

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: 151327	Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/21/2013 5:27 pm

PART I - COST REPORT STATUS		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/21/2013 Time: 5:27 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by SULLIVAN COUNTY COMMUNITY HOSPITAL (151327) 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	192,852	-44,820	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	56,698	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	57,141	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	249,550	12,321	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: 151327		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/21/2013 4:54 pm				
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box: 10 State: IN		3.00 Zip Code: 47882-		4.00 County: SULLIVAN				
1.00 Street: 2200 NORTH SECTION STREET		2.00 City: SULLIVAN								
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)		
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
		1.00		2.00	3.00	4.00	5.00	6.00	7.00	8.00
3.00	Hospital and Hospital-Based Component Identification:									
	Hospital	SULLIVAN COUNTY COMMUNITY HOSPITAL	151327	45460	1	06/01/2005	N	0	0	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	SULLIVAN COUNTY COMMUNITY HOSPITAL	15Z327	45460		06/01/2005	N	0	N	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	SULLIVAN COUNTY HOME HEALTH	157542	45460		07/23/2002	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC	SULLIVAN COUNTY RHC	158509	45460		03/29/2011	N	N	N	15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00
							From:	To:		
							1.00	2.00		
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00
21.00	Type of Control (see instructions)						9			21.00
Inpatient PPS Information										
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						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.						2	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 days	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.	0	0	0	0	0	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.	0	0	0	0	0	0		25.00	
							Urban/Rural S	Date of Geogr		
							1.00	2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.						1			26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.						1			27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.						0			35.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/21/2013 4:54 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N				39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00		0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 151327

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

Worksheet S-2
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
					5.00	
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))	
			3.00	
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))	
					5.00	
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: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/21/2013 4:54 pm					
		1.00	2.00	3.00					
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00			
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	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.	N				75.00			
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00			
				1.00					
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00			
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00			
				V	XIX				
				1.00	2.00				
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00			
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00			
Rural Providers									
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	Y				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.	Y				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
Miscellaneous Cost Reporting Information									
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0		115.00		
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N					116.00		
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y					117.00		
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1					118.00		

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		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	List amounts of malpractice premiums and paid losses:	97,015	0	0
			1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N	
119.00	DO NOT USE THIS LINE			
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y	
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	
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			
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	
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name:	Contractor's Name:		Contractor's Number:
142.00	Street:	PO Box:		
143.00	City:	State:		Zip Code:
				1.00
144.00	Are provider based physicians' costs included in Worksheet A?		Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N	145.00
			1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N	146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N	147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N	148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N	149.00
		Part A	Part B	Title V
		1.00	2.00	3.00
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
156.00	Subprovider - IPF	N	N	N
157.00	Subprovider - IRF	N	N	N
158.00	SUBPROVIDER			
159.00	SNF	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N
161.00	CMHC		N	N
161.10	CORF		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: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/21/2013 4:54 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	Y	03/04/2013	Y	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 151327

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

Worksheet S-2
Part II
Date/Time Prepared:
5/21/2013 4:54 pm

	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			Y	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			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.				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.	(317) 383-4253		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)	03/04/2013		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)			17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:			20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.			21.00
			3.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	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: 151327

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi si 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	21	7,686	59,352.00	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)		21	7,686	59,352.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	4	1,464	6,888.00	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)		25	9,150	66,240.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		25			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi si ts / Tri ps				Full Time Equivalents	
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,479	325	2,473			1.00
2.00 HMO	0	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	470		470			5.00
6.00 Hospital Adults & Peds. Swing Bed NF		21	21			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	1,949	346	2,964			7.00
8.00 INTENSIVE CARE UNIT	150	34	287			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		196	319			13.00
14.00 Total (see instructions)	2,099	576	3,570	0.00	201.02	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	2,410	25	3,349	0.00	7.35	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151327

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	545	0	2,551	0.00	2.94	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	211.31	27.00
28.00	Observation Bed Days		300	1,587			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			39			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title XVIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	549	38	1,010	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	549	38	1,010	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet S-4
		Component CCN: 157542		Date/Time Prepared: 5/21/2013 4:54 pm
			Home Health Agency I	PPS

					1.00	
0.00	County					0.00

	Title V	Title XVIII	Title XIX	Other	Total	
	1.00	2.00	3.00	4.00	5.00	

HOME HEALTH AGENCY STATISTICAL DATA						
1.00	Home Health Aide Hours	0	2,141	0	0	2,141 1.00
2.00	Unduplicated Census Count (see instructions)	0.00	127.00	0.00	0.00	0.00 2.00

		Number of Employees (Full Time Equivalent)			
		Staff	Contract	Total	
Enter the number of hours in your normal work week					
		0	1.00	2.00	3.00

HOME HEALTH AGENCY - NUMBER OF EMPLOYEES						
3.00	Administrator and Assistant Administrator(s)	0.00			2.07	3.00
4.00	Director(s) and Assistant Director(s)				0.00	4.00
5.00	Other Administrative Personnel				0.00	5.00
6.00	Direct Nursing Service				3.18	6.00
7.00	Nursing Supervisor				0.00	7.00
8.00	Physical Therapy Service				0.96	8.00
9.00	Physical Therapy Supervisor				0.00	9.00
10.00	Occupational Therapy Service				0.45	10.00
11.00	Occupational Therapy Supervisor				0.00	11.00
12.00	Speech Pathology Service				0.03	12.00
13.00	Speech Pathology Supervisor				0.00	13.00
14.00	Medical Social Service				0.00	14.00
15.00	Medical Social Service Supervisor				0.00	15.00
16.00	Home Health Aide				0.66	16.00
17.00	Home Health Aide Supervisor				0.00	17.00
18.00	Other (specify)				0.00	18.00

HOME HEALTH AGENCY CBSA CODES						
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				3	19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	14020				20.00
20.01		45460				20.01
20.02		99915				20.02

		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)
		Without Outliers	With Outliers			
		1.00	2.00	3.00	4.00	5.00

PPS ACTIVITY DATA						
21.00	Skilled Nursing Visits	928	50	27	28	1,033 21.00
22.00	Skilled Nursing Visit Charges	128,992	6,950	3,753	3,892	143,587 22.00
23.00	Physical Therapy Visits	567	0	7	0	574 23.00
24.00	Physical Therapy Visit Charges	93,285	0	1,125	0	94,410 24.00
25.00	Occupational Therapy Visits	263	0	1	8	272 25.00
26.00	Occupational Therapy Visit Charges	43,095	0	165	1,320	44,580 26.00
27.00	Speech Pathology Visits	17	0	0	0	17 27.00
28.00	Speech Pathology Visit Charges	2,805	0	0	0	2,805 28.00
29.00	Medical Social Service Visits	3	0	0	0	3 29.00
30.00	Medical Social Service Visit Charges	555	0	0	0	555 30.00
31.00	Home Health Aide Visits	463	35	0	13	511 31.00
32.00	Home Health Aide Visit Charges	39,355	2,975	0	1,105	43,435 32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	2,241	85	35	49	2,410 33.00
34.00	Other Charges	0	0	0	0	0 34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	308,087	9,925	5,043	6,317	329,372 35.00
36.00	Total Number of Episodes (standard/non outlier)	145		17	3	165 36.00
37.00	Total Number of Outlier Episodes		2		0	2 37.00
38.00	Total Non-Routine Medical Supply Charges	2,814	185	31	13	3,043 38.00

