892
7.00 00700	OPERATION OF PLANT	4,472,698	6,057,026	16,346	0	498,878
8.00 00801	LAUNDRY & LINEN SERVICE	670,976	410,134	0	0	91,584
9.00 00900	HOUSEKEEPING	2,042,669	225,300	0	0	464,302
10.00 01000	DIETARY	1,521,834	417,882	0	0	376,111
11.00 01100	CAFETERIA	313,244	328,274	0	0	355,565
13.00 01300	NURSING ADMINISTRATION	1,091,391	65,003	0	0	233,977
14.00 01400	CENTRAL SERVICES & SUPPLY	3,062,611	279,663	0	0	170,507
15.00 01500	PHARMACY	21,093,012	241,758	0	0	976,519
16.00 01600	MEDICAL RECORDS & LIBRARY	4,849,337	116,607	23,127	0	112,825
17.00 01700	SOCIAL SERVICE	2,306,956	41,263	0	0	0
17.01 01701	INSERVICE EDUCATION	1,036,681	346,096	0	0	190,892
23.00 02300	PARAMED PRGM	182,027	35,278	10,535	0	58,655
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,205,311	3,468,404	0	0	3,347,780
31.00 03100	INTENSIVE CARE UNIT	5,263,179	816,345	0	0	1,219,061
40.00 04000	SUBPROVIDER - I/P	2,852,317	742,797	0	0	756,685
41.00 04100	SUBPROVIDER - I/R	2,119,214	595,102	0	0	409,454
43.00 04300	NURSERY	518,824	89,142	0	0	131,081
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,449,477	1,616,365	51,462	0	376,862
52.00 05200	DELIVERY ROOM & LABOR ROOM	893,134	276,504	0	0	212,041
54.00 05400	RADIOLOGY-DIAGNOSTIC	14,360,565	2,020,914	6,290	0	1,727,864
59.00 05900	CARDIAC CATHETERIZATION	5,761,879	451,497	0	0	394,906
60.00 06000	LABORATORY	8,428,370	437,100	0	0	991,026
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,663,295	26,566	0	0	18,441
65.00 06500	RESPIRATORY THERAPY	1,980,479	54,762	0	0	457,365
66.00 06600	PHYSICAL THERAPY	4,650,852	268,790	166,350	0	1,213,992
69.00 06900	ELECTROCARDIOLOGY	1,849,504	233,113	0	0	301,925
70.00 07000	ELECTROENCEPHALOGRAPHY	317,664	0	15,300	0	68,064
70.01 07001	CARDIAC REHAB	243,860	150,388	0	0	59,943
70.02 07002	EMG & ENG	27,956	0	0	0	5,887
70.03 07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0
70.06 07005	O/P PSYCHIATRIC	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	15,694,677	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	-2,515	0	0	0	0
74.00 07400	RENAL DIALYSIS	800,535	49,542	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	5,565,583	757,161	0	0	1,327,759
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00 04040	PATIENT CARE CENTER - OCC	1,739,340	283,620	0	0	425,948
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	1,255,964	58,985	11,290	0	204,457
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					
116.00 11600	HOSPICE	1,562,453	14,796	0	0	267,875
118.00	SUBTOTALS (SUM OF LINES 1-117)	268,473,926	22,993,831	373,795	0	20,183,039
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,460,427	8,279	9,655	0	2,082
194.00 07950	RENTAL SPACE	2,730,698	0	74,809	0	0
194.01 07951	FOUNDATION	381,618	6,849	0	0	53,489
194.02 07952	RETAIL SERVICES	94,463	77,804	0	0	22,389
194.03 07953	REID CONTRACTED SERVICES	451,460	0	0	0	118,511
194.04 07954	REID PHYSICIAN ASSOC.	61,279,138	1,141,860	553,774	0	12,245,179

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
194.05 07955 OTHER NON REIMBURSABLE COST CENTERS	0	17,689	0	0	0	194.05
194.06 07956 VACANT SPACE	0	46,051	67,490	0	0	194.06
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	334,871,730	24,292,363	1,079,523	0	32,624,689	202.00
Cost Center Description	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINNING	CASHIERING/ACCOUNTS RECEIVABLE	
	5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES	555,806					5.01
5.02 00520 DATA PROCESSING	45,670	19,801,861				5.02
5.03 00530 PURCHASING RECEIVING AND STORES	6,064	173,472	2,113,099			5.03
5.04 00540 ADMINNING	17,055	303,576	757	2,250,082		5.04
5.05 00550 CASHIERING/ACCOUNTS RECEIVABLE	26,720	485,722	606	0	3,423,646	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	22,361	1,379,105	4,454	0	0	5.06
7.00 00700 OPERATION OF PLANT	10,991	398,986	7,605	0	0	7.00
8.00 00801 LAUNDRY & LINEN SERVICE	1,137	17,347	15,728	0	0	8.00
9.00 00900 HOUSEKEEPING	1,137	26,021	9,555	0	0	9.00
10.00 01000 DIETARY	16,676	294,903	6,877	0	0	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	3,411	121,431	236	0	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	1,895	104,083	119,768	0	0	14.00
15.00 01500 PHARMACY	8,149	346,945	46,518	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	12,886	728,584	1,306	0	0	16.00
17.00 01700 SOCIAL SERVICE	6,443	242,861	794	0	0	17.00
17.01 01701 INSERVICE EDUCATION	8,717	1,283,695	767	0	0	17.01
23.00 02300 PARAMED PRGM	569	86,736	296	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	43,206	2,064,320	42,717	156,248	237,751	30.00
31.00 03100 INTENSIVE CARE UNIT	9,854	303,576	35,374	40,988	62,368	31.00
40.00 04000 SUBPROVIDER - I/PF	4,169	130,104	6,194	36,949	56,223	40.00
41.00 04100 SUBPROVIDER - I/RF	6,064	242,861	4,067	16,081	24,469	41.00
43.00 04300 NURSERY	0	0	2,685	8,116	12,349	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	35,816	754,604	608,414	375,688	571,656	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	8,149	277,556	6,063	19,410	29,534	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	28,994	1,318,389	79,668	388,238	590,618	54.00
59.00 05900 CARDIAC CATHETERIZATION	5,496	86,736	621,234	199,128	302,998	59.00
60.00 06000 LABORATORY	12,128	503,070	199,526	264,772	402,884	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	101,990	15,099	22,974	63.00
65.00 06500 RESPIRATORY THERAPY	1,137	104,083	13,960	39,747	60,480	65.00
66.00 06600 PHYSICAL THERAPY	17,055	902,056	2,696	40,769	62,035	66.00
69.00 06900 ELECTROCARDIOLOGY	1,706	425,007	7,075	87,168	132,638	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	1,327	69,389	516	10,078	15,335	70.00
70.01 07001 CARDIAC REHAB	2,274	17,347	716	3,876	5,898	70.01
70.02 07002 EMG & ENG	0	0	77	1,039	1,581	70.02
70.03 07003 O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06 07005 O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,088	1,656	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	99,361	151,191	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	265,172	403,493	73.00
74.00 07400 RENAL DIALYSIS	948	17,347	1,567	2,842	4,325	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100 EMERGENCY	15,539	650,521	22,180	132,977	202,341	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04040 PATIENT CARE CENTER - OCC	10,802	338,271	3,154	17,022	25,901	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	4,738	104,083	60,074	17,618	26,807	96.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
116.00 11600 HOSPICE	2,464	26,021	15,392	10,608	16,141	116.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
118.00	SUBTOTALS (SUM OF LINES 1-117)	401,747	14,328,808	2,050,606	2,250,082	3,423,646	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	12,318	8,674	300	0	0	192.00
194.00	07950 RENTAL SPACE	18,382	0	2,226	0	0	194.00
194.01	07951 FOUNDATION	1,327	52,042	95	0	0	194.01
194.02	07952 RETAIL SERVICES	0	312,250	492	0	0	194.02
194.03	07953 REID CONTRACTED SERVICES	0	0	0	0	0	194.03
194.04	07954 REID PHYSICIAN ASSOC.	122,032	5,100,087	59,380	0	0	194.04
194.05	07955 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 VACANT SPACE	0	0	0	0	0	194.06
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)	555,806	19,801,861	2,113,099	2,250,082	3,423,646	202.00
Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00520 DATA PROCESSING						5.02
5.03	00530 PURCHASING RECEIVING AND STORES						5.03
5.04	00540 ADMINITTING						5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	33,778,623	33,778,623				5.06
7.00	00700 OPERATION OF PLANT	11,462,530	1,285,947	12,748,477			7.00
8.00	00801 LAUNDRY & LINEN SERVICE	1,206,906	135,399	254,102	1,596,407		8.00
9.00	00900 HOUSEKEEPING	2,768,984	310,644	133,695	0	3,213,323	9.00
10.00	01000 DIETARY	2,634,283	295,532	227,322	0	80,896	10.00
11.00	01100 CAFETERIA	997,083	111,860	203,385	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	1,515,449	170,014	40,273		96,155	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	3,738,527	419,414	173,267	0	28,338	14.00
15.00	01500 PHARMACY	22,712,901	2,548,092	145,025	0	42,870	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	5,844,672	655,696	23,937	0	0	16.00
17.00	01700 SOCIAL SERVICE	2,598,317	291,497	9,023	0	0	17.00
17.01	01701 INSERVICE EDUCATION	2,866,848	321,623	192,034	0	11,868	17.01
23.00	02300 PARAMED PRGM	374,096	41,969	57,824	0	4,844	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	22,565,737	2,531,582	2,190,491	477,067	1,071,270	30.00
31.00	03100 INTENSIVE CARE UNIT	7,750,745	869,533	505,774	117,635	242,204	31.00
40.00	04000 SUBPROVIDER - IPF	4,585,438	514,427	460,206	115,456	160,097	40.00
41.00	04100 SUBPROVIDER - IRF	3,417,312	383,378	368,701	55,278	160,339	41.00
43.00	04300 NURSERY	762,197	85,509	55,229	72,859	14,290	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	26,840,344	3,011,138	839,887	306,418	306,388	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,722,391	193,230	171,310	0	76,537	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	20,521,540	2,302,250	904,757	152,928	107,296	54.00
59.00	05900 CARDIAC CATHETERIZATION	7,823,874	877,737	94,616	64,639	50,621	59.00
60.00	06000 LABORATORY	11,238,876	1,260,856	263,166	152	101,968	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,848,365	207,363	16,459	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	2,712,013	304,253	24,597	0	20,587	65.00
66.00	06600 PHYSICAL THERAPY	7,324,595	821,724	993,337	16,123	192,068	66.00
69.00	06900 ELECTROCARDIOLOGY	3,038,136	340,839	11,474	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	497,673	55,832	111,241	6,355	15,743	70.00
70.01	07001 CARDIAC REHAB	484,302	54,332	0	0	0	70.01
70.02	07002 EMG & ENG	36,540	4,099	0	0	0	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005 O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	2,744	308	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	15,945,229	1,788,847	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	666,150	74,733	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	877,106	98,400	30,694	0	61,278	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	8,674,061	973,117	469,106	192,528	297,911	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
93.00	04040 PATIENT CARE CENTER - OCC	2,844,058	319,066	0	11,157	0	93.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/28/2013 11:58 am
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Cost Center Description		Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5A.05	5.06	7.00	8.00	9.00		
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,744,016	195,656	77,292	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,915,750	214,922	0	7,582	22,767	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	248,338,411	24,070,818	9,048,224	1,596,177	3,166,335	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,501,735	168,475	50,594	0	21,072	192.00
194.00	07950	RENTAL SPACE	2,826,115	317,053	461,854	0	4,844	194.00
194.01	07951	FOUNDATION	495,420	55,580	4,244	0	1,211	194.01
194.02	07952	RETAIL SERVICES	507,398	56,923	14,090	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	569,971	63,943	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	80,501,450	9,031,109	2,670,949	230	19,861	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	17,689	1,984	10,959	0	0	194.05
194.06	07956	VACANT SPACE	113,541	12,738	487,563	0	0	194.06
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)	334,871,730	33,778,623	12,748,477	1,596,407	3,213,323	202.00
Cost Center Description								
		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINISTRATIVE						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700	OPERATION OF PLANT						7.00
8.00	00801	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY	3,238,033					10.00
11.00	01100	CAFETERIA	0	1,312,328				11.00
13.00	01300	NURSING ADMINISTRATION	0	8,153	1,830,044			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,231	0	4,376,777		14.00
15.00	01500	PHARMACY	0	48,787	0	0	25,497,675	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	11,892	0	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
17.01	01701	INSERVICE EDUCATION	0	10,676	0	0	20	17.01
23.00	02300	PARAMEDICAL PRGM	0	2,438	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,038,840	209,774	634,798	262	32,245	30.00
31.00	03100	INTENSIVE CARE UNIT	376,093	62,381	188,771	1,998	11,488	31.00
40.00	04000	SUBPROVIDER - IPF	572,973	48,540	146,887	49	5,536	40.00
41.00	04100	SUBPROVIDER - IRF	250,127	22,609	68,418	34	2,741	41.00
43.00	04300	NURSERY	0	6,340	19,187	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	21,290	64,427	1,862,437	187,538	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	10,858	32,859	807	2,096	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	91,041	275,499	441	520,215	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	20,298	61,425	1,941,109	5,345	59.00
60.00	06000	LABORATORY	0	66,760	0	0	25	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	1,107	0	364,483	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	25,115	76,001	33	32,392	65.00
66.00	06600	PHYSICAL THERAPY	0	62,753	0	749	72	66.00
69.00	06900	ELECTROCARDIOLOGY	0	16,616	0	312	402,469	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	3,554	0	0	11	70.00
70.01	07001	CARDIAC REHAB	0	3,563	10,782	0	17	70.01
70.02	07002	EMG & ENG	0	348	0	0	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	20,674,744	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1	74.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	82,941	250,990	1,612	25,825	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 PATIENT CARE CENTER - OCC	0	27,782	0	0	1,443	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	17,015	0	156,945	0	96.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	0	13,718	0	0	280,480	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,238,033	913,580	1,830,044	4,331,271	22,184,703	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	129	0	0	0	192.00
194.00	07950 RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951 FOUNDATION	0	3,811	0	0	0	194.01
194.02	07952 RETAIL SERVICES	0	2,445	0	0	0	194.02
194.03	07953 REID CONTRACTED SERVICES	0	11,230	0	0	0	194.03
194.04	07954 REID PHYSICIAN ASSOC.	0	381,133	0	45,506	3,312,972	194.04
194.05	07955 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 VACANT SPACE	0	0	0	0	0	194.06
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)	3,238,033	1,312,328	1,830,044	4,376,777	25,497,675	202.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
		16.00	17.00	17.01	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00520 DATA PROCESSING						5.02
5.03	00530 PURCHASING RECEIVING AND STORES						5.03
5.04	00540 ADMITTING						5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700 OPERATION OF PLANT						7.00
8.00	00801 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	6,536,197					16.00
17.00	01700 SOCIAL SERVICE	0	2,898,837				17.00
17.01	01701 INSERVICE EDUCATION	0	0	3,403,069			17.01
23.00	02300 PARAMED PRGM	0	0	18,845	500,016		23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	453,940	1,570,364	803,022	0	34,579,392	30.00
31.00	03100 INTENSIVE CARE UNIT	119,079	372,913	226,844	0	10,845,458	31.00
40.00	04000 SUBPROVIDER - I PF	107,346	0	156,126	0	6,873,081	40.00
41.00	04100 SUBPROVIDER - I RF	46,719	0	85,510	0	4,861,166	41.00
43.00	04300 NURSERY	23,579	0	31,306	0	1,070,496	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,091,467	0	80,343	0	34,611,677	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	56,390	15,358	36,777	0	2,318,613	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,127,077	0	223,703	500,016	26,726,763	54.00
59.00	05900 CARDIAC CATHETERIZATION	578,516	0	66,868	0	11,585,048	59.00
60.00	06000 LABORATORY	769,229	0	136,573	0	13,837,605	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	43,865	0	0	0	2,481,642	63.00
65.00	06500 RESPIRATORY THERAPY	115,476	0	83,180	0	3,393,647	65.00
66.00	06600 PHYSICAL THERAPY	118,444	0	158,761	0	9,688,626	66.00
69.00	06900 ELECTROCARDIOLOGY	253,246	0	47,415	0	4,110,507	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	29,280	0	6,282	0	725,971	70.00
70.01	07001 CARDIAC REHAB	11,260	0	9,422	0	573,678	70.01
70.02	07002 EMG & ENG	3,019	0	0	0	44,006	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/28/2013 11:58 am
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Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
		16.00	17.00	17.01	23.00	24.00	
70.06	07005 O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,161	0	0	0	6,213	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	288,670	0	0	0	18,022,746	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	770,391	0	0	0	22,186,018	73.00
74.00	07400 RENAL DIALYSIS	8,257	0	0	0	1,075,736	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	386,332	940,202	335,049	0	12,629,674	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040 PATIENT CARE CENTER - OCC	49,452	0	77,911	0	3,330,869	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	51,184	0	23,606	0	2,265,714	96.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
116.00	11600 HOSPICE	30,818	0	25,835	0	2,511,872	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	6,536,197	2,898,837	2,633,378	500,016	230,356,218	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	1,742,005	192.00
194.00	07950 RENTAL SPACE	0	0	0	0	3,609,866	194.00
194.01	07951 FOUNDATION	0	0	5,066	0	565,332	194.01
194.02	07952 RETAIL SERVICES	0	0	5,471	0	586,327	194.02
194.03	07953 REID CONTRACTED SERVICES	0	0	11,145	0	656,289	194.03
194.04	07954 REID PHYSICIAN ASSOC.	0	0	748,009	0	96,711,219	194.04
194.05	07955 OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	30,632	194.05
194.06	07956 VACANT SPACE	0	0	0	0	613,842	194.06
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	6,536,197	2,898,837	3,403,069	500,016	334,871,730	202.00
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total				
		25.00	26.00				
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00520 DATA PROCESSING						5.02
5.03	00530 PURCHASING RECEIVING AND STORES						5.03
5.04	00540 ADMITTING						5.04
5.05	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL						5.06
7.00	00700 OPERATION OF PLANT						7.00
8.00	00801 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 INSERVICE EDUCATION						17.01
23.00	02300 PARAMED ED PRGM						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	34,579,392				30.00
31.00	03100 INTENSIVE CARE UNIT	0	10,845,458				31.00
40.00	04000 SUBPROVIDER - I PF	0	6,873,081				40.00
41.00	04100 SUBPROVIDER - I RF	0	4,861,166				41.00
43.00	04300 NURSERY	0	1,070,496				43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	34,611,677				50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,318,613				52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	26,726,763				54.00
59.00	05900 CARDIAC CATHETERIZATION	0	11,585,048				59.00
60.00	06000 LABORATORY	0	13,837,605				60.00
60.01	06001 BLOOD LABORATORY	0	0				60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	2,481,642				63.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150048