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA		Provider CCN: 151327 Component CCN: 158509		Period: From 01/01/2012 To 12/31/2012		Worksheet S-8 Date/Time Prepared: 5/21/2013 4:54 pm	
				Rural Health Clinic (RHC) I			
				1.00			
1.00	Clinic Address and Identification Street			8685 OLD HIGHWAY 41 S		1.00	
		City		State		Zip Code	
		1.00		2.00		3.00	
2.00	City, State, Zip Code, County			CARLISLE		IN 17838	
				1.00			
3.00	FOHCs ONLY: Designation - Enter "R" for rural or "U" for urban					0	
				Grant Award		Date	
				1.00		2.00	
		Source of Federal Funds					
4.00	Community Health Center (Section 330(d), PHS Act)			0		4.00	
5.00	Migrant Health Center (Section 329(d), PHS Act)			0		5.00	
6.00	Health Services for the Homeless (Section 340(d), PHS Act)			0		6.00	
7.00	Appalachian Regional Commission			0		7.00	
8.00	Look-Alikes			0		8.00	
9.00	OTHER (SPECIFY)			0		9.00	
				1.00		2.00	
10.00	Does this facility operate as other than an RHC or FOHC? Enter "Y" for yes or "N" for no in column 1. If yes, indicate number of other operations in column 2. (Enter in subscripts of line 11 the type of other operation(s) and the operating hours.)			N		0	
		Sunday		Monday		Tuesday	
		from to		from to		from	
		1.00 2.00		3.00 4.00		5.00	
11.00	Facility hours of operations (1) Clinic			08:00 17:00		08:00	
				1.00		2.00	
12.00	Have you received an approval for an exception to the productivity standard?			N		0	
13.00	Is this a consolidated cost report as defined in CMS Pub. 104-04, chapter 9, section 30.8? Enter "Y" for yes or "N" for no in column 1. If yes, enter in column 2 the number of providers included in this report. List the names of all providers and numbers below.					0	
				Provider name		CCN number	
				1.00		2.00	
14.00	Provider name, CCN number			CARLISLE MEDICAL CLINIC		158509	
		Y/N		V		XVIII	
		1.00		2.00		3.00	
				XIX		Total Visits	
				0		0	
15.00	Have you provided all or substantially all GME cost? Enter "Y" for yes or "N" for no in column 1. If yes, enter in columns 2, 3 and 4 the number of program visits performed by Intern & Residents for titles V, XVIII, and XIX, as applicable. Enter in column 5 the number of total visits for this provider. (see instructions)			0		0	
				County			
				4.00			
2.00	City, State, Zip Code, County			SULLIVAN			
		Tuesday		Wednesday		Thursday	
		to		from to		from to	
		6.00		7.00 8.00		9.00 10.00	
11.00	Facility hours of operations (1) Clinic			17:00 08:00		17:00 17:00	

HOSPITAL-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER STATISTICAL DATA	Provider CCN: 151327 Component CCN: 158509	Period: From 01/01/2012 To 12/31/2012	Worksheet S-8 Date/Time Prepared: 5/21/2013 4:54 pm
		Rural Health Clinic (RHC) I	

	Friday		Saturday			
	from	to	from	to		
	11.00	11.00	12.00	13.00		
11.00	Facility hours of operations (1) Clinic		08:00	17:00		11.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA

Provider CCN: 151327

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

Worksheet S-10

Date/Time Prepared:
5/21/2013 4:54 pm

				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)			0.380372	1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid			1,443,107	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?			Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid			188,035	5.00
6.00	Medicaid charges			9,646,806	6.00
7.00	Medicaid cost (line 1 times line 6)			3,669,375	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)			2,038,233	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP			0	9.00
10.00	Stand-alone SCHIP charges			0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)			0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)			0	12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)			0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)			0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)			0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)			0	16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care			0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations			0	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)			2,038,233	19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	138,607	0	138,607	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	52,722	0	52,722	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	52,722	0	52,722	23.00
				1.00	
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?			N	24.00
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit			0	25.00
26.00	Total bad debt expense for the entire hospital complex (see instructions)			4,705,258	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			516,618	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			4,188,640	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			1,593,241	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			1,645,963	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			3,684,196	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151327

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

Worksheet A
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
	1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT		700,453	700,453	63,079	763,532	1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP			1,101,855	-62,089	1,039,766	2.00
4.00 00400 EMPLOYEE BENEFITS	109,372	2,906,705	3,016,077	0	3,016,077	4.00
5.01 00510 IS/ACCOUNTING/MARKETING	464,408	449,631	914,039	-179,425	734,614	5.01
5.02 00511 BUSINESS OFFICE & ADMITTING	546,694	239,848	786,542	0	786,542	5.02
5.03 00560 OTHER ADMINISTRATIVE AND GENERAL	130,408	2,842,045	2,972,453	0	2,972,453	5.03
7.00 00700 OPERATION OF PLANT	360,034	607,013	967,047	9,307	976,354	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	37,535	24,338	61,873	0	61,873	8.00
9.00 00900 HOUSEKEEPING	317,462	41,397	358,859	0	358,859	9.00
10.00 01000 DIETARY	282,922	166,228	449,150	0	449,150	10.00
11.00 01100 CAFETERIA	0	0	0	0	0	11.00
13.00 01300 NURSING ADMINISTRATION	230,873	46,028	276,901	0	276,901	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	160,435	4,207	164,642	0	164,642	14.00
15.00 01500 PHARMACY	304,869	892,247	1,197,116	0	1,197,116	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	289,159	76,570	365,729	0	365,729	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	584,000	584,000	0	584,000	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1,495,907	70,300	1,566,207	392,408	1,958,615	30.00
31.00 03100 INTENSIVE CARE UNIT	417,581	15,722	433,303	0	433,303	31.00
43.00 04300 NURSERY	0	0	0	113,555	113,555	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	615,726	258,821	874,547	-138,166	736,381	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	489,321	65,517	554,838	-505,963	48,875	52.00
53.00 05300 ANESTHESIOLOGY	0	8,553	8,553	0	8,553	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	515,041	378,393	893,434	-3,404	890,030	54.00
54.01 05401 ULTRASOUND	0	201,520	201,520	0	201,520	54.01
56.00 05600 RADIOISOTOPE	0	126,495	126,495	0	126,495	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	577,542	637,226	1,214,768	0	1,214,768	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	134,849	134,849	0	134,849	63.00
64.00 06400 INTRAVENOUS THERAPY	0	15,136	15,136	0	15,136	64.00
65.00 06500 RESPIRATORY THERAPY	405,774	62,373	468,147	-21,158	446,989	65.00
66.00 06600 PHYSICAL THERAPY	533,733	15,228	548,961	0	548,961	66.00
66.01 06601 SPORTS THERAPY	0	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	109,453	2,209	111,662	0	111,662	67.00
68.00 06800 SPEECH PATHOLOGY	59,131	789	59,920	0	59,920	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,590	2,590	0	2,590	70.00
70.01 07001 CARDIOPULMONARY	41,808	1,456	43,264	0	43,264	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	217,504	217,504	189,328	406,832	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	263,764	263,764	0	263,764	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	161,462	42,233	203,695	-18,636	185,059	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100 EMERGENCY	780,044	498,631	1,278,675	0	1,278,675	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	358,478	84,485	442,963	0	442,963	101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00	9,795,172	13,786,359	23,581,531	-161,164	23,420,367	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	582,771	433,925	1,016,696	-6,407	1,010,289	192.00
192.01 19201 CARLSLE CLINIC	0	0	0	0	0	192.01
192.02 19202 HOSPICE	0	0	0	0	0	192.02
194.00 07950 MEALS ON WHEELS	0	0	0	0	0	194.00
194.01 07951 GUEST MEALS	0	0	0	0	0	194.01
194.02 07952 MARKETING	0	0	0	167,571	167,571	194.02
200.00	10,377,943	14,220,284	24,598,227	0	24,598,227	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151327

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

Worksheet A
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	0	763,532	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-2,716	1,037,050	2.00
4.00	00400	EMPLOYEE BENEFITS	-829,284	2,186,793	4.00
5.01	00510	IS/ACCOUNTING/MARKETING	-6,552	728,062	5.01
5.02	00511	BUSINESS OFFICE & ADMIN	0	786,542	5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	-294,541	2,677,912	5.03
7.00	00700	OPERATION OF PLANT	-10,806	965,548	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	61,873	8.00
9.00	00900	HOUSEKEEPING	0	358,859	9.00
10.00	01000	DIETARY	-56,721	392,429	10.00
11.00	01100	CAFETERIA	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	-6,397	270,504	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-2,590	162,052	14.00
15.00	01500	PHARMACY	-6,821	1,190,295	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-377	365,352	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	584,000	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	0	1,958,615	30.00
31.00	03100	INTENSIVE CARE UNIT	0	433,303	31.00
43.00	04300	NURSERY	0	113,555	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-3,517	732,864	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	48,875	52.00
53.00	05300	ANESTHESIOLOGY	0	8,553	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	890,030	54.00
54.01	05401	ULTRASOUND	0	201,520	54.01
56.00	05600	RADIOISOTOPE	0	126,495	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-3,038	1,211,730	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	134,849	63.00
64.00	06400	INTRAVENOUS THERAPY	0	15,136	64.00
65.00	06500	RESPIRATORY THERAPY	0	446,989	65.00
66.00	06600	PHYSICAL THERAPY	0	548,961	66.00
66.01	06601	SPORTS THERAPY	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	111,662	67.00
68.00	06800	SPEECH PATHOLOGY	0	59,920	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	2,590	70.00
70.01	07001	CARDIOPULMONARY	0	43,264	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	-524	406,308	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	263,764	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	185,059	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	0	1,278,675	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	442,963	101.00
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-1,223,884	22,196,483	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,010,289	192.00
192.01	19201	CARLSLE CLINIC	0	0	192.01
192.02	19202	HOSPICE	0	0	192.02
194.00	07950	MEALS ON WHEELS	0	0	194.00
194.01	07951	GUEST MEALS	0	0	194.01
194.02	07952	MARKETING	0	167,571	194.02
200.00		TOTAL (SUM OF LINES 118-199)	-1,223,884	23,374,343	200.00

RECLASSIFICATIONS

Provider CCN: 151327

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

Worksheet A-6

Date/Time Prepared:
5/21/2013 4:54 pm

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
B - FIRE INSURANCE RECLASS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	42,571	1.00
	TOTALS		0	42,571	
C - ADVERTISING RECLASS					
1.00	MARKETING	194.02	58,560	109,011	1.00
	TOTALS		58,560	109,011	
D - DELIVERY ROOM RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	374,177	18,231	1.00
2.00	NURSERY	43.00	102,744	10,811	2.00
	TOTALS		476,921	29,042	
E - DEFAULT					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	20,508	1.00
	TOTALS		0	20,508	
G - OR SUPPLY COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	169,160	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	169,160	
H - MOB EXPENSES RECLASS					
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	11,854	1.00
	TOTALS		0	11,854	
J - OXYGEN RECLASS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	20,168	1.00
	TOTALS		0	20,168	
M - RESPIRATORY THERAPY RENTAL RECLASS					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	990	1.00
	TOTALS		0	990	
N - RHC UTILITIES RECLASS					
1.00	OPERATION OF PLANT	7.00	0	9,307	1.00
	TOTALS		0	9,307	
500.00	Grand Total: Increases		535,481	412,611	500.00

RECLASSIFICATIONS

Provider CCN: 151327

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

Worksheet A-6

Date/Time Prepared:
5/21/2013 4:54 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
B - FIRE INSURANCE RECLASS							
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	42,571	12		1.00
	EQUIP						
	TOTALS		0	42,571			
C - ADVERTISING RECLASS							
1.00	IS/ACCOUNTING/MARKETING	5.01	58,560	109,011	0		1.00
	TOTALS		58,560	109,011			
D - DELIVERY ROOM RECLASS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	476,921	29,042	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		476,921	29,042			
E - DEFAULT							
1.00	NEW CAP REL COSTS-MVBLE	2.00	0	20,508	11		1.00
	EQUIP						
	TOTALS		0	20,508			
G - OR SUPPLY COSTS							
1.00	OPERATING ROOM	50.00	0	138,166	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	3,404	0		2.00
3.00	RURAL HEALTH CLINIC	88.00	0	9,329	0		3.00
4.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	18,261	0		4.00
	TOTALS		0	169,160			
H - MOB EXPENSES RECLASS							
1.00	IS/ACCOUNTING/MARKETING	5.01	0	11,854	0		1.00
	TOTALS		0	11,854			
J - OXYGEN RECLASS							
1.00	RESPIRATORY THERAPY	65.00	0	20,168	0		1.00
	TOTALS		0	20,168			
M - RESPIRATORY THERAPY RENTAL RECLASS							
1.00	RESPIRATORY THERAPY	65.00	0	990	14		1.00
	TOTALS		0	990			
N - RHC UTILITIES RECLASS							
1.00	RURAL HEALTH CLINIC	88.00	0	9,307	0		1.00
	TOTALS		0	9,307			
500.00	Grand Total: Decreases		535,481	412,611			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151327

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

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

	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	1,042,227	0	0	0	1.00
2.00	Land Improvements	453,490	0	0	0	2.00
3.00	Buildings and Fixtures	17,904,932	18,641	0	18,641	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	906,837	4,320	0	4,320	5.00
6.00	Movable Equipment	11,376,171	1,047,967	0	1,047,967	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	31,683,657	1,070,928	0	1,070,928	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	31,683,657	1,070,928	0	1,070,928	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	1,042,227	0			1.00
2.00	Land Improvements	453,490	0			2.00
3.00	Buildings and Fixtures	17,923,573	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	911,157	0			5.00
6.00	Movable Equipment	12,343,614	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	32,674,061	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	32,674,061	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151327

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

Worksheet A-7
Part II
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	700,453	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	1,101,855	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,802,308	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	700,453				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	1,101,855				2.00
3.00	Total (sum of lines 1-2)	0	1,802,308				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151327

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

Worksheet A-7
Part III
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	20,330,447	0	20,330,447	0.622220	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	12,343,614	0	12,343,614	0.377780	0	2.00
3.00	Total (sum of lines 1-2)	32,674,061	0	32,674,061	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	700,453	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	1,101,422	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,801,875	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	20,508	42,571	0	0	763,532	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	-22,791	-42,571	0	990	1,037,050	2.00
3.00	Total (sum of lines 1-2)	-2,283	0	0	990	1,800,582	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center		Line #	Wkst. A-7 Ref.	
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)	B	-1,596	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	11	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0	0		0.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0	0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0	0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-967	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	7.00
8.00 Television and radio service (chapter 21)	A	-4,993	0	OPERATION OF PLANT	7.00	0	8.00
9.00 Parking lot (chapter 21)		0	0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	0	0			0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0	0		0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-24,100	0			0	12.00
13.00 Laundry and linen service		0	0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-55,043	0	DIETARY	10.00	0	14.00
15.00 Rental of quarters to employee and others		0	0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients		0	0		0.00	0	16.00
17.00 Sale of drugs to other than patients	B	-6,821	0	PHARMACY	15.00	0	17.00
18.00 Sale of medical records and abstracts	B	-377	0	MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0	0		0.00	0	19.00
20.00 Vending machines	B	-1,678	0	DIETARY	10.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0	0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0	0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	RESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	PHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	0	*** Cost Center Deleted ***	114.00		25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	0	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	27.00
28.00 Non-physician Anesthetist		0	0	NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant		0	0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	0	SPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0	0		0.00	0	32.00
33.00 LEGAL FEES	A	-4,466	0	OTHER ADMINISTRATIVE AND GENERAL	5.03	0	33.00

Provider CCN: 151327

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

Worksheet A-8

Date/Time Prepared:
 5/21/2013 4:54 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.01 PHYSICIAN RECRUITMENT	A	-166,437	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.01
33.02 FLOWERS & PLANTS	A	-1,634	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.02
33.03 SALES TAX	A	-7,545	OTHER ADMINISTRATIVE AND GENERAL	5.03	9 33.03
33.04 NON-ALLOWABLE 1998 BOND INTEREST EXP	A	-433	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.04
33.05 LOBBYING EXPENSES	A	-1,210	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.05
33.06 SALES OF SUPPLIES	B	-524	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0 33.06
33.07 ATM RENTAL AND COMMISSION	B	-1,566	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.07
33.08 MISC INCOME	B	-528	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.08
33.09 EDUCATION REVENUE	B	-6,397	NURSING ADMINISTRATION	13.00	0 33.09
33.10 DOMESTIC HEALTHCARE CLAIMS	B	-826,149	EMPLOYEE BENEFITS	4.00	0 33.10
33.11 MISC INCOME	B	-3,038	LABORATORY	60.00	0 33.11
33.12 FITNESS CENTER - SUBSIDY WRITE-OFF	A	-103,530	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.12
33.13 SURETY BONDS	B	-1,335	OTHER ADMINISTRATIVE AND GENERAL	5.03	0 33.13
33.14 MISC INCOME	B	-3,517	OPERATING ROOM	50.00	0 33.14
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-1,223,884			50.00