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

Worksheet B
Part I
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description			Intern & Residents Cost & Post Stepdown Adjustments	Total	
			25.00	26.00	
65.00	06500	RESPIRATORY THERAPY	0	3,393,647	65.00
66.00	06600	PHYSICAL THERAPY	0	9,688,626	66.00
69.00	06900	ELECTROCARDIOLOGY	0	4,110,507	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	725,971	70.00
70.01	07001	CARDIAC REHAB	0	573,678	70.01
70.02	07002	EMG & ENG	0	44,006	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,213	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	18,022,746	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	22,186,018	73.00
74.00	07400	RENAL DIALYSIS	0	1,075,736	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	0	12,629,674	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	3,330,869	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	2,265,714	96.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE			113.00
116.00	11600	HOSPICE	0	2,511,872	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	230,356,218	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,742,005	192.00
194.00	07950	RENTAL SPACE	0	3,609,866	194.00
194.01	07951	FOUNDATION	0	565,332	194.01
194.02	07952	RETAIL SERVICES	0	586,327	194.02
194.03	07953	REID CONTRACTED SERVICES	0	656,289	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	96,711,219	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	30,632	194.05
194.06	07956	VACANT SPACE	0	613,842	194.06
200.00		Cross Foot Adjustments	0	0	200.00
201.00		Negative Cost Centers	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	334,871,730	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101	NEW CAP BLDG & FIXT - OFFSITE					1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	18,665	88,743	1,572	0	108,980 4.00
5.01 00510	NONPATIENT TELEPHONES	3,695	126,282	0	0	129,977 5.01
5.02 00520	DATA PROCESSING	4,519,203	416,219	4,305	0	4,939,727 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	16,564	520,357	0	0	536,921 5.03
5.04 00540	ADMINISTRATIVE	16,448	4,788	7,406	0	28,642 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	29,177	27,098	32,078	0	88,353 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	156,118	834,167	27,734	0	1,018,019 5.06
7.00 00700	OPERATION OF PLANT	64,327	6,057,026	16,346	0	6,137,699 7.00
8.00 00801	LAUNDRY & LINEN SERVICE	95,922	410,134	0	0	506,056 8.00
9.00 00900	HOUSEKEEPING	15,759	225,300	0	0	241,059 9.00
10.00 01000	DIETARY	237,810	417,882	0	0	655,692 10.00
11.00 01100	CAFETERIA	0	328,274	0	0	328,274 11.00
13.00 01300	NURSING ADMINISTRATION	5,387	65,003	0	0	70,390 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	300,614	279,663	0	0	580,277 14.00
15.00 01500	PHARMACY	338,693	241,758	0	0	580,451 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	24,081	116,607	23,127	0	163,815 16.00
17.00 01700	SOCIAL SERVICE	6,255	41,263	0	0	47,518 17.00
17.01 01701	INSERVICE EDUCATION	48,458	346,096	0	0	394,554 17.01
23.00 02300	PARAMED PRGM	6,438	35,278	10,535	0	52,251 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	555,921	3,468,404	0	0	4,024,325 30.00
31.00 03100	INTENSIVE CARE UNIT	360,137	816,345	0	0	1,176,482 31.00
40.00 04000	SUBPROVIDER - IPF	31,288	742,797	0	0	774,085 40.00
41.00 04100	SUBPROVIDER - IRF	48,930	595,102	0	0	644,032 41.00
43.00 04300	NURSERY	5,707	89,142	0	0	94,849 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,371,124	1,616,365	51,462	0	3,038,951 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	34,050	276,504	0	0	310,554 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,942,989	2,020,914	6,290	0	5,970,193 54.00
59.00 05900	CARDIAC CATHETERIZATION	1,014,081	451,497	0	0	1,465,578 59.00
60.00 06000	LABORATORY	238,847	437,100	0	0	675,947 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	26,566	0	0	26,566 63.00
65.00 06500	RESPIRATORY THERAPY	84,547	54,762	0	0	139,309 65.00
66.00 06600	PHYSICAL THERAPY	118,641	268,790	166,350	0	553,781 66.00
69.00 06900	ELECTROCARDIOLOGY	217,582	233,113	0	0	450,695 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	28,881	0	15,300	0	44,181 70.00
70.01 07001	CARDIAC REHAB	14,647	150,388	0	0	165,035 70.01
70.02 07002	EMG & ENG	4,355	0	0	0	4,355 70.02
70.03 07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0 70.03
70.06 07005	O/P PSYCHIATRIC	0	0	0	0	0 70.06
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	4,520	49,542	0	0	54,062 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	412,521	757,161	0	0	1,169,682 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04040	PATIENT CARE CENTER - OCC	39,003	283,620	0	0	322,623 93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	49,898	58,985	11,290	0	120,173 96.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE	0	0	0	0	0 113.00
116.00 11600	HOSPICE	505	14,796	0	0	15,301 116.00
118.00 11800	SUBTOTALS (SUM OF LINES 1-117)	14,481,788	22,993,831	373,795	0	37,849,414 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	16,631	8,279	9,655	0	34,565 192.00
194.00 07950	RENTAL SPACE	1,362,785	0	74,809	0	1,437,594 194.00
194.01 07951	FOUNDATION	1,421	6,849	0	0	8,270 194.01
194.02 07952	RETAIL SERVICES	1,812	77,804	0	0	79,616 194.02
194.03 07953	REID CONTRACTED SERVICES	0	0	0	0	0 194.03
194.04 07954	REID PHYSICIAN ASSOC.	1,314,936	1,141,860	553,774	0	3,010,570 194.04
194.05 07955	OTHER NON REIMBURSABLE COST CENTERS	0	17,689	0	0	17,689 194.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am		
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	2A	
194.06 07956 VACANT SPACE	0	46,051	67,490	0	113,541	194.06
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)	17,179,373	24,292,363	1,079,523	0	42,551,259	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description			EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	108,980					4.00
5.01	00510	NONPATIENT TELEPHONES	238	130,215				5.01
5.02	00520	DATA PROCESSING	3,403	10,700	4,953,830			5.02
5.03	00530	PURCHASING RECEIVING AND STORES	779	1,421	43,398	582,519		5.03
5.04	00540	ADMINISTRATIVE	0	3,996	75,946	209	108,793	5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	3	6,260	121,513	167		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,713	5,239	345,010	1,228		5.06
7.00	00700	OPERATION OF PLANT	1,666	2,575	99,814	2,097		7.00
8.00	00801	LAUNDRY & LINEN SERVICE	306	266	4,340	4,336		8.00
9.00	00900	HOUSEKEEPING	1,551	266	6,510	2,634		9.00
10.00	01000	DIETARY	1,256	3,907	73,776	1,896		10.00
11.00	01100	CAFETERIA	1,188	0	0	0		11.00
13.00	01300	NURSING ADMINISTRATION	782	799	30,378	65		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	570	444	26,039	33,016		14.00
15.00	01500	PHARMACY	3,262	1,909	86,795	12,824		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	377	3,019	182,270	360		16.00
17.00	01700	SOCIAL SERVICE	0	1,509	60,757	219		17.00
17.01	01701	INSERVICE EDUCATION	638	2,042	321,142	212		17.01
23.00	02300	PARAMED PRGM	196	133	21,699	82		23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	11,182	10,122	516,431	11,776	7,563	30.00
31.00	03100	INTENSIVE CARE UNIT	4,072	2,309	75,946	9,752	1,984	31.00
40.00	04000	SUBPROVIDER - IPF	2,528	977	32,548	1,708	1,788	40.00
41.00	04100	SUBPROVIDER - IRF	1,368	1,421	60,757	1,121	778	41.00
43.00	04300	NURSERY	438	0	0	740	393	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,259	8,391	188,779	167,722	18,185	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	708	1,909	69,436	1,671	940	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,771	6,793	329,821	21,962	18,672	54.00
59.00	05900	CARDIAC CATHETERIZATION	1,319	1,287	21,699	171,254	9,639	59.00
60.00	06000	LABORATORY	3,310	2,841	125,853	55,003	12,816	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	62	0	0	28,116	731	63.00
65.00	06500	RESPIRATORY THERAPY	1,528	266	26,039	3,848	1,924	65.00
66.00	06600	PHYSICAL THERAPY	4,055	3,996	225,667	743	1,973	66.00
69.00	06900	ELECTROCARDIOLOGY	1,009	400	106,324	1,951	4,219	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	227	311	17,359	142	488	70.00
70.01	07001	CARDIAC REHAB	200	533	4,340	197	188	70.01
70.02	07002	EMG & ENG	20	0	0	21	50	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	53	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	4,809	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	12,835	73.00
74.00	07400	RENAL DIALYSIS	0	222	4,340	432	138	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	4,435	3,641	162,741	6,114	6,437	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,423	2,531	84,625	869	824	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	683	1,110	26,039	16,561	853	96.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	895	577	6,510	4,243	513	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,420	94,122	3,584,641	565,291	108,793	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	7	2,886	2,170	83	0	192.00
194.00	07950	RENTAL SPACE	0	4,306	0	614	0	194.00
194.01	07951	FOUNDATION	179	311	13,019	26	0	194.01
194.02	07952	RETAIL SERVICES	75	0	78,116	136	0	194.02
194.03	07953	REID CONTRACTED SERVICES	396	0	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	40,903	28,590	1,275,884	16,369	0	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	
		4.00	5.01	5.02	5.03	5.04	
202.00	TOTAL (sum lines 118-201)	108,980	130,215	4,953,830	582,519	108,793	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description			CASHIERING/ACCOUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.05	5.06	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE						1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00520	DATA PROCESSING						5.02
5.03	00530	PURCHASING RECEIVING AND STORES						5.03
5.04	00540	ADMINITTING						5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE	216,296					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	0	1,374,209				5.06
7.00	00700	OPERATION OF PLANT	0	52,315	6,296,166			7.00
8.00	00801	LAUNDRY & LINEN SERVICE	0	5,508	125,495	646,307		8.00
9.00	00900	HOUSEKEEPING	0	12,638	66,029	0	330,687	9.00
10.00	01000	DIETARY	0	12,023	112,269	0	8,325	10.00
11.00	01100	CAFETERIA	0	4,551	100,447	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	6,917	19,890	0	9,895	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	17,063	85,573	0	2,916	14.00
15.00	01500	PHARMACY	0	103,662	71,624	0	4,412	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	26,675	11,822	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	11,859	4,456	0	0	17.00
17.01	01701	INSERVICE EDUCATION	0	13,084	94,841	0	1,221	17.01
23.00	02300	PARAMED ED PRGM	0	1,707	28,558	0	499	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	15,005	102,990	1,081,831	193,140	110,244	30.00
31.00	03100	INTENSIVE CARE UNIT	3,936	35,374	249,789	47,625	24,926	31.00
40.00	04000	SUBPROVIDER - IPF	3,548	20,928	227,285	46,742	16,476	40.00
41.00	04100	SUBPROVIDER - IRF	1,544	15,597	182,092	22,380	16,501	41.00
43.00	04300	NURSERY	779	3,479	27,276	29,497	1,471	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,079	122,499	414,800	124,054	31,531	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,864	7,861	84,606	0	7,876	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	37,497	93,660	446,837	61,913	11,042	54.00
59.00	05900	CARDIAC CATHETERIZATION	19,123	35,708	46,729	26,169	5,209	59.00
60.00	06000	LABORATORY	25,427	51,294	129,972	62	10,494	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,450	8,436	8,129	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	3,817	12,378	12,148	0	2,119	65.00
66.00	06600	PHYSICAL THERAPY	3,915	33,429	490,585	6,527	19,766	66.00
69.00	06900	ELECTROCARDIOLOGY	8,371	13,866	5,667	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	968	2,271	54,939	2,573	1,620	70.00
70.01	07001	CARDIAC REHAB	372	2,210	0	0	0	70.01
70.02	07002	EMG & ENG	100	167	0	0	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	104	13	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,542	72,774	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	25,466	3,040	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	273	4,003	15,159	0	6,306	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	12,770	39,588	231,680	77,945	30,658	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04040	PATIENT CARE CENTER - OCC	1,635	12,980	0	4,517	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,692	7,960	38,172	0	0	96.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	1,019	8,743	0	3,070	2,343	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	216,296	979,250	4,468,700	646,214	325,850	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	6,854	24,987	0	2,169	192.00
194.00	07950	RENTAL SPACE	0	12,898	228,099	0	499	194.00
194.01	07951	FOUNDATION	0	2,261	2,096	0	125	194.01
194.02	07952	RETAIL SERVICES	0	2,316	6,959	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	2,601	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	367,430	1,319,116	93	2,044	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	81	5,413	0	0	194.05
194.06	07956	VACANT SPACE	0	518	240,796	0	0	194.06
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description		CASHIERING/ACC OUNTS RECEIVABLE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.05	5.06	7.00	8.00	9.00	
202.00	TOTAL (sum lines 118-201)	216,296	1,374,209	6,296,166	646,307	330,687	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am				
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00		
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE				1.01		
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00		
4.00	00400	EMPLOYEE BENEFITS				4.00		
5.01	00510	NONPATIENT TELEPHONES				5.01		
5.02	00520	DATA PROCESSING				5.02		
5.03	00530	PURCHASING RECEIVING AND STORES				5.03		
5.04	00540	ADMINITTING				5.04		
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.05		
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL				5.06		
7.00	00700	OPERATION OF PLANT				7.00		
8.00	00801	LAUNDRY & LINEN SERVICE				8.00		
9.00	00900	HOUSEKEEPING				9.00		
10.00	01000	DIETARY	869,144			10.00		
11.00	01100	CAFETERIA	0	434,460		11.00		
13.00	01300	NURSING ADMINISTRATION	0	2,699	141,815	13.00		
14.00	01400	CENTRAL SERVICES & SUPPLY	0	5,705	0	14.00		
15.00	01500	PHARMACY	0	16,151	0	15.00		
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,937	0	16.00		
17.00	01700	SOCIAL SERVICE	0	0	0	17.00		
17.01	01701	INSERVICE EDUCATION	0	3,534	0	17.01		
23.00	02300	PARAMED ED PRGM	0	807	0	23.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	547,259	69,448	49,192	45	30.00	
31.00	03100	INTENSIVE CARE UNIT	100,950	20,652	14,628	343	31.00	
40.00	04000	SUBPROVIDER - IPF	153,796	16,070	11,383	8	40.00	
41.00	04100	SUBPROVIDER - IRF	67,139	7,485	5,302	6	41.00	
43.00	04300	NURSERY	0	2,099	1,487	0	43.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	7,048	4,993	319,823	6,481	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,595	2,546	139	72	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	30,140	21,349	76	17,977	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	6,720	4,760	333,342	185	59.00
60.00	06000	LABORATORY	0	22,102	0	0	1	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	367	0	62,590	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	8,315	5,890	6	1,119	65.00
66.00	06600	PHYSICAL THERAPY	0	20,775	0	129	2	66.00
69.00	06900	ELECTROCARDIOLOGY	0	5,501	0	54	13,908	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	1,177	0	0	0	70.00
70.01	07001	CARDIAC REHAB	0	1,180	835	0	1	70.01
70.02	07002	EMG & ENG	0	115	0	0	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	714,429	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	27,459	19,450	277	892	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	9,197	0	0	50	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	9,197	0	0	50	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	5,633	0	26,951	0	96.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
116.00	11600	HOSPICE	0	4,541	0	0	9,692	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	869,144	302,452	141,815	743,789	766,607	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	43	0	0	0	192.00
194.00	07950	RENTAL SPACE	0	0	0	0	0	194.00
194.01	07951	FOUNDATION	0	1,262	0	0	0	194.01
194.02	07952	RETAIL SERVICES	0	809	0	0	0	194.02
194.03	07953	REID CONTRACTED SERVICES	0	3,718	0	0	0	194.03
194.04	07954	REID PHYSICIAN ASSOC.	0	126,176	0	7,814	114,483	194.04
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	VACANT SPACE	0	0	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048			Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
		10.00	11.00	13.00	14.00	15.00		
202.00	TOTAL (sum lines 118-201)	869,144	434,460	141,815	751,603	881,090	202.00	