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

Provider CCN: 151327

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

Worksheet A-8-1

Date/Time Prepared: 5/21/2013 4:54 pm

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	2.00	NEW CAP REL COSTS-MVBLE EQUIP	FITNESS CENTER - PROP INSURANCE	0	687 1.00
2.00	4.00	EMPLOYEE BENEFITS	FITNESS CENTER - HR	0	3,135 2.00
3.00	5.01	IS/ACCOUNTING/MARKETING	FITNESS CENTER - FISCAL ACCTG, IS	0	6,552 3.00
4.00	5.03	OTHER ADMINISTRATIVE AND GENERAL	FITNESS CENTER - ADMIN	0	5,323 4.00
4.01	7.00	OPERATION OF PLANT	FITNESS CENTER - MAINT	0	5,813 4.01
4.02	14.00	CENTRAL SERVICES & SUPPLY	FITNESS CENTER - MATERIALS	0	2,590 4.02
5.00	0		MGMT	0	24,100 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	C	0.00	FITNESS CENTER	100.00	6.00
7.00	C	0.00	FITNESS CENTER	100.00	7.00
8.00	C	0.00	FITNESS CENTER	100.00	8.00
9.00	C	0.00	FITNESS CENTER	100.00	9.00
10.00	C	0.00	FITNESS CENTER	100.00	10.00
10.01	C	0.00	FITNESS CENTER	100.00	10.01
10.02	C	0.00	FITNESS CENTER	100.00	10.02
100.00	G. Other (financial or non-financial) specify:				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.

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

Provider CCN: 151327

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2013 4:54 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	-687	11		1.00
2.00	-3,135	0		2.00
3.00	-6,552	0		3.00
4.00	-5,323	0		4.00
4.01	-5,813	0		4.01
4.02	-2,590	0		4.02
5.00	-24,100			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.

Related Organization(s) and/or Home Office	Type of Business	
		6.00
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	FITNESS CENTER		6.00
7.00	FITNESS CENTER		7.00
8.00	FITNESS CENTER		8.00
9.00	FITNESS CENTER		9.00
10.00	FITNESS CENTER		10.00
10.01	FITNESS CENTER		10.01
10.02	FITNESS CENTER		10.02
100.00			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: 151327

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

Worksheet A-8-2

Date/Time Prepared:
5/21/2013 4:54 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	52.00	DELIVERY ROOM & LABOR ROOM	26,000	0	26,000	0	0	1.00
2.00	60.00	LABORATORY	30,765	0	30,765	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			56,765	0	56,765	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	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	1.00
2.00	60.00	LABORATORY	0	0	0	0	0	2.00
3.00	0.00		0	0	0	0	0	3.00
4.00	0.00		0	0	0	0	0	4.00
5.00	0.00		0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	52.00	DELIVERY ROOM & LABOR ROOM	0	0	0	0	1.00
2.00	60.00	LABORATORY	0	0	0	0	2.00
3.00	0.00		0	0	0	0	3.00
4.00	0.00		0	0	0	0	4.00
5.00	0.00		0	0	0	0	5.00
6.00	0.00		0	0	0	0	6.00
7.00	0.00		0	0	0	0	7.00
8.00	0.00		0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	0	0	0	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151327

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	763,532	763,532			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	1,037,050		1,037,050		2.00
4.00 00400	EMPLOYEE BENEFITS	2,186,793	4,352	5,911	2,197,056	4.00
5.01 00510	IS/ACCOUNTING/MARKETING	728,062	19,096	25,937	86,835	5.01
5.02 00511	BUSINESS OFFICE & ADMITTING	786,542	16,096	21,862	116,970	5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	2,677,912	26,392	35,847	27,902	2,768,053
7.00 00700	OPERATION OF PLANT	965,548	84,849	115,245	77,033	1,242,675
8.00 00800	LAUNDRY & LINEN SERVICE	61,873	4,424	6,009	8,031	80,337
9.00 00900	HOUSEKEEPING	358,859	10,328	14,028	67,924	451,139
10.00 01000	DIETARY	392,429	21,624	29,371	60,534	503,958
11.00 01100	CAFETERIA	0	7,344	9,975	0	17,319
13.00 01300	NURSING ADMINISTRATION	270,504	4,512	6,128	49,397	330,541
14.00 01400	CENTRAL SERVICES & SUPPLY	162,052	18,832	25,579	34,327	240,790
15.00 01500	PHARMACY	1,190,295	11,448	15,549	65,229	1,282,521
16.00 01600	MEDICAL RECORDS & LIBRARY	365,352	23,840	32,381	61,868	483,441
19.00 01900	NONPHYSICIAN ANESTHETISTS	584,000	0	0	0	584,000
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,958,615	124,388	168,946	400,125	2,652,074
31.00 03100	INTENSIVE CARE UNIT	433,303	33,257	45,170	89,345	601,075
43.00 04300	NURSERY	113,555	2,664	3,618	21,983	141,820
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	732,864	107,970	146,647	131,740	1,119,221
52.00 05200	DELIVERY ROOM & LABOR ROOM	48,875	3,736	5,074	2,653	60,338
53.00 05300	ANESTHESIOLOGY	8,553	0	0	0	8,553
54.00 05400	RADIOLOGY-DIAGNOSTIC	890,030	45,233	61,436	110,198	1,106,897
54.01 05401	ULTRASOUND	201,520	2,720	3,694	0	207,934
56.00 05600	RADIOISOTOPE	126,495	3,360	4,564	0	134,419
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	1,211,730	24,240	32,924	123,570	1,392,464
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	134,849	1,520	2,065	0	138,434
64.00 06400	INTRAVENOUS THERAPY	15,136	2,696	3,662	0	21,494
65.00 06500	RESPIRATORY THERAPY	446,989	20,064	27,252	86,819	581,124
66.00 06600	PHYSICAL THERAPY	548,961	32,809	44,561	114,197	740,528
66.01 06601	SPORTS THERAPY	0	0	0	0	0
67.00 06700	OCCUPATIONAL THERAPY	111,662	5,208	7,074	23,418	147,362
68.00 06800	SPEECH PATHOLOGY	59,920	2,896	3,933	12,652	79,401
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	2,590	1,768	2,401	0	6,759
70.01 07001	CARDIOPULMONARY	43,264	9,216	12,518	8,945	73,943
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	406,308	0	0	0	406,308
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	263,764	0	0	0	263,764
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	185,059	32,545	44,203	34,546	296,353
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00 09100	EMERGENCY	1,278,675	47,633	64,696	166,897	1,557,901
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
101.00 10100	HOME HEALTH AGENCY	442,963	0	0	76,700	519,663
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,196,483	757,060	1,028,260	2,059,838	22,044,003
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,216	5,726	0	9,942
192.00 19200	PHYSICIANS' PRIVATE OFFICES	1,010,289	0	0	124,689	1,134,978
192.01 19201	CARLSLE CLINIC	0	0	0	0	0
192.02 19202	HOSPICE	0	0	0	0	0
194.00 07950	MEALS ON WHEELS	0	0	0	0	0
194.01 07951	GUEST MEALS	0	0	0	0	0
194.02 07952	MARKETING	167,571	2,256	3,064	12,529	185,420
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	23,374,343	763,532	1,037,050	2,197,056	23,374,343

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151327

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		IS/ACCOUNTING/ MARKETING	Subtotal	BUSINESS OFFICE & ADMINISTRATIVE	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.01	5A.01	5.02	5A.02	5.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	IS/ACCOUNTING/MARKETING	859,930				5.01
5.02	00511	BUSINESS OFFICE & ADMINISTRATION	37,886	979,356	979,356		5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL	111,389	2,879,442	136,175	3,015,617	5.03
7.00	00700	OPERATION OF PLANT	50,006	1,292,681	61,131	1,353,812	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	3,233	83,570	3,952	87,522	8.00
9.00	00900	HOUSEKEEPING	18,154	469,293	22,193	491,486	9.00
10.00	01000	DIETARY	20,280	524,238	24,791	549,029	10.00
11.00	01100	CAFETERIA	697	18,016	852	18,868	11.00
13.00	01300	NURSING ADMINISTRATION	13,301	343,842	16,260	360,102	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,690	250,480	11,845	262,325	14.00
15.00	01500	PHARMACY	51,610	1,334,131	63,091	1,397,222	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,454	502,895	23,782	526,677	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	23,501	607,501	28,729	636,230	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	106,722	2,758,796	130,463	2,889,259	30.00
31.00	03100	INTENSIVE CARE UNIT	24,188	625,263	29,569	654,832	31.00
43.00	04300	NURSERY	5,707	147,527	6,977	154,504	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	45,039	1,164,260	55,058	1,219,318	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,428	62,766	2,968	65,734	52.00
53.00	05300	ANESTHESIOLOGY	344	8,897	421	9,318	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,543	1,151,440	54,452	1,205,892	54.00
54.01	05401	ULTRASOUND	8,367	216,301	10,229	226,530	54.01
56.00	05600	RADIOISOTOPE	5,409	139,828	6,612	146,440	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	56,034	1,448,498	68,499	1,516,997	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	5,571	144,005	6,810	150,815	63.00
64.00	06400	INTRAVENOUS THERAPY	865	22,359	1,057	23,416	64.00
65.00	06500	RESPIRATORY THERAPY	23,385	604,509	28,587	633,096	65.00
66.00	06600	PHYSICAL THERAPY	29,800	770,328	36,429	806,757	66.00
66.01	06601	SPORTS THERAPY	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	5,930	153,292	7,249	160,541	67.00
68.00	06800	SPEECH PATHOLOGY	3,195	82,596	3,906	86,502	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	272	7,031	332	7,363	70.00
70.01	07001	CARDIOPULMONARY	2,976	76,919	3,637	80,556	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	16,350	422,658	19,987	442,645	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	10,614	274,378	12,975	287,353	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	11,926	308,279	14,579	322,858	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
91.00	09100	EMERGENCY	62,691	1,620,592	76,638	1,697,230	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	20,912	540,575	0	540,575	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	852,469	22,036,542	970,235	22,027,421	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	9,942	0	9,942	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,134,978	0	1,134,978	192.00
192.01	19201	CARLISLE CLINIC	0	0	0	0	192.01
192.02	19202	HOSPICE	0	0	0	0	192.02
194.00	07950	MEALS ON WHEELS	0	0	0	0	194.00
194.01	07951	GUEST MEALS	0	0	0	0	194.01
194.02	07952	MARKETING	7,461	192,881	9,121	202,002	194.02
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	859,930	23,374,343	979,356	23,374,343	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151327

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	IS/ACCOUNTING/MARKETING					5.01	
5.02	00511	BUSINESS OFFICE & ADMITTING					5.02	
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03	
7.00	00700	OPERATION OF PLANT	1,554,344				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	11,222	111,708			8.00	
9.00	00900	HOUSEKEEPING	26,199	0	590,486		9.00	
10.00	01000	DIETARY	54,854	488	21,353	707,048	10.00	
11.00	01100	CAFETERIA	18,630	294	7,252	341,501	389,340	11.00
13.00	01300	NURSING ADMINISTRATION	11,446	0	4,455	0	8,115	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	47,772	0	18,596	0	9,630	14.00
15.00	01500	PHARMACY	29,040	0	11,304	0	13,634	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	60,476	0	23,541	0	20,531	16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	315,531	47,178	122,824	190,455	107,500	30.00
31.00	03100	INTENSIVE CARE UNIT	84,361	3,910	32,839	13,524	20,180	31.00
43.00	04300	NURSERY	6,758	3,328	2,631	0	4,734	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	273,885	14,969	106,614	20,828	26,807	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,477	3,225	3,689	0	568	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	114,741	6,591	44,665	0	26,672	54.00
54.01	05401	ULTRASOUND	6,900	0	2,686	0	2,624	54.01
56.00	05600	RADIOISOTOPE	8,523	0	3,318	0	1,001	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	61,490	335	23,936	0	37,005	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	3,856	0	1,501	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	6,839	0	2,662	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	50,897	1,718	19,812	0	19,963	65.00
66.00	06600	PHYSICAL THERAPY	83,225	8,336	32,397	0	24,156	66.00
66.01	06601	SPORTS THERAPY	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	13,211	0	5,143	0	4,301	67.00
68.00	06800	SPEECH PATHOLOGY	7,346	0	2,860	0	2,597	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,485	0	1,746	0	0	70.00
70.01	07001	CARDIOPULMONARY	23,378	0	9,100	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	82,555	0	32,136	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00	09100	EMERGENCY	120,829	21,336	47,035	0	43,768	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,537,926	111,708	584,095	566,308	373,786	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	10,695	0	4,163	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	14,661	192.00
192.01	19201	CARLSLE CLINIC	0	0	0	0	0	192.01
192.02	19202	HOSPICE	0	0	0	0	0	192.02
194.00	07950	MEALS ON WHEELS	0	0	0	124,090	0	194.00
194.01	07951	GUEST MEALS	0	0	0	16,650	0	194.01
194.02	07952	MARKETING	5,723	0	2,228	0	893	194.02
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	1,554,344	111,708	590,486	707,048	389,340	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151327

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	
		13.00	14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	437,458					13.00
14.00	01400	0	377,180				14.00
15.00	01500	0	3,671	1,661,833			15.00
16.00	01600	0	5	0	709,244		16.00
19.00	01900	0	0	0	0	730,471	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	208,633	16,254	0	64,651	0	30.00
31.00	03100	39,846	1,714	0	7,458	0	31.00
43.00	04300	9,353	1,146	0	2,958	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	52,911	29,643	0	63,013	0	50.00
52.00	05200	1,129	1,111	0	2,844	0	52.00
53.00	05300	0	0	0	17,950	730,471	53.00
54.00	05400	0	7,446	0	131,060	0	54.00
54.01	05401	0	0	0	30,139	0	54.01
56.00	05600	0	0	0	5,340	0	56.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	25,595	0	115,669	0	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	10,516	0	63.00
64.00	06400	0	0	0	6,182	0	64.00
65.00	06500	0	9,886	0	18,350	0	65.00
66.00	06600	0	2,007	0	16,569	0	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	23	0	2,711	0	67.00
68.00	06800	0	73	0	1,504	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	402	0	70.00
70.01	07001	0	0	0	2,880	0	70.01
71.00	07100	0	157,310	0	70,236	0	71.00
72.00	07200	0	101,989	0	4,598	0	72.00
73.00	07300	0	0	1,661,833	36,962	0	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	3,607	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	86,358	7,755	0	97,252	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	39,228	884	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		437,458	370,119	1,661,833	709,244	730,471	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	7,061	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	0	0	0	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		437,458	377,180	1,661,833	709,244	730,471	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151327

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT			1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP			2.00
4.00	00400	EMPLOYEE BENEFITS			4.00
5.01	00510	IS/ACCOUNTING/MARKETING			5.01
5.02	00511	BUSINESS OFFICE & ADMINISTRATION			5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL			5.03
7.00	00700	OPERATION OF PLANT			7.00
8.00	00800	LAUNDRY & LINEN SERVICE			8.00
9.00	00900	HOUSEKEEPING			9.00
10.00	01000	DIETARY			10.00
11.00	01100	CAFETERIA			11.00
13.00	01300	NURSING ADMINISTRATION			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY			14.00
15.00	01500	PHARMACY			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS			19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	4,390,255	0	4,390,255
31.00	03100	INTENSIVE CARE UNIT	955,660	0	955,660
43.00	04300	NURSERY	208,298	0	208,298
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	1,988,598	0	1,988,598
52.00	05200	DELIVERY ROOM & LABOR ROOM	97,514	0	97,514
53.00	05300	ANESTHESIOLOGY	759,119	0	759,119
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,715,689	0	1,715,689
54.01	05401	ULTRASOUND	302,434	0	302,434
56.00	05600	RADIOISOTOPE	186,313	0	186,313
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0
60.00	06000	LABORATORY	2,005,731	0	2,005,731
60.01	06001	BLOOD LABORATORY	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	189,027	0	189,027
64.00	06400	INTRAVENOUS THERAPY	42,567	0	42,567
65.00	06500	RESPIRATORY THERAPY	847,499	0	847,499
66.00	06600	PHYSICAL THERAPY	1,092,947	0	1,092,947
66.01	06601	SPORTS THERAPY	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	209,710	0	209,710
68.00	06800	SPEECH PATHOLOGY	113,695	0	113,695
69.00	06900	ELECTROCARDIOLOGY	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	15,087	0	15,087
70.01	07001	CARDIOPULMONARY	127,846	0	127,846
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	735,757	0	735,757
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	436,504	0	436,504
73.00	07300	DRUGS CHARGED TO PATIENTS	1,698,795	0	1,698,795
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	488,979	0	488,979
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0
91.00	09100	EMERGENCY	2,372,963	0	2,372,963
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	0
101.00	10100	HOME HEALTH AGENCY	660,759	0	660,759
SPECIAL PURPOSE COST CENTERS					
116.00	11600	HOSPICE	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	21,641,746	0	21,641,746
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	26,273	0	26,273
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,324,817	0	1,324,817
192.01	19201	CARLSLE CLINIC	0	0	0
192.02	19202	HOSPICE	0	0	0
194.00	07950	MEALS ON WHEELS	124,090	0	124,090
194.01	07951	GUEST MEALS	16,650	0	16,650
194.02	07952	MARKETING	240,767	0	240,767
200.00		Cross Foot Adjustments	0	0	0
201.00		Negative Cost Centers	0	0	0
202.00		TOTAL (sum lines 118-201)	23,374,343	0	23,374,343