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED PRGM	Subtotal	
		16.00	17.00	17.01	23.00	24.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
7.00	00700	OPERATION OF PLANT					7.00
8.00	00801	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	392,275				16.00
17.00	01700	SOCIAL SERVICE	0	126,318			17.00
17.01	01701	INSERVICE EDUCATION	0	0	831,269		17.01
23.00	02300	PARAMED PRGM	0	0	4,603	110,535	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	27,235	68,429	196,157		7,043,488
31.00	03100	INTENSIVE CARE UNIT	7,144	16,250	55,411		1,847,970
40.00	04000	SUBPROVIDER - IPF	6,440	0	38,137		1,354,638
41.00	04100	SUBPROVIDER - IRF	2,803	0	20,888		1,051,309
43.00	04300	NURSERY	1,415	0	7,647		171,570
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	65,484	0	19,625		4,575,704
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,383	669	8,984		506,813
54.00	05400	RADIOLOGY-DIAGNOSTIC	67,746	0	54,644		7,196,093
59.00	05900	CARDIAC CATHETERIZATION	34,709	0	16,334		2,199,764
60.00	06000	LABORATORY	46,151	0	33,361		1,194,634
60.01	06001	BLOOD LABORATORY	0	0	0		0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,632	0	0		139,079
65.00	06500	RESPIRATORY THERAPY	6,928	0	20,318		245,952
66.00	06600	PHYSICAL THERAPY	7,106	0	38,781		1,411,230
69.00	06900	ELECTROCARDIOLOGY	15,194	0	11,582		638,741
70.00	07000	ELECTROENCEPHALOGRAPHY	1,757	0	1,534		129,547
70.01	07001	CARDIAC REHAB	676	0	2,302		178,069
70.02	07002	EMG & ENG	181	0	0		5,009
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0		0
70.06	07005	O/P PSYCHIATRIC	0	0	0		0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	190	0	0		360
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	17,319	0	0		104,444
73.00	07300	DRUGS CHARGED TO PATIENTS	46,221	0	0		801,991
74.00	07400	RENAL DIALYSIS	495	0	0		85,430
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
91.00	09100	EMERGENCY	23,179	40,970	81,842		1,939,760
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
93.00	04040	PATIENT CARE CENTER - OCC	2,967	0	19,031		463,272
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	3,071	0	5,766		254,664
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					
116.00	11600	HOSPICE	1,849	0	6,311		65,607
118.00		SUBTOTALS (SUM OF LINES 1-117)	392,275	126,318	643,258	0	33,605,138
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0		0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0		73,764
194.00	07950	RENTAL SPACE	0	0	0		1,684,010
194.01	07951	FOUNDATION	0	0	1,237		28,786
194.02	07952	RETAIL SERVICES	0	0	1,336		169,363
194.03	07953	REID CONTRACTED SERVICES	0	0	2,722		9,437
194.04	07954	REID PHYSICIAN ASSOC.	0	0	182,716		6,492,188
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	0	0		23,183
194.06	07956	VACANT SPACE	0	0	0		354,855
200.00		Cross Foot Adjustments				110,535	110,535
201.00		Negative Cost Centers	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150048

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

Worksheet B
Part II
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	Subtotal	
202.00 TOTAL (sum lines 118-201)	392,275	126,318	831,269	110,535	42,551,259	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.01	00510	NONPATIENT TELEPHONES		5.01
5.02	00520	DATA PROCESSING		5.02
5.03	00530	PURCHASING RECEIVING AND STORES		5.03
5.04	00540	ADMITTING		5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE		5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL		5.06
7.00	00700	OPERATION OF PLANT		7.00
8.00	00801	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	INSERVICE EDUCATION		17.01
23.00	02300	PARAMED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	7,043,488
31.00	03100	INTENSIVE CARE UNIT	0	1,847,970
40.00	04000	SUBPROVIDER - IPF	0	1,354,638
41.00	04100	SUBPROVIDER - IRF	0	1,051,309
43.00	04300	NURSERY	0	171,570
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	0	4,575,704
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	506,813
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	7,196,093
59.00	05900	CARDIAC CATHETERIZATION	0	2,199,764
60.00	06000	LABORATORY	0	1,194,634
60.01	06001	BLOOD LABORATORY	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	139,079
65.00	06500	RESPIRATORY THERAPY	0	245,952
66.00	06600	PHYSICAL THERAPY	0	1,411,230
69.00	06900	ELECTROCARDIOLOGY	0	638,741
70.00	07000	ELECTROENCEPHALOGRAPHY	0	129,547
70.01	07001	CARDIAC REHAB	0	178,069
70.02	07002	EMG & ENG	0	5,009
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0
70.06	07005	O/P PSYCHIATRIC	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	360
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	104,444
73.00	07300	DRUGS CHARGED TO PATIENTS	0	801,991
74.00	07400	RENAL DIALYSIS	0	85,430
OUTPATIENT SERVICE COST CENTERS				
88.00	08800	RURAL HEALTH CLINIC	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0
91.00	09100	EMERGENCY	0	1,939,760
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0
93.00	04040	PATIENT CARE CENTER - OCC	0	463,272
OTHER REIMBURSABLE COST CENTERS				
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	254,664
SPECIAL PURPOSE COST CENTERS				
113.00	11300	INTEREST EXPENSE		113.00
116.00	11600	HOSPICE	0	65,607
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	33,605,138
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	73,764
194.00	07950	RENTAL SPACE	0	1,684,010
194.01	07951	FOUNDATION	0	28,786
194.02	07952	RETAIL SERVICES	0	169,363
194.03	07953	REID CONTRACTED SERVICES	0	9,437
194.04	07954	REID PHYSICIAN ASSOC.	0	6,492,188
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	0	23,183
194.06	07956	VACANT SPACE	0	354,855