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151327

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	4,352	5,911	10,263	10,263 4.00
5.01 00510	IS/ACCOUNTING/MARKETING	0	19,096	25,937	45,033	405 5.01
5.02 00511	BUSINESS OFFICE & ADMITTING	0	16,096	21,862	37,958	546 5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	0	26,392	35,847	62,239	130 5.03
7.00 00700	OPERATION OF PLANT	0	84,849	115,245	200,094	360 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	4,424	6,009	10,433	37 8.00
9.00 00900	HOUSEKEEPING	0	10,328	14,028	24,356	317 9.00
10.00 01000	DIETARY	0	21,624	29,371	50,995	283 10.00
11.00 01100	CAFETERIA	0	7,344	9,975	17,319	0 11.00
13.00 01300	NURSING ADMINISTRATION	0	4,512	6,128	10,640	231 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	18,832	25,579	44,411	160 14.00
15.00 01500	PHARMACY	0	11,448	15,549	26,997	305 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	23,840	32,381	56,221	289 16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	124,388	168,946	293,334	1,874 30.00
31.00 03100	INTENSIVE CARE UNIT	0	33,257	45,170	78,427	417 31.00
43.00 04300	NURSERY	0	2,664	3,618	6,282	103 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	107,970	146,647	254,617	615 50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	3,736	5,074	8,810	12 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	45,233	61,436	106,669	515 54.00
54.01 05401	ULTRASOUND	0	2,720	3,694	6,414	0 54.01
56.00 05600	RADIOISOTOPE	0	3,360	4,564	7,924	0 56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	24,240	32,924	57,164	577 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	1,520	2,065	3,585	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	2,696	3,662	6,358	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	20,064	27,252	47,316	405 65.00
66.00 06600	PHYSICAL THERAPY	0	32,809	44,561	77,370	533 66.00
66.01 06601	SPORTS THERAPY	0	0	0	0	0 66.01
67.00 06700	OCCUPATIONAL THERAPY	0	5,208	7,074	12,282	109 67.00
68.00 06800	SPEECH PATHOLOGY	0	2,896	3,933	6,829	59 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	1,768	2,401	4,169	0 70.00
70.01 07001	CARDIOPULMONARY	0	9,216	12,518	21,734	42 70.01
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
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	32,545	44,203	76,748	161 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
91.00 09100	EMERGENCY	0	47,633	64,696	112,329	779 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0 99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	358 101.00
SPECIAL PURPOSE COST CENTERS						
116.00 11600	HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	757,060	1,028,260	1,785,320	9,622 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,216	5,726	9,942	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	582 192.00
192.01 19201	CARLSLE CLINIC	0	0	0	0	0 192.01
192.02 19202	HOSPICE	0	0	0	0	0 192.02
194.00 07950	MEALS ON WHEELS	0	0	0	0	0 194.00
194.01 07951	GUEST MEALS	0	0	0	0	0 194.01
194.02 07952	MARKETING	0	2,256	3,064	5,320	59 194.02
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)	0	763,532	1,037,050	1,800,582	10,263 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151327