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/28/2013 11:58 am
Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total		
		25.00	26.00		
200.00	Cross Foot Adjustments	0	110,535		200.00
201.00	Negative Cost Centers	0	0		201.00
202.00	TOTAL (sum lines 118-201)	0	42,551,259		202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	730,605				1.00
1.01 00101	NEW CAP BLDG & FIXT - OFFSITE	0	274,609			1.01
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP			0		2.00
4.00 00400	EMPLOYEE BENEFITS	2,669	400	0	107,895,600	4.00
5.01 00510	NONPATIENT TELEPHONES	3,798	0	0	235,433	2,933 5.01
5.02 00520	DATA PROCESSING	12,518	1,095	0	3,369,566	241 5.02
5.03 00530	PURCHASING RECEIVING AND STORES	15,650	0	0	770,893	32 5.03
5.04 00540	ADMINISTRATIVE	144	1,884	0	0	90 5.04
5.05 00550	CASHIERING/ACCOUNTS RECEIVABLE	815	8,160	0	2,526	141 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	25,088	7,055	0	4,666,064	118 5.06
7.00 00700	OPERATION OF PLANT	182,168	4,158	0	1,649,877	58 7.00
8.00 00801	LAUNDRY & LINEN SERVICE	12,335	0	0	302,885	6 8.00
9.00 00900	HOUSEKEEPING	6,776	0	0	1,535,528	6 9.00
10.00 01000	DIETARY	12,568	0	0	1,243,863	88 10.00
11.00 01100	CAFETERIA	9,873	0	0	1,175,916	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,955	0	0	773,801	18 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	8,411	0	0	563,896	10 14.00
15.00 01500	PHARMACY	7,271	0	0	3,229,517	43 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,507	5,883	0	373,133	68 16.00
17.00 01700	SOCIAL SERVICE	1,241	0	0	0	34 17.00
17.01 01701	INSERVICE EDUCATION	10,409	0	0	631,312	46 17.01
23.00 02300	PARAMED PRGM	1,061	2,680	0	193,981	3 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	104,314	0	0	11,071,690	228 30.00
31.00 03100	INTENSIVE CARE UNIT	24,552	0	0	4,031,647	52 31.00
40.00 04000	SUBPROVIDER - IPF	22,340	0	0	2,502,489	22 40.00
41.00 04100	SUBPROVIDER - IRF	17,898	0	0	1,354,136	32 41.00
43.00 04300	NURSERY	2,681	0	0	433,506	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	48,613	13,091	0	1,246,348	189 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,316	0	0	701,255	43 52.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	60,780	1,600	0	5,714,346	153 54.00
59.00 05900	CARDIAC CATHETERIZATION	13,579	0	0	1,306,023	29 59.00
60.00 06000	LABORATORY	13,146	0	0	3,277,495	64 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	799	0	0	60,989	0 63.00
65.00 06500	RESPIRATORY THERAPY	1,647	0	0	1,512,587	6 65.00
66.00 06600	PHYSICAL THERAPY	8,084	42,316	0	4,014,882	90 66.00
69.00 06900	ELECTROCARDIOLOGY	7,011	0	0	998,517	9 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	3,892	0	225,098	7 70.00
70.01 07001	CARDIAC REHAB	4,523	0	0	198,242	12 70.01
70.02 07002	EMG & ENG	0	0	0	19,469	0 70.02
70.03 07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0 70.03
70.06 07005	O/P PSYCHIATRIC	0	0	0	0	0 70.06
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	1,490	0	0	0	5 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	22,772	0	0	4,391,131	82 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04040	PATIENT CARE CENTER - OCC	8,530	0	0	1,408,685	57 93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	1,774	2,872	0	676,175	25 96.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300	INTEREST EXPENSE					113.00
116.00 11600	HOSPICE	445	0	0	885,910	13 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	691,551	95,086	0	66,748,811	2,120 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	249	2,456	0	6,885	65 192.00
194.00 07950	RENTAL SPACE	0	19,030	0	0	97 194.00
194.01 07951	FOUNDATION	206	0	0	176,898	7 194.01
194.02 07952	RETAIL SERVICES	2,340	0	0	74,043	0 194.02
194.03 07953	REID CONTRACTED SERVICES	0	0	0	391,938	0 194.03
194.04 07954	REID PHYSICIAN ASSOC.	34,342	140,869	0	40,497,025	644 194.04
194.05 07955	OTHER NON REIMBURSABLE COST CENTERS	532	0	0	0	0 194.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
194.06 07956 VACANT SPACE	1,385	17,168	0	0	0	194.06
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)	24,292,363	1,079,523	0	32,624,689	555,806	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	33.249653	3.931128	0.000000	0.302373	189.500852	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				108,980	130,215	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.001010	44.396522	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		DATA PROCESSING (TERMINALS)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00520	2,283					5.02
5.03	00530	20	32,472,220				5.03
5.04	00540	35	11,627	579,268,039			5.04
5.05	00550	56	9,306	0	579,268,039		5.05
5.06	00560	159	68,447	0	0	-33,778,623	5.06
7.00	00700	46	116,874	0	0	0	7.00
8.00	00801	2	241,695	0	0	0	8.00
9.00	00900	3	146,839	0	0	0	9.00
10.00	01000	34	105,678	0	0	0	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	14	3,625	0	0	0	13.00
14.00	01400	12	1,840,487	0	0	0	14.00
15.00	01500	40	714,853	0	0	0	15.00
16.00	01600	84	20,077	0	0	0	16.00
17.00	01700	28	12,203	0	0	0	17.00
17.01	01701	148	11,794	0	0	0	17.01
23.00	02300	10	4,549	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	238	656,431	40,228,653	40,228,653	0	30.00
31.00	03100	35	543,593	10,552,948	10,552,948	0	31.00
40.00	04000	15	95,186	9,513,121	9,513,121	0	40.00
41.00	04100	28	62,502	4,140,258	4,140,258	0	41.00
43.00	04300	0	41,263	2,089,571	2,089,571	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	87	9,349,570	96,726,975	96,726,975	0	50.00
52.00	05200	32	93,164	4,997,362	4,997,362	0	52.00
54.00	05400	152	1,224,273	99,906,057	99,906,057	0	54.00
59.00	05900	10	9,546,528	51,268,674	51,268,674	0	59.00
60.00	06000	58	3,066,140	68,169,900	68,169,900	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	1,567,299	3,887,372	3,887,372	0	63.00
65.00	06500	12	214,524	10,233,582	10,233,582	0	65.00
66.00	06600	104	41,424	10,496,634	10,496,634	0	66.00
69.00	06900	49	108,730	22,442,964	22,442,964	0	69.00
70.00	07000	8	7,926	2,594,814	2,594,814	0	70.00
70.01	07001	2	11,003	997,886	997,886	0	70.01
70.02	07002	0	1,182	267,512	267,512	0	70.02
70.03	07003	0	0	0	0	0	70.03
70.06	07005	0	0	0	0	0	70.06
71.00	07100	0	0	280,143	280,143	0	71.00
72.00	07200	0	0	25,582,247	25,582,247	0	72.00
73.00	07300	0	0	68,272,874	68,272,874	0	73.00
74.00	07400	2	24,087	731,772	731,772	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	75	340,836	34,237,126	34,237,126	0	91.00
92.00	09200						92.00
93.00	04040	39	48,465	4,382,506	4,382,506	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	12	923,165	4,535,941	4,535,941	0	96.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	3	236,527	2,731,147	2,731,147	0	116.00
118.00		1,652	31,511,872	579,268,039	579,268,039	-33,778,623	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	1	4,616	0	0	0	192.00
194.00	07950	0	34,208	0	0	0	194.00
194.01	07951	6	1,461	0	0	0	194.01
194.02	07952	36	7,556	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	588	912,507	0	0	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		DATA PROCESSING (TERMINALS)	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE)	ADMITTING (TOTAL REVENUE)	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE)	Reconciliation	
		5.02	5.03	5.04	5.05	5A.06	
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)	19,801,861	2,113,099	2,250,082	3,423,646		202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8,673.614104	0.065074	0.003884	0.005910		203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,953,830	582,519	108,793	216,296		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2,169.877354	0.017939	0.000188	0.000373		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP BLDG & FIXT - OFFSITE					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00520	DATA PROCESSING					5.02
5.03	00530	PURCHASING RECEIVING AND STORES					5.03
5.04	00540	ADMITTING					5.04
5.05	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	301,093,107				5.06
7.00	00700	OPERATION OF PLANT	11,462,530	618,855			7.00
8.00	00801	LAUNDRY & LINEN SERVICE	1,206,906	12,335	693,105		8.00
9.00	00900	HOUSEKEEPING	2,768,984	6,490	0	13,267	9.00
10.00	01000	DIETARY	2,634,283	11,035	0	334	52,054
11.00	01100	CAFETERIA	997,083	9,873	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,515,449	1,955	0	397	0
14.00	01400	CENTRAL SERVICES & SUPPLY	3,738,527	8,411	0	117	0
15.00	01500	PHARMACY	22,712,901	7,040	0	177	0
16.00	01600	MEDICAL RECORDS & LIBRARY	5,844,672	1,162	0	0	0
17.00	01700	SOCIAL SERVICE	2,598,317	438	0	0	0
17.01	01701	INSERVICE EDUCATION	2,866,848	9,322	0	49	0
23.00	02300	PARAMED PRGM	374,096	2,807	0	20	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	22,565,737	106,334	207,126	4,423	32,776
31.00	03100	INTENSIVE CARE UNIT	7,750,745	24,552	51,073	1,000	6,046
40.00	04000	SUBPROVIDER - I/PF	4,585,438	22,340	50,127	661	9,211
41.00	04100	SUBPROVIDER - I/RF	3,417,312	17,898	24,000	662	4,021
43.00	04300	NURSERY	762,197	2,681	31,633	59	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	26,840,344	40,771	133,036	1,265	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,722,391	8,316	0	316	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	20,521,540	43,920	66,396	443	0
59.00	05900	CARDIAC CATHETERIZATION	7,823,874	4,593	28,064	209	0
60.00	06000	LABORATORY	11,238,876	12,775	66	421	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,848,365	799	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,712,013	1,194	0	85	0
66.00	06600	PHYSICAL THERAPY	7,324,595	48,220	7,000	793	0
69.00	06900	ELECTROCARDIOLOGY	3,038,136	557	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	497,673	5,400	2,759	65	0
70.01	07001	CARDIAC REHAB	484,302	0	0	0	0
70.02	07002	EMG & ENG	36,540	0	0	0	0
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,744	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	15,945,229	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	666,150	0	0	0	0
74.00	07400	RENAL DIALYSIS	877,106	1,490	0	253	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	8,674,061	22,772	83,589	1,230	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0
93.00	04040	PATIENT CARE CENTER - OCC	2,844,058	0	4,844	0	0
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	1,744,016	3,752	0	0	0
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
116.00	11600	HOSPICE	1,915,750	0	3,292	94	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	214,559,788	439,232	693,005	13,073	52,054
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,501,735	2,456	0	87	0
194.00	07950	RENTAL SPACE	2,826,115	22,420	0	20	0
194.01	07951	FOUNDATION	495,420	206	0	5	0
194.02	07952	RETAIL SERVICES	507,398	684	0	0	0
194.03	07953	REID CONTRACTED SERVICES	569,971	0	0	0	0
194.04	07954	REID PHYSICIAN ASSOC.	80,501,450	129,657	100	82	0
194.05	07955	OTHER NON REIMBURSABLE COST CENTERS	17,689	532	0	0	0
194.06	07956	VACANT SPACE	113,541	23,668	0	0	0
200.00		Cross Foot Adjustments					200.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		5.06	7.00	8.00	9.00	10.00	
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	33,778,623	12,748,477	1,596,407	3,213,323	3,238,033	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.112187	20.600103	2.303269	242.204191	62.205268	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	1,374,209	6,296,166	646,307	330,687	869,144	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004564	10.173895	0.932481	24.925530	16.696969	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.01	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						7.00
8.00	00801						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	2,929,372					13.00
14.00	01400	18,199	1,349,921				14.00
15.00	01500	38,463	0	18,820,433			15.00
16.00	01600	108,902	0	0	20,537,938		16.00
17.00	01700	26,546	0	0	0	579,268,039	17.00
17.01	01701	0	0	0	0	0	17.01
23.00	02300	23,831	0	0	16	0	23.00
		5,443	0	0	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	468,256	468,256	1,128	25,973	40,228,653	30.00
31.00	03100	139,246	139,246	8,591	9,253	10,552,948	31.00
40.00	04000	108,350	108,350	211	4,459	9,513,121	40.00
41.00	04100	50,468	50,468	146	2,208	4,140,258	41.00
43.00	04300	14,153	14,153	0	0	2,089,571	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	47,524	47,524	8,008,588	151,059	96,726,975	50.00
52.00	05200	24,238	24,238	3,472	1,688	4,997,362	52.00
54.00	05400	203,220	203,220	1,897	419,024	99,906,057	54.00
59.00	05900	45,310	45,310	8,346,916	4,305	51,268,674	59.00
60.00	06000	149,022	0	0	20	68,169,900	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	2,472	0	1,567,299	0	3,887,372	63.00
65.00	06500	56,062	56,062	144	26,091	10,233,582	65.00
66.00	06600	140,077	0	3,219	58	10,496,634	66.00
69.00	06900	37,090	0	1,340	324,182	22,442,964	69.00
70.00	07000	7,934	0	0	9	2,594,814	70.00
70.01	07001	7,953	7,953	0	14	997,886	70.01
70.02	07002	777	0	0	0	267,512	70.02
70.03	07003	0	0	0	0	0	70.03
70.06	07005	0	0	0	0	0	70.06
71.00	07100	0	0	0	0	280,143	71.00
72.00	07200	0	0	0	0	25,582,247	72.00
73.00	07300	0	0	0	16,653,149	68,272,874	73.00
74.00	07400	0	0	0	1	731,772	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	185,141	185,141	6,933	20,802	34,237,126	91.00
92.00	09200						92.00
93.00	04040	62,014	0	0	1,162	4,382,506	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	37,980	0	674,872	0	4,535,941	96.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
116.00	11600	30,621	0	0	225,922	2,731,147	116.00
118.00		2,039,292	1,349,921	18,624,756	17,869,395	579,268,039	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	287	0	0	0	0	192.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	8,507	0	0	0	0	194.01
194.02	07952	5,458	0	0	0	0	194.02
194.03	07953	25,068	0	0	0	0	194.03
194.04	07954	850,760	0	195,677	2,668,543	0	194.04
194.05	07955	0	0	0	0	0	194.05
194.06	07956	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,312,328	1,830,044	4,376,777	25,497,675	6,536,197	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.447990	1.355667	0.232555	1.241491	0.011284	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	434,460	141,815	751,603	881,090	392,275	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.148312	0.105054	0.039935	0.042901	0.000677	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE (TIME SPENT) 17.00	INSERVICE EDUCATION (IN HOUSE ED) 17.01	PARAMED ED PRGM (TIME SPENT) 23.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
1.01	00101				1.01
2.00	00200				2.00
4.00	00400				4.00
5.01	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				7.00
8.00	00801				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700	6,040			17.00
17.01	01701	0	33,589		17.01
23.00	02300	0	186	100	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	3,272	7,926	0	30.00
31.00	03100	777	2,239	0	31.00
40.00	04000	0	1,541	0	40.00
41.00	04100	0	844	0	41.00
43.00	04300	0	309	0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	0	793	0	50.00
52.00	05200	32	363	0	52.00
54.00	05400	0	2,208	100	54.00
59.00	05900	0	660	0	59.00
60.00	06000	0	1,348	0	60.00
60.01	06001	0	0	0	60.01
63.00	06300	0	0	0	63.00
65.00	06500	0	821	0	65.00
66.00	06600	0	1,567	0	66.00
69.00	06900	0	468	0	69.00
70.00	07000	0	62	0	70.00
70.01	07001	0	93	0	70.01
70.02	07002	0	0	0	70.02
70.03	07003	0	0	0	70.03
70.06	07005	0	0	0	70.06
71.00	07100	0	0	0	71.00
72.00	07200	0	0	0	72.00
73.00	07300	0	0	0	73.00
74.00	07400	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	0	0	0	88.00
89.00	08900	0	0	0	89.00
91.00	09100	1,959	3,307	0	91.00
92.00	09200				92.00
93.00	04040	0	769	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	0	233	0	96.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300				113.00
116.00	11600	0	255	0	116.00
118.00		6,040	25,992	100	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	0	0	0	190.00
192.00	19200	0	0	0	192.00
194.00	07950	0	0	0	194.00
194.01	07951	0	50	0	194.01
194.02	07952	0	54	0	194.02
194.03	07953	0	110	0	194.03
194.04	07954	0	7,383	0	194.04
194.05	07955	0	0	0	194.05
194.06	07956	0	0	0	194.06
200.00					200.00
201.00					201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM	
		(TIME SPENT)	(IN HOUSE ED)	(TIME SPENT)	
		17.00	17.01	23.00	
202.00	Cost to be allocated (per Wkst. B, Part I)	2,898,837	3,403,069	500,016	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	479.939901	101.314984	5,000.160000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	126,318	831,269	110,535	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	20.913576	24.748251	1,105.350000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/28/2013 11:58 am
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Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges	
			Total Costs	RCE Diallowance	Total Costs	Inpatient	
			1.00	2.00	3.00	4.00	5.00

Title VIII Hospital PPS									
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	34,579,392		34,579,392	0	34,579,392	36,554,074	30.00
31.00	03100	INTENSIVE CARE UNIT	10,845,458		10,845,458	0	10,845,458	10,552,948	31.00
40.00	04000	SUBPROVIDER - I PF	6,873,081		6,873,081	0	6,873,081	9,513,121	40.00
41.00	04100	SUBPROVIDER - IRF	4,861,166		4,861,166	0	4,861,166	4,140,258	41.00
43.00	04300	NURSERY	1,070,496		1,070,496	0	1,070,496	2,089,571	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,611,677		34,611,677	0	34,611,677	39,211,622	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,318,613		2,318,613	0	2,318,613	4,383,025	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,726,763		26,726,763	0	26,726,763	22,643,842	54.00
59.00	05900	CARDIAC CATHETERIZATION	11,585,048		11,585,048	0	11,585,048	14,457,518	59.00
60.00	06000	LABORATORY	13,837,605		13,837,605	0	13,837,605	30,266,896	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,481,642		2,481,642	0	2,481,642	3,097,303	63.00
65.00	06500	RESPIRATORY THERAPY	3,393,647	0	3,393,647	0	3,393,647	9,067,431	65.00
66.00	06600	PHYSICAL THERAPY	9,688,626	0	9,688,626	0	9,688,626	4,429,051	66.00
69.00	06900	ELECTROCARDIOLOGY	4,110,507		4,110,507	0	4,110,507	4,912,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	725,971		725,971	0	725,971	0	70.00
70.01	07001	CARDIAC REHAB	573,678		573,678	0	573,678	152	70.01
70.02	07002	EMG & ENG	44,006		44,006	0	44,006	84,513	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0		0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0		0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,213		6,213	0	6,213	275,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,022,746		18,022,746	0	18,022,746	23,858,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,186,018		22,186,018	0	22,186,018	35,232,257	73.00
74.00	07400	RENAL DIALYSIS	1,075,736		1,075,736	0	1,075,736	729,028	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
91.00	09100	EMERGENCY	12,629,674		12,629,674	0	12,629,674	10,808,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,895,237		2,895,237	0	2,895,237	997,480	92.00
93.00	04040	PATIENT CARE CENTER - OCC	3,330,869		3,330,869	0	3,330,869	4,559	93.00
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,265,714		2,265,714	0	2,265,714	0	96.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	2,511,872		2,511,872	0	2,511,872	705,825	116.00
200.00		Subtotal (see instructions)	233,251,455	0	233,251,455	0	233,251,455	268,016,109	200.00
201.00		Less Observation Beds	2,895,237		2,895,237	0	2,895,237		201.00
202.00		Total (see instructions)	230,356,218	0	230,356,218	0	230,356,218	268,016,109	202.00

Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio
	Outpatient	Total (col. 6 + col. 7)			
	7.00	8.00			

Title VIII Hospital PPS									
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		36,554,074					30.00
31.00	03100	INTENSIVE CARE UNIT		10,552,948					31.00
40.00	04000	SUBPROVIDER - I PF		9,513,121					40.00
41.00	04100	SUBPROVIDER - IRF		4,140,258					41.00
43.00	04300	NURSERY		2,089,571					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	57,515,353	96,726,975	0.357829	0.000000	0.357829		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	614,337	4,997,362	0.463967	0.000000	0.463967		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,262,215	99,906,057	0.267519	0.000000	0.267519		54.00
59.00	05900	CARDIAC CATHETERIZATION	36,811,156	51,268,674	0.225967	0.000000	0.225967		59.00
60.00	06000	LABORATORY	37,903,004	68,169,900	0.202987	0.000000	0.202987		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	790,069	3,887,372	0.638386	0.000000	0.638386		63.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150048

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

Worksheet C
Part I
Date/Time Prepared:
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Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
			Outpatient	Total (col. 6 + col. 7)					
			7.00	8.00	9.00	10.00	11.00		
65.00	06500	RESPIRATORY THERAPY	1,166,151	10,233,582	0.331619	0.000000	0.331619		65.00
66.00	06600	PHYSICAL THERAPY	6,067,583	10,496,634	0.923022	0.000000	0.923022		66.00
69.00	06900	ELECTROCARDIOLOGY	17,530,097	22,442,964	0.183153	0.000000	0.183153		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,594,814	2,594,814	0.279778	0.000000	0.279778		70.00
70.01	07001	CARDIAC REHAB	997,734	997,886	0.574893	0.000000	0.574893		70.01
70.02	07002	EMG & ENG	182,999	267,512	0.164501	0.000000	0.164501		70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0.000000	0.000000	0.000000		70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0.000000	0.000000	0.000000		70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,686	280,143	0.022178	0.000000	0.022178		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,723,729	25,582,247	0.704502	0.000000	0.704502		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,040,617	68,272,874	0.324961	0.000000	0.324961		73.00
74.00	07400	RENAL DIALYSIS	2,744	731,772	1.470043	0.000000	1.470043		74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
91.00	09100	EMERGENCY	23,428,333	34,237,126	0.368888	0.000000	0.368888		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,677,099	3,674,579	0.787910	0.000000	0.787910		92.00
93.00	04040	PATIENT CARE CENTER - OCC	4,377,947	4,382,506	0.760038	0.000000	0.760038		93.00
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,535,941	4,535,941	0.499503	0.000000	0.499503		96.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	2,025,322	2,731,147					116.00
200.00		Subtotal (see instructions)	311,251,930	579,268,039					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	311,251,930	579,268,039					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150048

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

Worksheet C
Part I
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			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	34,579,392		34,579,392	0	0	36,554,074	30.00
31.00	03100	INTENSIVE CARE UNIT	10,845,458		10,845,458	0	0	10,552,948	31.00
40.00	04000	SUBPROVIDER - I PF	6,873,081		6,873,081	0	0	9,513,121	40.00
41.00	04100	SUBPROVIDER - IRF	4,861,166		4,861,166	0	0	4,140,258	41.00
43.00	04300	NURSERY	1,070,496		1,070,496	0	0	2,089,571	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,611,677		34,611,677	0	0	39,211,622	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,318,613		2,318,613	0	0	4,383,025	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,726,763		26,726,763	0	0	22,643,842	54.00
59.00	05900	CARDIAC CATHETERIZATION	11,585,048		11,585,048	0	0	14,457,518	59.00
60.00	06000	LABORATORY	13,837,605		13,837,605	0	0	30,266,896	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,481,642		2,481,642	0	0	3,097,303	63.00
65.00	06500	RESPIRATORY THERAPY	3,393,647	0	3,393,647	0	0	9,067,431	65.00
66.00	06600	PHYSICAL THERAPY	9,688,626	0	9,688,626	0	0	4,429,051	66.00
69.00	06900	ELECTROCARDIOLOGY	4,110,507		4,110,507	0	0	4,912,867	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	725,971		725,971	0	0	0	70.00
70.01	07001	CARDIAC REHAB	573,678		573,678	0	0	152	70.01
70.02	07002	EMG & ENG	44,006		44,006	0	0	84,513	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0		0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0		0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	6,213		6,213	0	0	275,457	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,022,746		18,022,746	0	0	23,858,518	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	22,186,018		22,186,018	0	0	35,232,257	73.00
74.00	07400	RENAL DIALYSIS	1,075,736		1,075,736	0	0	729,028	74.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
91.00	09100	EMERGENCY	12,629,674		12,629,674	0	0	10,808,793	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,895,237		2,895,237	0	0	997,480	92.00
93.00	04040	PATIENT CARE CENTER - OCC	3,330,869		3,330,869	0	0	4,559	93.00
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	2,265,714		2,265,714	0	0	0	96.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
116.00	11600	HOSPICE	2,511,872		2,511,872	0	0	705,825	116.00
200.00		Subtotal (see instructions)	233,251,455	0	233,251,455	0	0	268,016,109	200.00
201.00		Less Observation Beds	2,895,237		2,895,237	0	0		201.00
202.00		Total (see instructions)	230,356,218	0	230,356,218	0	0	268,016,109	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		36,554,074					30.00
31.00	03100	INTENSIVE CARE UNIT		10,552,948					31.00
40.00	04000	SUBPROVIDER - I PF		9,513,121					40.00
41.00	04100	SUBPROVIDER - IRF		4,140,258					41.00
43.00	04300	NURSERY		2,089,571					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	57,515,353	96,726,975	0.357829	0.000000	0.000000		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	614,337	4,997,362	0.463967	0.000000	0.000000		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	77,262,215	99,906,057	0.267519	0.000000	0.000000		54.00
59.00	05900	CARDIAC CATHETERIZATION	36,811,156	51,268,674	0.225967	0.000000	0.000000		59.00
60.00	06000	LABORATORY	37,903,004	68,169,900	0.202987	0.000000	0.000000		60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	790,069	3,887,372	0.638386	0.000000	0.000000		63.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150048

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

Worksheet C
Part I
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
65.00	06500	RESPIRATORY THERAPY	1,166,151	10,233,582	0.331619	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,067,583	10,496,634	0.923022	0.000000	0.000000	66.00
69.00	06900	ELECTROCARDIOLOGY	17,530,097	22,442,964	0.183153	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,594,814	2,594,814	0.279778	0.000000	0.000000	70.00
70.01	07001	CARDIAC REHAB	997,734	997,886	0.574893	0.000000	0.000000	70.01
70.02	07002	EMG & ENG	182,999	267,512	0.164501	0.000000	0.000000	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0.000000	0.000000	0.000000	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0.000000	0.000000	0.000000	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,686	280,143	0.022178	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,723,729	25,582,247	0.704502	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	33,040,617	68,272,874	0.324961	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	2,744	731,772	1.470043	0.000000	0.000000	74.00
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
91.00	09100	EMERGENCY	23,428,333	34,237,126	0.368888	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,677,099	3,674,579	0.787910	0.000000	0.000000	92.00
93.00	04040	PATIENT CARE CENTER - OCC	4,377,947	4,382,506	0.760038	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	4,535,941	4,535,941	0.499503	0.000000	0.000000	96.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
116.00	11600	HOSPICE	2,025,322	2,731,147				116.00
200.00		Subtotal (see instructions)	311,251,930	579,268,039				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	311,251,930	579,268,039				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/28/2013 11:58 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
INPATIENT ROUTINE SERVICE COST CENTERS		1.00	2.00	3.00	4.00	5.00	
30.00	ADULTS & PEDIATRICS	7,043,488	0	7,043,488	35,771	196.90	30.00
31.00	INTENSIVE CARE UNIT	1,847,970	0	1,847,970	6,046	305.65	31.00
40.00	SUBPROVIDER - IPF	1,354,638	0	1,354,638	9,211	147.07	40.00
41.00	SUBPROVIDER - IRF	1,051,309	0	1,051,309	4,021	261.45	41.00
43.00	NURSERY	171,570		171,570	1,929	88.94	43.00
200.00	Total (lines 30-199)	11,468,975		11,468,975	56,978		200.00
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)				
INPATIENT ROUTINE SERVICE COST CENTERS		6.00	7.00				
30.00	ADULTS & PEDIATRICS	18,487	3,640,090				
31.00	INTENSIVE CARE UNIT	3,072	938,957				
40.00	SUBPROVIDER - IPF	7,494	1,102,143				
41.00	SUBPROVIDER - IRF	3,154	824,613				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	32,207	6,505,803				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/28/2013 11:58 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	4,575,704	96,726,975	0.047305	22,460,989	1,062,517	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	506,813	4,997,362	0.101416	35,212	3,571	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,196,093	99,906,057	0.072029	13,169,098	948,557	54.00
59.00	05900 CARDIAC CATHETERIZATION	2,199,764	51,268,674	0.042907	11,198,056	480,475	59.00
60.00	06000 LABORATORY	1,194,634	68,169,900	0.017524	19,270,063	337,689	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	139,079	3,887,372	0.035777	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	245,952	10,233,582	0.024034	5,494,714	132,060	65.00
66.00	06600 PHYSICAL THERAPY	1,411,230	10,496,634	0.134446	1,204,687	161,965	66.00
69.00	06900 ELECTROCARDIOLOGY	638,741	22,442,964	0.028461	3,193,136	90,880	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	129,547	2,594,814	0.049925	0	0	70.00
70.01	07001 CARDIAC REHAB	178,069	997,886	0.178446	52	9	70.01
70.02	07002 EMG & ENG	5,009	267,512	0.018724	54,011	1,011	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0	0	0.000000	0	0	70.03
70.06	07005 O/P PSYCHIATRIC	0	0	0.000000	0	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	360	280,143	0.001285	164,104	211	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	104,444	25,582,247	0.004083	9,290,633	37,934	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	801,991	68,272,874	0.011747	18,632,457	218,875	73.00
74.00	07400 RENAL DIALYSIS	85,430	731,772	0.116744	538,329	62,847	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100 EMERGENCY	1,939,760	34,237,126	0.056657	6,300,653	356,976	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	589,731	3,674,579	0.160489	486,137	78,020	92.00
93.00	04040 PATIENT CARE CENTER - OCC	463,272	4,382,506	0.105709	3,702	391	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	254,664	4,535,941	0.056144	0	0	96.00
200.00	Total (lines 50-199)	22,660,287	513,686,920		111,496,033	3,973,988	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	35,771	0.00	18,487	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,046	0.00	3,072	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	9,211	0.00	7,494	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,021	0.00	3,154	0	0	41.00
43.00	04300	NURSERY	1,929	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	56,978		32,207	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00		5.00		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	500,016	0	0	500,016	54.00
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
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
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
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
70.01	07001	CARDIAC REHAB	0	0	0	0	0	0	70.01
70.02	07002	EMG & ENG	0	0	0	0	0	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
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
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS									
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	500,016	0	0	500,016	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 11:58 am

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)	Hospital		
					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	96,726,975	0.000000	0.000000	22,460,989	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	4,997,362	0.000000	0.000000	35,212	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	500,016	99,906,057	0.005005	0.005005	13,169,098	54.00
59.00	05900 CARDIAC CATHETERIZATION	0	51,268,674	0.000000	0.000000	11,198,056	59.00
60.00	06000 LABORATORY	0	68,169,900	0.000000	0.000000	19,270,063	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	3,887,372	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	10,233,582	0.000000	0.000000	5,494,714	65.00
66.00	06600 PHYSICAL THERAPY	0	10,496,634	0.000000	0.000000	1,204,687	66.00
69.00	06900 ELECTROCARDIOLOGY	0	22,442,964	0.000000	0.000000	3,193,136	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,594,814	0.000000	0.000000	0	70.00
70.01	07001 CARDIAC REHAB	0	997,886	0.000000	0.000000	52	70.01
70.02	07002 EMG & ENG	0	267,512	0.000000	0.000000	54,011	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0	0	0.000000	0.000000	0	70.03
70.06	07005 O/P PSYCHIATRIC	0	0	0.000000	0.000000	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	280,143	0.000000	0.000000	164,104	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	25,582,247	0.000000	0.000000	9,290,633	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	68,272,874	0.000000	0.000000	18,632,457	73.00
74.00	07400 RENAL DIALYSIS	0	731,772	0.000000	0.000000	538,329	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00	09100 EMERGENCY	0	34,237,126	0.000000	0.000000	6,300,653	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,674,579	0.000000	0.000000	486,137	92.00
93.00	04040 PATIENT CARE CENTER - OCC	0	4,382,506	0.000000	0.000000	3,702	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	4,535,941	0.000000	0.000000	0	96.00
200.00	Total (lines 50-199)	500,016	513,686,920			111,496,033	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:58 am
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Cost Center Description		Title XVIII						
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 3/1	Outpatient Program Charges on/after 3/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 3/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 3/1		
		11.00	12.00	12.01	13.00	13.01		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	2,991,628	15,006,894	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,165	5,845	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	65,911	5,122,600	25,696,481	25,639	128,611	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	2,804,761	14,069,511	0	0	59.00
60.00	06000	LABORATORY	0	270,899	1,485,552	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	77,090	436,132	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	81,833	410,499	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	1,483,065	7,439,493	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	156,536	785,231	0	0	70.00
70.01	07001	CARDIAC REHAB	0	88,547	444,178	0	0	70.01
70.02	07002	EMG & ENG	0	14,991	75,200	0	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	595	2,986	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	863,748	4,332,816	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,025,378	10,159,899	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	199	999	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	1,024,267	5,138,025	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	385,525	1,933,907	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	267,360	1,341,156	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00		Total (lines 50-199)	65,911	17,660,187	88,764,804	25,639	128,611	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 11:58 am
		Title XVIIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges					
		PPS Reimbursed Services (see inst.) before 3/1	PPS Reimbursed Services (see inst.) on/after 3/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	2.01	3.00	4.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.357829	2,991,628	15,006,894	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.463967	1,165	5,845	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.267519	5,122,600	25,696,481	0	0	54.00
59.00	05900 CARDIAC CATHETERIZATION	0.225967	2,804,761	14,069,511	0	0	59.00
60.00	06000 LABORATORY	0.202987	270,899	1,485,552	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.638386	77,090	436,132	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.331619	81,833	410,499	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.923022	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0.183153	1,483,065	7,439,493	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.279778	156,536	785,231	0	0	70.00
70.01	07001 CARDIAC REHAB	0.574893	88,547	444,178	0	0	70.01
70.02	07002 EMG & ENG	0.164501	14,991	75,200	0	0	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0.000000	0	0	0	0	70.03
70.06	07005 O/P PSYCHIATRIC	0.000000	0	0	0	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.022178	595	2,986	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.704502	863,748	4,332,816	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.324961	2,025,378	10,159,899	0	0	73.00
74.00	07400 RENAL DIALYSIS	1.470043	199	999	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00	09100 EMERGENCY	0.368888	1,024,267	5,138,025	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.787910	385,525	1,933,907	0	0	92.00
93.00	04040 PATIENT CARE CENTER - OCC	0.760038	267,360	1,341,156	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.499503	0	0	0	0	96.00
200.00	Subtotal (see instructions)		17,660,187	88,764,804	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)		17,660,187	88,764,804	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 11:58 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs						
	PPS Services (see inst.) before 3/1	PPS Services (see inst.) on/after 3/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	5.00	5.01	6.00	7.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,070,491	5,369,902	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	541	2,712	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,370,393	6,874,297	0	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	633,783	3,179,245	0	0	59.00
60.00	06000	LABORATORY	54,989	301,548	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	49,213	278,421	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	27,137	136,129	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	271,628	1,362,565	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	43,795	219,690	0	0	70.00
70.01	07001	CARDIAC REHAB	50,905	255,355	0	0	70.01
70.02	07002	EMG & ENG	2,466	12,370	0	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13	66	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	608,512	3,052,478	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	658,169	3,301,571	0	0	73.00
74.00	07400	RENAL DIALYSIS	293	1,469	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	377,840	1,895,356	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	303,759	1,523,745	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	203,204	1,019,330	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Subtotal (see instructions)	5,727,131	28,786,249	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0		201.00
202.00		Net Charges (line 200 +/- line 201)	5,727,131	28,786,249	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150048 Component CCN: 15S048		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 11:58 am		
		Title XVIII		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	4,575,704	96,726,975	0.047305	49,357	2,335	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	506,813	4,997,362	0.101416	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,196,093	99,906,057	0.072029	382,323	27,538	54.00
59.00	05900	CARDIAC CATHETERIZATION	2,199,764	51,268,674	0.042907	0	0	59.00
60.00	06000	LABORATORY	1,194,634	68,169,900	0.017524	818,171	14,338	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	139,079	3,887,372	0.035777	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	245,952	10,233,582	0.024034	314,702	7,564	65.00
66.00	06600	PHYSICAL THERAPY	1,411,230	10,496,634	0.134446	178,588	24,010	66.00
69.00	06900	ELECTROCARDIOLOGY	638,741	22,442,964	0.028461	26,162	745	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,547	2,594,814	0.049925	0	0	70.00
70.01	07001	CARDIAC REHAB	178,069	997,886	0.178446	0	0	70.01
70.02	07002	EMG & ENG	5,009	267,512	0.018724	6,692	125	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0.000000	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0.000000	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	360	280,143	0.001285	10,486	13	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,444	25,582,247	0.004083	3,488	14	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	801,991	68,272,874	0.011747	1,428,899	16,785	73.00
74.00	07400	RENAL DIALYSIS	85,430	731,772	0.116744	18,464	2,156	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	1,939,760	34,237,126	0.056657	234,395	13,280	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,674,579	0.000000	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	463,272	4,382,506	0.105709	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	254,664	4,535,941	0.056144	0	0	96.00
200.00		Total (lines 50-199)	22,070,556	513,686,920		3,471,727	108,903	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:58 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
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	500,016	0	500,016	54.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 CARDIAC REHAB	0	0	0	0	0	70.01
70.02	07002 EMG & ENG	0	0	0	0	0	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005 O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	0	0	500,016	0	500,016	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:58 am
		Title XVIII	Subprovider - IPF

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	96,726,975	0.000000	0.000000	49,357	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,997,362	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	500,016	99,906,057	0.005005	0.005005	382,323	54.00
59.00 05900 CARDIAC CATHETERIZATION	0	51,268,674	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	68,169,900	0.000000	0.000000	818,171	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,887,372	0.000000	0.000000	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	10,233,582	0.000000	0.000000	314,702	65.00
66.00 06600 PHYSICAL THERAPY	0	10,496,634	0.000000	0.000000	178,588	66.00
69.00 06900 ELECTROCARDIOLOGY	0	22,442,964	0.000000	0.000000	26,162	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,594,814	0.000000	0.000000	0	70.00
70.01 07001 CARDIAC REHAB	0	997,886	0.000000	0.000000	0	70.01
70.02 07002 EMG & ENG	0	267,512	0.000000	0.000000	6,692	70.02
70.03 07003 O/P CHEMICAL DEPENDENCY	0	0	0.000000	0.000000	0	70.03
70.06 07005 O/P PSYCHIATRIC	0	0	0.000000	0.000000	0	70.06
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	280,143	0.000000	0.000000	10,486	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	25,582,247	0.000000	0.000000	3,488	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	68,272,874	0.000000	0.000000	1,428,899	73.00
74.00 07400 RENAL DIALYSIS	0	731,772	0.000000	0.000000	18,464	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00 09100 EMERGENCY	0	34,237,126	0.000000	0.000000	234,395	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,674,579	0.000000	0.000000	0	92.00
93.00 04040 PATIENT CARE CENTER - OCC	0	4,382,506	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	4,535,941	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	500,016	513,686,920			3,471,727	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15S048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:58 am
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 3/1	Outpatient Program Charges on/after 3/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 3/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 3/1	
		11.00	12.00	12.01	13.00	13.01	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,914	0	0	0	0	54.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
70.01	07001 CARDIAC REHAB	0	0	0	0	0	70.01
70.02	07002 EMG & ENG	0	0	0	0	0	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0	0	0	0	0	70.03
70.06	07005 O/P PSYCHIATRIC	0	0	0	0	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
93.00	04040 PATIENT CARE CENTER - OCC	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
200.00	Total (lines 50-199)	1,914	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150048 Component CCN: 15T048		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/28/2013 11:58 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	4,575,704	96,726,975	0.047305	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	506,813	4,997,362	0.101416	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,196,093	99,906,057	0.072029	192,887	13,893	54.00
59.00	05900	CARDIAC CATHETERIZATION	2,199,764	51,268,674	0.042907	0	0	59.00
60.00	06000	LABORATORY	1,194,634	68,169,900	0.017524	371,135	6,504	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	139,079	3,887,372	0.035777	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	245,952	10,233,582	0.024034	148,100	3,559	65.00
66.00	06600	PHYSICAL THERAPY	1,411,230	10,496,634	0.134446	2,110,560	283,756	66.00
69.00	06900	ELECTROCARDIOLOGY	638,741	22,442,964	0.028461	16,944	482	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	129,547	2,594,814	0.049925	0	0	70.00
70.01	07001	CARDIAC REHAB	178,069	997,886	0.178446	0	0	70.01
70.02	07002	EMG & ENG	5,009	267,512	0.018724	2,139	40	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0.000000	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0.000000	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	360	280,143	0.001285	4,224	5	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	104,444	25,582,247	0.004083	15	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	801,991	68,272,874	0.011747	661,766	7,774	73.00
74.00	07400	RENAL DIALYSIS	85,430	731,772	0.116744	20,136	2,351	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100	EMERGENCY	1,939,760	34,237,126	0.056657	2,363	134	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	3,674,579	0.000000	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	463,272	4,382,506	0.105709	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	254,664	4,535,941	0.056144	0	0	96.00
200.00		Total (lines 50-199)	22,070,556	513,686,920		3,530,269	318,498	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150048
Component CCN: 15T048

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

Worksheet D
Part IV
Date/Time Prepared:
5/28/2013 11:58 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	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	500,016	500,016	54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	CARDIAC REHAB	0	0	0	0	70.01
70.02	07002	EMG & ENG	0	0	0	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
200.00		Total (lines 50-199)	0	0	500,016	500,016	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:58 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	96,726,975	0.000000	0.000000	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	4,997,362	0.000000	0.000000	0	52.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	500,016	99,906,057	0.005005	0.005005	192,887	54.00
59.00 05900 CARDIAC CATHETERIZATION	0	51,268,674	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	68,169,900	0.000000	0.000000	371,135	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,887,372	0.000000	0.000000	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	10,233,582	0.000000	0.000000	148,100	65.00
66.00 06600 PHYSICAL THERAPY	0	10,496,634	0.000000	0.000000	2,110,560	66.00
69.00 06900 ELECTROCARDIOLOGY	0	22,442,964	0.000000	0.000000	16,944	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,594,814	0.000000	0.000000	0	70.00
70.01 07001 CARDIAC REHAB	0	997,886	0.000000	0.000000	0	70.01
70.02 07002 EMG & ENG	0	267,512	0.000000	0.000000	2,139	70.02
70.03 07003 O/P CHEMICAL DEPENDENCY	0	0	0.000000	0.000000	0	70.03
70.06 07005 O/P PSYCHIATRIC	0	0	0.000000	0.000000	0	70.06
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	280,143	0.000000	0.000000	4,224	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	25,582,247	0.000000	0.000000	15	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	68,272,874	0.000000	0.000000	661,766	73.00
74.00 07400 RENAL DIALYSIS	0	731,772	0.000000	0.000000	20,136	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
91.00 09100 EMERGENCY	0	34,237,126	0.000000	0.000000	2,363	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,674,579	0.000000	0.000000	0	92.00
93.00 04040 PATIENT CARE CENTER - OCC	0	4,382,506	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS						
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	4,535,941	0.000000	0.000000	0	96.00
200.00 Total (lines 50-199)	500,016	513,686,920			3,530,269	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150048 Component CCN: 15T048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/28/2013 11:58 am		
		Title XVIII	Subprovider - IRF	PPS		
Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges before 3/1	Outpatient Program Charges on/after 3/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) before 3/1	Outpatient Program Pass-Through Costs (col. 9 x col. 12) on/after 3/1
		11.00	12.00	12.01	13.00	13.01
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0	0	0 50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	965	0	0	0	0 54.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00	06000 LABORATORY	0	0	0	0	0 60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0 60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0 65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0 66.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
70.01	07001 CARDIAC REHAB	0	0	0	0	0 70.01
70.02	07002 EMG & ENG	0	0	0	0	0 70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0	0	0	0	0 70.03
70.06	07005 O/P PSYCHIATRIC	0	0	0	0	0 70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00	09100 EMERGENCY	0	0	0	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00	04040 PATIENT CARE CENTER - OCC	0	0	0	0	0 93.00
OTHER REIMBURSABLE COST CENTERS						
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
200.00	Total (lines 50-199)	965	0	0	0	0 200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 11:58 am
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges				Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	
		PPS Reimbursed Services (see inst.) before 3/1	PPS Reimbursed Services (see inst.) on/after 3/1	Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	1.00	2.00	2.01	3.00	4.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.357829	0	0	3,355,924	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.463967	0	0	57,513	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.267519	0	0	6,482,624	0	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.225967	0	0	1,651,855	0	59.00
60.00	06000	LABORATORY	0.202987	0	0	2,764,897	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.638386	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.331619	0	0	81,776	0	65.00
66.00	06600	PHYSICAL THERAPY	0.923022	0	0	796,463	0	66.00
69.00	06900	ELECTROCARDIOLOGY	0.183153	0	0	885,062	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279778	0	0	265,226	0	70.00
70.01	07001	CARDIAC REHAB	0.574893	0	0	44,001	0	70.01
70.02	07002	EMG & ENG	0.164501	0	0	41,346	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0.000000	0	0	0	0	70.03
70.06	07005	O/P PSYCHIATRIC	0.000000	0	0	0	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.022178	0	0	83	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.704502	0	0	784,403	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324961	0	0	2,602,351	0	73.00
74.00	07400	RENAL DIALYSIS	1.470043	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000					88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00	09100	EMERGENCY	0.368888	0	0	2,778,198	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.787910	0	0	0	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.760038	0	0	366,776	0	93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.499503	0	0	0	0	96.00
200.00		Subtotal (see instructions)		0	0	22,958,498	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	22,958,498	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/28/2013 11:58 am
		Title XIX	Hospital	Cost