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		IS/ACCOUNTING/ MARKETING	BUSINESS OFFICE & ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.01	5.02	5.03	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510	45,438					5.01
5.02	00511	2,002	40,506				5.02
5.03	00560	5,892	5,630	73,891			5.03
7.00	00700	2,642	2,528	4,913	210,537		7.00
8.00	00800	171	163	318	1,520	12,642	8.00
9.00	00900	959	918	1,784	3,549	0	9.00
10.00	01000	1,071	1,025	1,992	7,430	55	10.00
11.00	01100	37	35	68	2,523	33	11.00
13.00	01300	703	673	1,307	1,550	0	13.00
14.00	01400	512	490	952	6,471	0	14.00
15.00	01500	2,727	2,610	5,071	3,934	0	15.00
16.00	01600	1,028	984	1,911	8,191	0	16.00
19.00	01900	1,242	1,188	2,309	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,638	5,396	10,493	42,739	5,340	30.00
31.00	03100	1,278	1,223	2,376	11,427	442	31.00
43.00	04300	302	289	561	915	377	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,379	2,277	4,425	37,098	1,694	50.00
52.00	05200	128	123	239	1,284	365	52.00
53.00	05300	18	17	34	0	0	53.00
54.00	05400	2,353	2,252	4,376	15,542	746	54.00
54.01	05401	442	423	822	935	0	54.01
56.00	05600	286	274	531	1,155	0	56.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,960	2,833	5,505	8,329	38	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	294	282	547	522	0	63.00
64.00	06400	46	44	85	926	0	64.00
65.00	06500	1,235	1,182	2,298	6,894	194	65.00
66.00	06600	1,574	1,507	2,928	11,273	943	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	313	300	583	1,789	0	67.00
68.00	06800	169	162	314	995	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	14	14	27	607	0	70.00
70.01	07001	157	150	292	3,167	0	70.01
71.00	07100	864	827	1,606	0	0	71.00
72.00	07200	561	537	1,043	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	630	603	1,172	11,182	0	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	3,312	3,170	6,159	16,366	2,415	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	1,105	0	1,962	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		45,044	40,129	69,003	208,313	12,642	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	36	1,449	0	190.00
192.00	19200	0	0	4,119	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	394	377	733	775	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		45,438	40,506	73,891	210,537	12,642	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151327		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/21/2013 4:54 pm	
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		9.00	10.00	11.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00560						5.03
7.00	00700						7.00
8.00	00800						8.00
9.00	00900	31,883					9.00
10.00	01000	1,153	64,004				10.00
11.00	01100	392	30,914	51,321			11.00
13.00	01300	241	0	1,070	16,415		13.00
14.00	01400	1,004	0	1,269	0	55,269	14.00
15.00	01500	610	0	1,797	0	538	15.00
16.00	01600	1,271	0	2,706	0	1	16.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	6,632	17,241	14,170	7,830	2,382	30.00
31.00	03100	1,773	1,224	2,660	1,495	251	31.00
43.00	04300	142	0	624	351	168	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,757	1,885	3,534	1,985	4,344	50.00
52.00	05200	199	0	75	42	163	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	2,412	0	3,516	0	1,091	54.00
54.01	05401	145	0	346	0	0	54.01
56.00	05600	179	0	132	0	0	56.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	1,292	0	4,878	0	3,750	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	81	0	0	0	0	63.00
64.00	06400	144	0	0	0	0	64.00
65.00	06500	1,070	0	2,631	0	1,449	65.00
66.00	06600	1,749	0	3,184	0	294	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	278	0	567	0	3	67.00
68.00	06800	154	0	342	0	11	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	94	0	0	0	0	70.00
70.01	07001	491	0	0	0	0	70.01
71.00	07100	0	0	0	0	23,049	71.00
72.00	07200	0	0	0	0	14,945	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	1,735	0	0	0	529	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	2,540	0	5,769	3,240	1,136	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	1,472	130	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		31,538	51,264	49,270	16,415	54,234	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	225	0	0	0	0	190.00
192.00	19200	0	0	1,933	0	1,035	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	11,233	0	0	0	194.00
194.01	07951	0	1,507	0	0	0	194.01
194.02	07952	120	0	118	0	0	194.02
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		31,883	64,004	51,321	16,415	55,269	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151327		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/21/2013 4:54 pm	
Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	
		15.00	16.00	19.00	24.00	25.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	IS/ACCOUNTING/MARKETING					5.01
5.02	00511	BUSINESS OFFICE & ADMINISTRATION					5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY	44,589				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	72,602			16.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	4,739		19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	6,618		419,687	0 30.00
31.00	03100	INTENSIVE CARE UNIT	0	763		103,756	0 31.00
43.00	04300	NURSERY	0	303		10,417	0 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	6,450		327,060	0 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	291		11,731	0 52.00
53.00	05300	ANESTHESIOLOGY	0	1,837		1,906	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	13,419		152,891	0 54.00
54.01	05401	ULTRASOUND	0	3,085		12,612	0 54.01
56.00	05600	RADIOISOTOPE	0	547		11,028	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0		0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0		0	0 59.00
60.00	06000	LABORATORY	0	11,840		99,166	0 60.00
60.01	06001	BLOOD LABORATORY	0	0		0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	1,076		6,387	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	633		8,236	0 64.00
65.00	06500	RESPIRATORY THERAPY	0	1,878		66,552	0 65.00
66.00	06600	PHYSICAL THERAPY	0	1,696		103,051	0 66.00
66.01	06601	SPORTS THERAPY	0	0		0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0	277		16,501	0 67.00
68.00	06800	SPEECH PATHOLOGY	0	154		9,189	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0	0		0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	41		4,966	0 70.00
70.01	07001	CARDIOPULMONARY	0	295		26,328	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,189		33,535	0 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	471		17,557	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,589	3,784		48,373	0 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0		0	0 75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0		92,760	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0		0	0 89.00
91.00	09100	EMERGENCY	0	9,955		167,170	0 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0		0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0		0	0 99.10
101.00	10100	HOME HEALTH AGENCY	0	0		5,027	0 101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0		0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	44,589	72,602	0	1,755,886	0 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0		11,652	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0		7,669	0 192.00
192.01	19201	CARLSLE CLINIC	0	0		0	0 192.01
192.02	19202	HOSPICE	0	0		0	0 192.02
194.00	07950	MEALS ON WHEELS	0	0		11,233	0 194.00
194.01	07951	GUEST MEALS	0	0		1,507	0 194.01
194.02	07952	MARKETING	0	0		7,896	0 194.02
200.00		Cross Foot Adjustments			4,739	4,739	0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	44,589	72,602	4,739	1,800,582	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/21/2013 4:54 pm
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Cost Center Description		Total	
		26.00	
GENERAL SERVICE COST CENTERS			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.01	00510 IS/ACCOUNTING/MARKETING		5.01
5.02	00511 BUSINESS OFFICE & ADMINISTRATION		5.02
5.03	00560 OTHER ADMINISTRATIVE AND GENERAL		5.03
7.00	00700 OPERATION OF PLANT		7.00
8.00	00800 LAUNDRY & LINEN SERVICE		8.00
9.00	00900 HOUSEKEEPING		9.00
10.00	01000 DIETARY		10.00
11.00	01100 CAFETERIA		11.00
13.00	01300 NURSING ADMINISTRATION		13.00
14.00	01400 CENTRAL SERVICES & SUPPLY		14.00
15.00	01500 PHARMACY		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY		16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS		19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS	419,687	30.00
31.00	03100 INTENSIVE CARE UNIT	103,756	31.00
43.00	04300 NURSERY	10,417	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	327,060	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,731	52.00
53.00	05300 ANESTHESIOLOGY	1,906	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	152,891	54.00
54.01	05401 ULTRASOUND	12,612	54.01
56.00	05600 RADIOISOTOPE	11,028	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	99,166	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,387	63.00
64.00	06400 INTRAVENOUS THERAPY	8,236	64.00
65.00	06500 RESPIRATORY THERAPY	66,552	65.00
66.00	06600 PHYSICAL THERAPY	103,051	66.00
66.01	06601 SPORTS THERAPY	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	16,501	67.00
68.00	06800 SPEECH PATHOLOGY	9,189	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,966	70.00
70.01	07001 CARDIOPULMONARY	26,328	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,535	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,557	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	48,373	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	92,760	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
91.00	09100 EMERGENCY	167,170	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	5,027	101.00
SPECIAL PURPOSE COST CENTERS			
116.00	11600 HOSPICE	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,755,886	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,652	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	7,669	192.00
192.01	19201 CARLSLE CLINIC	0	192.01
192.02	19202 HOSPICE	0	192.02
194.00	07950 MEALS ON WHEELS	11,233	194.00
194.01	07951 GUEST MEALS	1,507	194.01
194.02	07952 MARKETING	7,896	194.02
200.00	Cross Foot Adjustments	4,739	200.00
201.00	Negative Cost Centers	0	201.00
202.00	TOTAL (sum lines 118-201)	1,800,582	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	IS/ACCOUNTING/MARKETING (ACCU. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	95,440					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		95,440				2.00
4.00 00400	EMPLOYEE BENEFITS	544	544	10,268,571			4.00
5.01 00510	IS/ACCOUNTING/MARKETING	2,387	2,387	405,848	-859,930	21,369,493	5.01
5.02 00511	BUSINESS OFFICE & ADMIN	2,012	2,012	546,694	0	941,470	5.02
5.03 00560	OTHER ADMINISTRATIVE AND GENERAL	3,299	3,299	130,408	0	2,768,053	5.03
7.00 00700	OPERATION OF PLANT	10,606	10,606	360,034	0	1,242,675	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	553	553	37,535	0	80,337	8.00
9.00 00900	HOUSEKEEPING	1,291	1,291	317,462	0	451,139	9.00
10.00 01000	DIETARY	2,703	2,703	282,922	0	503,958	10.00
11.00 01100	CAFETERIA	918	918	0	0	17,319	11.00
13.00 01300	NURSING ADMINISTRATION	564	564	230,873	0	330,541	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,354	2,354	160,435	0	240,790	14.00
15.00 01500	PHARMACY	1,431	1,431	304,869	0	1,282,521	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,980	2,980	289,159	0	483,441	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	584,000	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	15,548	15,548	1,870,084	0	2,652,074	30.00
31.00 03100	INTENSIVE CARE UNIT	4,157	4,157	417,581	0	601,075	31.00
43.00 04300	NURSERY	333	333	102,744	0	141,820	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	13,496	13,496	615,726	0	1,119,221	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	467	467	12,400	0	60,338	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	8,553	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	5,654	5,654	515,041	0	1,106,897	54.00
54.01 05401	ULTRASOUND	340	340	0	0	207,934	54.01
56.00 05600	RADIOISOTOPE	420	420	0	0	134,419	56.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	3,030	3,030	577,542	0	1,392,464	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	190	190	0	0	138,434	63.00
64.00 06400	INTRAVENOUS THERAPY	337	337	0	0	21,494	64.00
65.00 06500	RESPIRATORY THERAPY	2,508	2,508	405,774	0	581,124	65.00
66.00 06600	PHYSICAL THERAPY	4,101	4,101	533,733	0	740,528	66.00
66.01 06601	SPORTS THERAPY	0	0	0	0	0	66.01
67.00 06700	OCCUPATIONAL THERAPY	651	651	109,453	0	147,362	67.00
68.00 06800	SPEECH PATHOLOGY	362	362	59,131	0	79,401	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	221	221	0	0	6,759	70.00
70.01 07001	CARDIOPULMONARY	1,152	1,152	41,808	0	73,943	70.01
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	406,308	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	263,764	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	4,068	4,068	161,462	0	296,353	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
91.00 09100	EMERGENCY	5,954	5,954	780,044	0	1,557,901	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10 09910	CORF	0	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	358,478	0	519,663	101.00
SPECIAL PURPOSE COST CENTERS							
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	94,631	94,631	9,627,240	-859,930	21,184,073	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	527	527	0	-9,942	0	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	582,771	-1,134,978	0	192.00
192.01 19201	CARLSLE CLINIC	0	0	0	0	0	192.01
192.02 19202	HOSPICE	0	0	0	0	0	192.02
194.00 07950	MEALS ON WHEELS	0	0	0	0	0	194.00
194.01 07951	GUEST MEALS	0	0	0	0	0	194.01
194.02 07952	MARKETING	282	282	58,560	0	185,420	194.02
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	763,532	1,037,050	2,197,056		859,930	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.000126	10.865989	0.213959		0.040241	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	IS/ACCOUNTING/MARKETING (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00	4.00				
204.00	Cost to be allocated (per Wkst. B, Part II)			10,263	5A.01	45,438	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000999		0.002126	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	BUSINESS OFFICE & ADMINISTRATION (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511	-979,356	20,709,492				5.02
5.03	00560	0	2,879,442	-3,015,617	20,358,726		5.03
7.00	00700	0	1,292,681	0	1,353,812	76,592	7.00
8.00	00800	0	83,570	0	87,522	553	8.00
9.00	00900	0	469,293	0	491,486	1,291	9.00
10.00	01000	0	524,238	0	549,029	2,703	10.00
11.00	01100	0	18,016	0	18,868	918	11.00
13.00	01300	0	343,842	0	360,102	564	13.00
14.00	01400	0	250,480	0	262,325	2,354	14.00
15.00	01500	0	1,334,131	0	1,397,222	1,431	15.00
16.00	01600	0	502,895	0	526,677	2,980	16.00
19.00	01900	0	607,501	0	636,230	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	0	2,758,796	0	2,889,259	15,548	30.00
31.00	03100	0	625,263	0	654,832	4,157	31.00
43.00	04300	0	147,527	0	154,504	333	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	1,164,260	0	1,219,318	13,496	50.00
52.00	05200	0	62,766	0	65,734	467	52.00
53.00	05300	0	8,897	0	9,318	0	53.00
54.00	05400	0	1,151,440	0	1,205,892	5,654	54.00
54.01	05401	0	216,301	0	226,530	340	54.01
56.00	05600	0	139,828	0	146,440	420	56.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	1,448,498	0	1,516,997	3,030	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	144,005	0	150,815	190	63.00
64.00	06400	0	22,359	0	23,416	337	64.00
65.00	06500	0	604,509	0	633,096	2,508	65.00
66.00	06600	0	770,328	0	806,757	4,101	66.00
66.01	06601	0	0	0	0	0	66.01
67.00	06700	0	153,292	0	160,541	651	67.00
68.00	06800	0	82,596	0	86,502	362	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	7,031	0	7,363	221	70.00
70.01	07001	0	76,919	0	80,556	1,152	70.01
71.00	07100	0	422,658	0	442,645	0	71.00
72.00	07200	0	274,378	0	287,353	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	308,279	0	322,858	4,068	88.00
89.00	08900	0	0	0	0	0	89.00
91.00	09100	0	1,620,592	0	1,697,230	5,954	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
101.00	10100	-540,575	0	0	540,575	0	101.00
SPECIAL PURPOSE COST CENTERS							
116.00	11600	0	0	0	0	0	116.00
118.00		-1,519,931	20,516,611	-3,015,617	19,011,804	75,783	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	-9,942	0	0	9,942	527	190.00
192.00	19200	-1,134,978	0	0	1,134,978	0	192.00
192.01	19201	0	0	0	0	0	192.01
192.02	19202	0	0	0	0	0	192.02
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	0	192,881	0	202,002	282	194.02
200.00							200.00
201.00							201.00
202.00			979,356		3,015,617	1,554,344	202.00
203.00			0.047290		0.148124	20.293817	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		Reconciliation	BUSINESS OFFICE & ADMITTING (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	
		5A.02	5.02	5A.03	5.03	7.00	
204.00	Cost to be allocated (per Wkst. B, Part II)		40,506		73,891	210,537	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)		0.001956		0.003629	2.748812	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	IS/ACCOUNTING/MARKETING					5.01
5.02	00511	BUSINESS OFFICE & ADMINISTRATION					5.02
5.03	00560	OTHER ADMINISTRATIVE AND GENERAL					5.03
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	125,116				8.00
9.00	00900	HOUSEKEEPING	0	74,748			9.00
10.00	01000	DIETARY	547	2,703	45,013		10.00
11.00	01100	CAFETERIA	329	918	21,741	14,393	11.00
13.00	01300	NURSING ADMINISTRATION	0	564	0	300	170,433
14.00	01400	CENTRAL SERVICES & SUPPLY	0	2,354	0	356	0
15.00	01500	PHARMACY	0	1,431	0	504	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	2,980	0	759	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	52,841	15,548	12,125	3,974	81,283
31.00	03100	INTENSIVE CARE UNIT	4,379	4,157	861	746	15,524
43.00	04300	NURSERY	3,728	333	0	175	3,644
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	16,766	13,496	1,326	991	20,614
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,612	467	0	21	440
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,382	5,654	0	986	0
54.01	05401	ULTRASOUND	0	340	0	97	0
56.00	05600	RADIOLOGY-SOFT TISSUE	0	420	0	37	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	375	3,030	0	1,368	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0	190	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	337	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,924	2,508	0	738	0
66.00	06600	PHYSICAL THERAPY	9,336	4,101	0	893	0
66.01	06601	SPORTS THERAPY	0	0	0	0	0
67.00	06700	OCCUPATIONAL THERAPY	0	651	0	159	0
68.00	06800	SPEECH PATHOLOGY	0	362	0	96	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	221	0	0	0
70.01	07001	CARDIOPULMONARY	0	1,152	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	4,068	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
91.00	09100	EMERGENCY	23,897	5,954	0	1,618	33,645
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	15,283
SPECIAL PURPOSE COST CENTERS							
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	125,116	73,939	36,053	13,818	170,433
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	527	0	0	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	542	0
192.01	19201	CARLISLE CLINIC	0	0	0	0	0
192.02	19202	HOSPICE	0	0	0	0	0
194.00	07950	MEALS ON WHEELS	0	0	7,900	0	0
194.01	07951	GUEST MEALS	0	0	1,060	0	0
194.02	07952	MARKETING	0	282	0	33	0
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers					201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	111,708	590,486	707,048	389,340	437,458
203.00		Unit cost multiplier (Wkst. B, Part I)	0.892835	7.899690	15.707640	27.050650	2.566745