Cost Center Description	Costs				5.00	5.01	6.00	7.00
	PPS Services (see inst.) before 3/1	PPS Services (see inst.) on/after 3/1	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)				
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	1,200,847	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	26,684	0		52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	1,734,225	0		54.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	373,265	0		59.00
60.00	06000	LABORATORY	0	0	561,238	0		60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0		60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0		63.00
65.00	06500	RESPIRATORY THERAPY	0	0	27,118	0		65.00
66.00	06600	PHYSICAL THERAPY	0	0	735,153	0		66.00
69.00	06900	ELECTROCARDIOLOGY	0	0	162,102	0		69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	74,204	0		70.00
70.01	07001	CARDIAC REHAB	0	0	25,296	0		70.01
70.02	07002	EMG & ENG	0	0	6,801	0		70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0	0	0	0		70.03
70.06	07005	O/P PSYCHIATRIC	0	0	0	0		70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	2	0		71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	552,613	0		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	845,663	0		73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		89.00
91.00	09100	EMERGENCY	0	0	1,024,844	0		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0		92.00
93.00	04040	PATIENT CARE CENTER - OCC	0	0	278,764	0		93.00
OTHER REIMBURSABLE COST CENTERS								
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0		96.00
200.00		Subtotal (see instructions)	0	0	7,628,819	0		200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0			201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	7,628,819	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/28/2013 11:58 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)		35,771	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,771	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)		32,776	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)		18,487	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)		34,579,392	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)		34,579,392	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		40,810,652	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		40,810,652	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.847313	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)		1,245.14	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)		34,579,392	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)		966.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		17,871,198	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)		17,871,198	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,845,458	6,046	1,793.82	3,072	5,510,615		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					37,651,508		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					61,033,321		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)					4,579,047		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					4,039,899		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					8,618,946		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,414,375		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,995		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					966.69		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					2,895,237		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	7,043,488	34,579,392	0.203690	2,895,237	589,731	90.00
91.00	Nursing School cost	0	34,579,392	0.000000	2,895,237	0	91.00
92.00	Allied health cost	0	34,579,392	0.000000	2,895,237	0	92.00
93.00	All other Medical Education	0	34,579,392	0.000000	2,895,237	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15S048		Date/Time Prepared: 5/28/2013 11:58 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)		9,211	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,211	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)		9,211	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		7,494	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)		6,873,081	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)		6,873,081	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,513,121	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,513,121	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.722484	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)		1,032.80	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)		6,873,081	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)		746.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,591,873	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)		5,591,873	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S048				Date/Time Prepared: 5/28/2013 11:58 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
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,141,748		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,733,621		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)					1,102,143		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					110,817		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,212,960		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,520,661		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: 150048 Component CCN: 15S048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 11:58 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	1,354,638	6,873,081	0.197093	0	0	90.00
91.00	Nursing School cost	0	6,873,081	0.000000	0	0	91.00
92.00	Allied health cost	0	6,873,081	0.000000	0	0	92.00
93.00	All other Medical Education	0	6,873,081	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T048		Date/Time Prepared: 5/28/2013 11:58 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)		4,021	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,021	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)		4,021	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)		3,154	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)		4,861,166	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)		4,861,166	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,145,406	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,145,406	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.172663	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)		1,030.94	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)		4,861,166	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,208.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		3,812,997	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		3,812,997	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T048				Date/Time Prepared: 5/28/2013 11:58 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
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					2,373,224		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,186,221		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)					824,613		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					319,463		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,144,076		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					5,042,145		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: 150048 Component CCN: 15T048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 11:58 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	1,051,309	4,861,166	0.216267	0	0	90.00
91.00	Nursing School cost	0	4,861,166	0.000000	0	0	91.00
92.00	Allied health cost	0	4,861,166	0.000000	0	0	92.00
93.00	All other Medical Education	0	4,861,166	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/28/2013 11:58 am
Cost Center Description		Title XIX	Hospital	Cost
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		35,771	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		35,771	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)		32,776	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)		2,375	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,929	15.00
16.00	Nursery days (title V or XIX only)		140	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)		34,579,392	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)		34,579,392	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		40,810,652	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		40,810,652	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.847313	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)		1,245.14	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)		34,579,392	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)		966.69	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,295,889	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)		2,295,889	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Date/Time Prepared: 5/28/2013 11:58 am		Title XIX		Hospital		Cost	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00 NURSERY (title V & XIX only)	1,070,496	1,929	554.95	140	77,693		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	10,845,458	6,046	1,793.82	438	785,693		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					4,347,797		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,507,072		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						0	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						0	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges						0	54.00
55.00 Target amount per discharge						0.00	55.00
56.00 Target amount (line 54 x line 55)						0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0	57.00
58.00 Bonus payment (see instructions)						0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket						0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket						0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)						0	61.00
62.00 Relief payment (see instructions)						0	62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)						0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)						0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)						0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)						0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)						2,995	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						966.69	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)						2,895,237	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 11:58 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15S048		Date/Time Prepared: 5/28/2013 11:58 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)		9,211	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,211	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)		9,211	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)		430	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,929	15.00
16.00	Nursery days (title V or XIX only)		140	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)		6,873,081	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)		6,873,081	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		9,513,121	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		9,513,121	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.722484	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)		1,032.80	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)		6,873,081	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)		746.18	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		320,857	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)		320,857	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S048				Date/Time Prepared: 5/28/2013 11:58 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		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					54,195		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					375,052		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: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S048				Date/Time Prepared: 5/28/2013 11:58 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: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15T048		Date/Time Prepared: 5/28/2013 11:58 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)		4,021	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,021	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)		4,021	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)		54	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		1,929	15.00
16.00	Nursery days (title V or XIX only)		140	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)		4,861,166	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)		4,861,166	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		4,145,406	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		4,145,406	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.172663	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)		1,030.94	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)		4,861,166	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,208.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		65,283	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)		65,283	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15T048				Date/Time Prepared: 5/28/2013 11:58 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
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					52,375		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					117,658		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: 150048 Component CCN: 15T048		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/28/2013 11:58 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: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 11:58 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		20,210,563		30.00
31.00	03100 INTENSIVE CARE UNIT		4,839,993		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.357829	22,460,989	8,037,193	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.463967	35,212	16,337	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.267519	13,169,098	3,522,984	54.00
59.00	05900 CARDIAC CATHETERIZATION	0.225967	11,198,056	2,530,391	59.00
60.00	06000 LABORATORY	0.202987	19,270,063	3,911,572	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.638386	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.331619	5,494,714	1,822,152	65.00
66.00	06600 PHYSICAL THERAPY	0.923022	1,204,687	1,111,953	66.00
69.00	06900 ELECTROCARDIOLOGY	0.183153	3,193,136	584,832	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.279778	0	0	70.00
70.01	07001 CARDIAC REHAB	0.574893	52	30	70.01
70.02	07002 EMG & ENG	0.164501	54,011	8,885	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0.000000	0	0	70.03
70.06	07005 O/P PSYCHIATRIC	0.000000	0	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.022178	164,104	3,639	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.704502	9,290,633	6,545,270	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.324961	18,632,457	6,054,822	73.00
74.00	07400 RENAL DIALYSIS	1.470043	538,329	791,367	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	0.368888	6,300,653	2,324,235	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.787910	486,137	383,032	92.00
93.00	04040 PATIENT CARE CENTER - OCC	0.760038	3,702	2,814	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.499503	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		111,496,033	37,651,508	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)		111,496,033		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S048		Date/Time Prepared: 5/28/2013 11:58 am	
		Title XVIIII	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
40.00	04000	SUBPROVIDER - IPF		7,799,638	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.357829	49,357	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.463967	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.267519	382,323	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.225967	0	59.00
60.00	06000	LABORATORY	0.202987	818,171	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.638386	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.331619	314,702	65.00
66.00	06600	PHYSICAL THERAPY	0.923022	178,588	66.00
69.00	06900	ELECTROCARDIOLOGY	0.183153	26,162	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279778	0	70.00
70.01	07001	CARDIAC REHAB	0.574893	0	70.01
70.02	07002	EMG & ENG	0.164501	6,692	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0.000000	0	70.03
70.06	07005	O/P PSYCHIATRIC	0.000000	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.022178	10,486	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.704502	3,488	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324961	1,428,899	73.00
74.00	07400	RENAL DIALYSIS	1.470043	18,464	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.368888	234,395	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.787910	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.760038	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.499503	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		3,471,727	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)		3,471,727	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T048		Date/Time Prepared: 5/28/2013 11:58 am	
		Title XVIIII	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		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		3,345,834	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.357829	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.463967	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.267519	192,887	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.225967	0	59.00
60.00	06000	LABORATORY	0.202987	371,135	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.638386	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.331619	148,100	65.00
66.00	06600	PHYSICAL THERAPY	0.923022	2,110,560	66.00
69.00	06900	ELECTROCARDIOLOGY	0.183153	16,944	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279778	0	70.00
70.01	07001	CARDIAC REHAB	0.574893	0	70.01
70.02	07002	EMG & ENG	0.164501	2,139	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0.000000	0	70.03
70.06	07005	O/P PSYCHIATRIC	0.000000	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.022178	4,224	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.704502	15	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324961	661,766	73.00
74.00	07400	RENAL DIALYSIS	1.470043	20,136	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
91.00	09100	EMERGENCY	0.368888	2,363	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.787910	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.760038	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.499503	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		3,530,269	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)		3,530,269	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/28/2013 11:58 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		3,621,546		30.00
31.00	03100 INTENSIVE CARE UNIT		874,776		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.357829	2,344,177	838,815	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.463967	381,208	176,868	52.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.267519	1,645,221	440,128	54.00
59.00	05900 CARDIAC CATHETERIZATION	0.225967	1,402,266	316,866	59.00
60.00	06000 LABORATORY	0.202987	2,480,291	503,467	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.638386	0	0	63.00
65.00	06500 RESPIRATORY THERAPY	0.331619	554,430	183,860	65.00
66.00	06600 PHYSICAL THERAPY	0.923022	88,430	81,623	66.00
69.00	06900 ELECTROCARDIOLOGY	0.183153	295,280	54,081	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.279778	0	0	70.00
70.01	07001 CARDIAC REHAB	0.574893	0	0	70.01
70.02	07002 EMG & ENG	0.164501	11,623	1,912	70.02
70.03	07003 O/P CHEMICAL DEPENDENCY	0.000000	0	0	70.03
70.06	07005 O/P PSYCHIATRIC	0.000000	0	0	70.06
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.022178	21,341	473	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.704502	701,706	494,353	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.324961	2,674,207	869,013	73.00
74.00	07400 RENAL DIALYSIS	1.470043	26,957	39,628	74.00
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
91.00	09100 EMERGENCY	0.368888	939,879	346,710	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.787910	0	0	92.00
93.00	04040 PATIENT CARE CENTER - OCC	0.760038	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.499503	0	0	96.00
200.00	Total (sum of lines 50-94 and 96-98)		13,567,016	4,347,797	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)		13,567,016		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S048		Date/Time Prepared: 5/28/2013 11:58 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
40.00	04000	SUBPROVIDER - IPF		390,158	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.357829	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.463967	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.267519	20,812	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.225967	0	59.00
60.00	06000	LABORATORY	0.202987	50,605	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.638386	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.331619	18,721	65.00
66.00	06600	PHYSICAL THERAPY	0.923022	7,798	66.00
69.00	06900	ELECTROCARDIOLOGY	0.183153	403	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279778	0	70.00
70.01	07001	CARDIAC REHAB	0.574893	0	70.01
70.02	07002	EMG & ENG	0.164501	535	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0.000000	0	70.03
70.06	07005	O/P PSYCHIATRIC	0.000000	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.022178	3,736	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.704502	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324961	55,630	73.00
74.00	07400	RENAL DIALYSIS	1.470043	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.368888	17,962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.787910	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.760038	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.499503	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		176,202	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)		176,202	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15T048		Date/Time Prepared: 5/28/2013 11:58 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
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		84,427	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.357829	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.463967	0	52.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.267519	2,509	54.00
59.00	05900	CARDIAC CATHETERIZATION	0.225967	0	59.00
60.00	06000	LABORATORY	0.202987	10,707	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.638386	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.331619	0	65.00
66.00	06600	PHYSICAL THERAPY	0.923022	48,980	66.00
69.00	06900	ELECTROCARDIOLOGY	0.183153	202	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.279778	0	70.00
70.01	07001	CARDIAC REHAB	0.574893	0	70.01
70.02	07002	EMG & ENG	0.164501	0	70.02
70.03	07003	O/P CHEMICAL DEPENDENCY	0.000000	0	70.03
70.06	07005	O/P PSYCHIATRIC	0.000000	0	70.06
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.022178	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.704502	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324961	13,182	73.00
74.00	07400	RENAL DIALYSIS	1.470043	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
91.00	09100	EMERGENCY	0.368888	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.787910	0	92.00
93.00	04040	PATIENT CARE CENTER - OCC	0.760038	0	93.00
OTHER REIMBURSABLE COST CENTERS					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.499503	0	96.00
200.00		Total (sum of lines 50-94 and 96-98)		75,580	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)		75,580	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 11:58 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		42,442,609	1.00
2.00	Outlier payments for discharges. (see instructions)		2,216,438	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		148.82	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.55	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		16.94	31.00
32.00	Sum of lines 30 and 31		22.49	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.77	33.00
34.00	Disproportionate share adjustment (see instructions)		3,297,791	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		47,956,838	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		54,688,828	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		54,688,828	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		3,935,928	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/28/2013 11:58 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)			65,911 58.00
59.00	Total (sum of amounts on lines 49 through 58)			58,690,667 59.00
60.00	Primary payer payments			25,651 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			58,665,016 61.00
62.00	Deductibles billed to program beneficiaries			4,419,224 62.00
63.00	Coinurance billed to program beneficiaries			112,385 63.00
64.00	Allowable bad debts (see instructions)			345,581 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			241,907 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			-72,862 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			54,375,314 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)			11,069 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			54,386,383 71.00
72.00	Interim payments			55,120,243 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)			-733,860 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			403,205 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: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/28/2013 11:58 am
		Title XVIII	Hospital	PPS
			before 3/1	on/after 3/1
			1.00	1.01
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)		5,701,492	28,657,638
3.00	PPS payments		5,167,085	25,923,773
4.00	Outlier payment (see instructions)		67,091	257,749
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.928	0.928
6.00	Line 2 times line 5		5,290,985	26,594,288
7.00	Sum of line 3 plus line 4 divided by line 6		98.93	98.45
8.00	Transitional corridor payment (see instructions)		48,288	0
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		154,250	
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 chargebasis 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)		31,618,236	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)		6,416,269	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)		25,201,967	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)		25,201,967	30.00
31.00	Primary payer payments		6,996	31.00
32.00	Subtotal (line 30 minus line 31)		25,194,971	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)		743,233	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		520,263	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		260,789	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		25,715,234	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)		25,715,234	40.00
41.00	Interim payments		26,770,635	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)		-1,055,401	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, 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: 150048

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 11:58 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		55,120,243		26,770,635	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)		55,120,243		26,770,635	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		733,860		1,055,401	6.02	
7.00	Total Medicare program liability (see instructions)		54,386,383		25,715,234	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: 150048
Component CCN: 15S048

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 11:58 am
PPS

Title XVIII

Subprovider -
IPF

		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					0 1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		6,252,289			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		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)		6,252,289			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					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		1,914			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		6,254,203			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150048
Component CCN: 15T048

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

Worksheet E-1
Part I
Date/Time Prepared:
5/28/2013 11:58 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				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		5,031,343		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)		5,031,343		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		23,730		0	6.02
7.00	Total Medicare program liability (see instructions)		5,007,613		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/28/2013 11:58 am
		Component CCN: 15S048	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)		6,694,461	1.00
2.00	Net IPF PPS Outlier Payments		126,262	2.00
3.00	Net IPF PPS ECT Payments		5,257	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)		25.166667	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)		6,825,980	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)		6,825,980	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		6,825,980	18.00
19.00	Deductibles		332,568	19.00
20.00	Subtotal (line 18 minus line 19)		6,493,412	20.00
21.00	Coinsurance		241,123	21.00
22.00	Subtotal (line 20 minus line 21)		6,252,289	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	25.00
26.00	Subtotal (sum of lines 22 and 24)		6,252,289	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)		1,914	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)		6,254,203	31.00
32.00	Interim payments		6,252,289	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)		1,914	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		126,262	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: 150048 Component CCN: 15T048	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/28/2013 11:58 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,225,987 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0147 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			69,154 3.00
4.00	Outlier Payments			756,495 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)			10.986339 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			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)			5,051,636 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)			5,051,636 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			5,051,636 19.00
20.00	Deductibles			41,520 20.00
21.00	Subtotal (line 19 minus line 20)			5,010,116 21.00
22.00	Coinsurance			3,468 22.00
23.00	Subtotal (line 21 minus line 22)			5,006,648 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			5,006,648 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)			965 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)			5,007,613 32.00
33.00	Interim payments			5,031,343 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)			-23,730 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			756,495 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: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 11:58 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		7,507,072		1.00
2.00	Medical and other services			7,628,819	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		7,507,072	7,628,819	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)		7,507,072	7,628,819	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		4,496,323		8.00
9.00	Ancillary service charges		13,567,016	22,958,498	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)		18,063,339	22,958,498	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)		18,063,339	22,958,498	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		10,556,267	15,329,679	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)		7,507,072	7,628,819	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		28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		7,507,072	7,628,819	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)		7,507,072	7,628,819	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		7,507,072	7,628,819	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		7,507,072	7,628,819	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)		7,507,072	7,628,819	40.00
41.00	Interim payments		7,507,072	7,628,819	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	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: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 11:58 am
		Title XIX	Subprovider - IPF	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	375,052		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)	375,052	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)	375,052	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	390,158		8.00
9.00	Ancillary service charges	176,202	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)	566,360	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)	566,360	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	191,308	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)	375,052	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)	375,052	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)	375,052	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)	375,052	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	375,052	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)	375,052	0	40.00
41.00	Interim payments	375,052	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	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: 150048 Component CCN: 15T048	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/28/2013 11:58 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	117,658		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)	117,658	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)	117,658	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges	84,427		8.00
9.00	Ancillary service charges	75,580	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)	160,007	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)	160,007	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	42,349	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)	117,658	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)	117,658	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)	117,658	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)	117,658	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	37.00
38.00	Subtotal (line 36 ± line 37)	117,658	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)	117,658	0	40.00
41.00	Interim payments	117,658	0	41.00
42.00	Balance due provider/program (line 40 minus 41)	0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2	0	0	43.00

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

Provider CCN: 150048

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

Worksheet G

Date/Time Prepared:
5/28/2013 11:58 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	21,033,635	0	0	0	1.00
2.00	Temporary investments	2,975,000	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	50,582,461	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	2,878,280	0	0	0	7.00
8.00	Prepaid expenses	124,716,813	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	202,186,189	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,622,838	0	0	0	12.00
13.00	Land improvements	34,340,397	0	0	0	13.00
14.00	Accumulated depreciation	-10,251,969	0	0	0	14.00
15.00	Buildings	117,852,764	0	0	0	15.00
16.00	Accumulated depreciation	-26,864,488	0	0	0	16.00
17.00	Leasehold improvements	6,675,246	0	0	0	17.00
18.00	Accumulated depreciation	-2,377,244	0	0	0	18.00
19.00	Fixed equipment	104,378,739	0	0	0	19.00
20.00	Accumulated depreciation	-28,144,936	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	153,079,512	0	0	0	23.00
24.00	Accumulated depreciation	-102,570,677	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)	257,740,182	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	206,007,716	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	32,507,077	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	238,514,793	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	698,441,164	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	105,749,994	0	0	0	37.00
38.00	Salaries, wages, and fees payable	14,199,892	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,975,000	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	3,551,618	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	126,476,504	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	170,350,230	0	0	0	47.00
48.00	Unsecured loans	22,802,799	0	0	0	48.00
49.00	Other long term liabilities	21,800,891	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	214,953,920	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	341,430,424	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	357,010,740				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	357,010,740	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	698,441,164	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150048

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

Worksheet G-1

Date/Time Prepared:
5/28/2013 11:58 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		332,590,528		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		24,420,212			2.00
3.00	Total (sum of line 1 and line 2)		357,010,740		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		357,010,740		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		357,010,740		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150048

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	40,810,652		40,810,652	1.00
2.00	SUBPROVIDER - IPF	9,513,121		9,513,121	2.00
3.00	SUBPROVIDER - IRF	4,145,406		4,145,406	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	54,469,179		54,469,179	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	10,661,050		10,661,050	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	10,661,050		10,661,050	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	65,130,229		65,130,229	17.00
18.00	Ancillary services	213,404,688	324,867,083	538,271,771	18.00
19.00	Outpatient services	0	0	0	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER REVENUE	23,000,360	72,389,859	95,390,219	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	301,535,277	397,256,942	698,792,219	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		356,599,686		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		356,599,686		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150048

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

Worksheet G-3

Date/Time Prepared:
5/28/2013 11:58 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	698,792,219	1.00
2.00	Less contractual allowances and discounts on patients' accounts	356,555,393	2.00
3.00	Net patient revenues (line 1 minus line 2)	342,236,826	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	356,599,686	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-14,362,860	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 INCOME	38,783,072	24.00
25.00	Total other income (sum of lines 6-24)	38,783,072	25.00
26.00	Total (line 5 plus line 25)	24,420,212	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	24,420,212	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B

Provider CCN: 150048

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

Worksheet 1-5

Date/Time Prepared:
5/28/2013 11:58 am

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	0	1.00
2.00	Total payment (from Worksheet 1-4, column 6, line 11)	0	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)	0	11.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K

Hospice CCN: 151524

To 12/31/2012

Date/Time Prepared: 5/28/2013 11:58 am

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	100,484	0	0	0	676,543	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	736,195	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	49,231	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	885,910	0	0	0	676,543	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K

Hospice CCN: 151524

To 12/31/2012

Date/Time Prepared: 5/28/2013 11:58 am

		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Hospice I Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	777,027	0	777,027	0	777,027	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	736,195	0	736,195	0	736,195	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	49,231	0	49,231	0	49,231	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,562,453	0	1,562,453	0	1,562,453	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 151524

To 12/31/2012

Date/Time Prepared: 5/28/2013 11:58 am

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	100,484	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	736,195	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	100,484	0	0	0	736,195	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 151524

To 12/31/2012

Date/Time Prepared: 5/28/2013 11:58 am

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	0	5.00
6.00	Administrative and General		0	0	100,484	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	736,195	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	0	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	0	0	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		49,231	0	49,231	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	49,231	0	885,910	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151524

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 11:58 am

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	0	0	0	5.00
6.00	Administrative and General	777,027	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	736,195	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	49,231	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,562,453	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151524

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 11:58 am

		VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	Hospice I	TOTAL (col. 5A ± col. 6)	
		5.00	5A	6.00		7.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance						3.00
4.00	Transportation - Staff						4.00
5.00	Volunteer Service Coordination	0					5.00
6.00	Administrative and General	0	777,027	777,027			6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0		0	7.00
8.00	Inpatient - Respite Care	0	0	0		0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0		0	9.00
10.00	Nursing Care	0	736,195	728,322		1,464,517	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0		0	11.00
12.00	Physical Therapy	0	0	0		0	12.00
13.00	Occupational Therapy	0	0	0		0	13.00
14.00	Speech/ Language Pathology	0	0	0		0	14.00
15.00	Medical Social Services	0	0	0		0	15.00
16.00	Spiritual Counseling	0	0	0		0	16.00
17.00	Dietary Counseling	0	0	0		0	17.00
18.00	Counseling - Other	0	0	0		0	18.00
19.00	Home Health Aide and Homemaker	0	49,231	48,705		97,936	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0		0	20.00
21.00	Other	0	0	0		0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0		0	22.00
23.00	Analgesics	0	0	0		0	23.00
24.00	Sedatives / Hypnotics	0	0	0		0	24.00
25.00	Other - Specify	0	0	0		0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0		0	26.00
27.00	Patient Transportation	0	0	0		0	27.00
28.00	Imaging Services	0	0	0		0	28.00
29.00	Labs and Diagnostics	0	0	0		0	29.00
30.00	Medical Supplies	0	0	0		0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0		0	31.00
32.00	Radiation Therapy	0	0	0		0	32.00
33.00	Chemotherapy	0	0	0		0	33.00
34.00	Other	0	0	0		0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0		0	35.00
36.00	Volunteer Program Costs	0	0	0		0	36.00
37.00	Fundraising	0	0	0		0	37.00
38.00	Other Program Costs	0	0	0		0	38.00
39.00	Total (sum of lines 1 thru 38)	0	1,562,453			1,562,453	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151524

To 12/31/2012

Part II
Date/Time Prepared:
5/28/2013 11:58 am

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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-4

Hospice CCN: 151524

To 12/31/2012

Part II
Date/Time Prepared:
5/28/2013 11:58 am

Hospice I

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-777,027	785,426	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	0	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	0	9.00
10.00	Nursing Care	0	736,195	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	0	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	0	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	0	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	49,231	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	0	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	0	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		777,027	39.00
40.00	Unit Cost Multiplier		0.989306	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151524

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 11:58 am

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW CAP BLDG & FIXT - OFFSITE	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
1.00 Administrative and General	0	14,796	0	0	267,875	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	1,464,517	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	97,936	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,562,453	14,796	0	0	267,875	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period:

Worksheet K-5

Hospice CCN: 151524

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

Part I
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Hospice I					
		NONPATIENT TELEPHONES	DATA PROCESSING	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	
		5.01	5.02	5.03	5.04	5.05	
1.00	Administrative and General	2,464	26,021	15,392	10,608	16,141	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,464	26,021	15,392	10,608	16,141	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151524

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Subtotal	Hospice I				
			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5A.05	5.06	7.00	8.00	9.00	
1.00	Administrative and General	353,297	39,635	0	7,582	22,767	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	1,464,517	164,300	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	97,936	10,987	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	1,915,750	214,922	0	7,582	22,767	34.00
35.00	Unit Cost Multiplier (see instructions)	0.000000					35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151524

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description	Hospice I						
	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY		
	10.00	11.00	13.00	14.00	15.00		
1.00 Administrative and General	0	13,718	0	0	280,480	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	13,718	0	0	280,480	0	34.00
35.00 Unit Cost Multiplier (see instructions)							35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151524

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Hospice I				Subtotal (col s. 4A-23)	
		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INSERVICE EDUCATION	PARAMED ED PRGM		
		16.00	17.00	17.01	23.00	24.00	
1.00	Administrative and General	30,818	0	25,835	0	774,132	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	1,628,817	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	108,923	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	30,818	0	25,835	0	2,511,872	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 150048

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 151524

To 12/31/2012

Part I
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Hospice I					
		Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col.s. 24 ± 25)	Allocated Hospice A&G (See Part II)	Total Hospice Costs (col.s. 26 ± 27)		
		25.00	26.00	27.00	28.00		
1.00	Administrative and General						1.00
2.00	Inpatient - General Care	0	0	0	0		2.00
3.00	Inpatient - Respite Care	0	0	0	0		3.00
4.00	Physician Services	0	0	0	0		4.00
5.00	Nursing Care	0	1,628,817	725,609	2,354,426		5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0		6.00
7.00	Physical Therapy	0	0	0	0		7.00
8.00	Occupational Therapy	0	0	0	0		8.00
9.00	Speech/ Language Pathology	0	0	0	0		9.00
10.00	Medical Social Services	0	0	0	0		10.00
11.00	Spiritual Counseling	0	0	0	0		11.00
12.00	Dietary Counseling	0	0	0	0		12.00
13.00	Counseling - Other	0	0	0	0		13.00
14.00	Home Health Aide and Homemaker	0	108,923	48,523	157,446		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0		15.00
16.00	Other	0	0	0	0		16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0		17.00
18.00	Analgesics	0	0	0	0		18.00
19.00	Sedatives / Hypnotics	0	0	0	0		19.00
20.00	Other - Specify	0	0	0	0		20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0		21.00
22.00	Patient Transportation	0	0	0	0		22.00
23.00	Imaging Services	0	0	0	0		23.00
24.00	Labs and Diagnostics	0	0	0	0		24.00
25.00	Medical Supplies	0	0	0	0		25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0		26.00
27.00	Radiation Therapy	0	0	0	0		27.00
28.00	Chemotherapy	0	0	0	0		28.00
29.00	Other	0	0	0	0		29.00
30.00	Bereavement Program Costs	0	0	0	0		30.00
31.00	Volunteer Program Costs	0	0	0	0		31.00
32.00	Fundraising	0	0	0	0		32.00
33.00	Other Program Costs	0	0	0	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	2,511,872		2,511,872		34.00
35.00	Unit Cost Multiplier (see instructions)			0.445482			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (PHONES)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW CAP BLDG & FIXT - OFFSITE (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)			
	1.00	1.01	2.00			
1.00 Administrative and General	445	0	0	885,910	13	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	445	0	0	885,910	13	34.00
35.00 Total cost to be allocated	14,796	0	0	267,875	2,464	35.00
36.00 Unit Cost Multiplier (see instructions)	33.249438	0.000000	0.000000	0.302373	189.538462	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Hospice I				Reconciliation	
		DATA PROCESSING (TERMINALS) 5.02	PURCHASING RECEIVING AND STORES (SUPPLY EXPENSE) 5.03	ADMITTING (TOTAL REVENUE) 5.04	CASHIERING/ACCOUNTS RECEIVABLE (TOTAL REVENUE) 5.05	5A.06	
1.00	Administrative and General	3	236,527	2,731,147	2,731,147	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	3	236,527	2,731,147	2,731,147		34.00
35.00	Total cost to be allocated	26,021	15,392	10,608	16,141		35.00
36.00	Unit Cost Multiplier (see instructions)	8,673.66667	0.065075	0.003884	0.005910		36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description	Hospice I					
	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
	5.06	7.00	8.00	9.00	10.00	
1.00 Administrative and General	353,297	0	3,292	94	0	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	1,464,517	0	0	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	0	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	97,936	0	0	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,915,750	0	3,292	94	0	34.00
35.00 Total cost to be allocated	214,922	0	7,582	22,767	0	35.00
36.00 Unit Cost Multiplier (see instructions)	0.112187	0.000000	2.303159	242.202128	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048
Hospice CCN: 151524

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

Worksheet K-5
Part II
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Hospice I					
		CAFETERIA (MANHOURS)	NURSING ADMINISTRATION (DIRECT NURSING HRS)	CENTRAL SERVICES & SUPPLY (MED SUPPLIES)	PHARMACY (DRUGS)	MEDICAL RECORDS & LIBRARY (TOTAL REVENUE)	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	30,621	0	0	225,922	2,731,147	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	0	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	30,621	0	0	225,922	2,731,147	34.00
35.00	Total cost to be allocated	13,718	0	0	280,480	30,818	35.00
36.00	Unit Cost Multiplier (see instructions)	0.447993	0.000000	0.000000	1.241490	0.011284	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 150048

Period:

Worksheet K-5

Hospice CCN: 151524

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

Part II
Date/Time Prepared:
5/28/2013 11:58 am

Cost Center Description		Hospice I			
		SOCIAL SERVICE (TIME SPENT) 17.00	INSERVICE EDUCATION (IN HOUSE ED) 17.01	PARAMED ED PRGM (TIME SPENT) 23.00	
1.00	Administrative and General	0	255	0	1.00
2.00	Inpatient - General Care	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	3.00
4.00	Physician Services	0	0	0	4.00
5.00	Nursing Care	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	6.00
7.00	Physical Therapy	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	9.00
10.00	Medical Social Services	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	12.00
13.00	Counseling - Other	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	15.00
16.00	Other	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	17.00
18.00	Analgesics	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	19.00
20.00	Other - Specify	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	21.00
22.00	Patient Transportation	0	0	0	22.00
23.00	Imaging Services	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	24.00
25.00	Medical Supplies	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	27.00
28.00	Chemotherapy	0	0	0	28.00
29.00	Other	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	31.00
32.00	Fundraising	0	0	0	32.00
33.00	Other Program Costs	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	255	0	34.00
35.00	Total cost to be allocated	0	25,835	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	101.313725	0.000000	36.00

COMPUTATION OF TOTAL HOSPICE SHARED COSTS

Provider CCN: 150048
 Hospice CCN: 151524

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

Worksheet K-5
 Part III
 Date/Time Prepared:
 5/28/2013 11:58 am

Cost Center Description		Wkst. C, Part I, col. 11 line	Cost to Charge Ratio	Hospice I	
				Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)
		0	1.00	2.00	3.00
ANCI LLARY SERVICE COST CENTERS					
1.00	PHYSICAL THERAPY	66.00	0.923022	0	0 1.00
2.00	OCCUPATIONAL THERAPY	67.00		0	0 2.00
3.00	SPEECH PATHOLOGY	68.00		0	0 3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.324961	0	0 4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.499503	0	0 5.00
6.00	LABORATORY	60.00	0.202987	0	0 6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0 6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.022178	0	0 7.00
8.00	PATIENT CARE CENTER - OCC	93.00	0.760038	0	0 8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00			0 9.00
10.00	OTHER ANCI LLARY SERVICE COST CENTERS	76.00			0 10.00
11.00	Totals (sum of lines 1-10)				0 11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 150048
 Hospice CCN: 151524

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

Worksheet K-6
 Date/Time Prepared:
 5/28/2013 11:58 am

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,511,872	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				9,341	2.00
3.00	Average cost per diem (line 1 divided by line 2)				268.91	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	8,320				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	2,237,331				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		371			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		99,766			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	1,386				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	372,709				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		75			10.00
11.00	Aggregate NF cost (line 3 times line 10)		20,168			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			650		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			174,792		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150048	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/28/2013 11:58 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		3,399,353	1.00
2.00	Capital DRG outlier payments		536,575	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		107.70	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,935,928	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