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	
		8.00	9.00	10.00	11.00	13.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	12,642	31,883	64,004	51,321	16,415	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.101042	0.426540	1.421900	3.565692	0.096314	205.00

COST ALLOCATION - STATISTICAL BASIS

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Period:
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To 12/31/2012

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		14.00	15.00	16.00	19.00	
GENERAL SERVICE COST CENTERS						
1.00	00100					1.00
2.00	00200					2.00
4.00	00400					4.00
5.01	00510					5.01
5.02	00511					5.02
5.03	00560					5.03
7.00	00700					7.00
8.00	00800					8.00
9.00	00900					9.00
10.00	01000					10.00
11.00	01100					11.00
13.00	01300					13.00
14.00	01400	975,465				14.00
15.00	01500	9,493	100			15.00
16.00	01600	13	0	56,016,683		16.00
19.00	01900	0	0	0	100	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	42,037	0	5,106,308		30.00
31.00	03100	4,434	0	589,015		31.00
43.00	04300	2,965	0	233,600		43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	76,662	0	4,976,973	0	50.00
52.00	05200	2,873	0	224,634	0	52.00
53.00	05300	0	0	1,417,730	100	53.00
54.00	05400	19,258	0	10,350,220	0	54.00
54.01	05401	0	0	2,380,481	0	54.01
56.00	05600	0	0	421,790	0	56.00
58.00	05800	0	0	0	0	58.00
59.00	05900	0	0	0	0	59.00
60.00	06000	66,193	0	9,135,879	0	60.00
60.01	06001	0	0	0	0	60.01
63.00	06300	0	0	830,620	0	63.00
64.00	06400	0	0	488,234	0	64.00
65.00	06500	25,568	0	1,449,318	0	65.00
66.00	06600	5,191	0	1,308,640	0	66.00
66.01	06601	0	0	0	0	66.01
67.00	06700	60	0	214,102	0	67.00
68.00	06800	189	0	118,829	0	68.00
69.00	06900	0	0	0	0	69.00
70.00	07000	0	0	31,716	0	70.00
70.01	07001	0	0	227,446	0	70.01
71.00	07100	406,832	0	5,547,391	0	71.00
72.00	07200	263,764	0	363,140	0	72.00
73.00	07300	0	100	2,919,377	0	73.00
75.00	07500	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	9,329	0	0	0	88.00
89.00	08900	0	0	0	0	89.00
91.00	09100	20,057	0	7,681,240	0	91.00
92.00	09200					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	0	0	0	0	99.10
101.00	10100	2,286	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
116.00	11600	0	0	0	0	116.00
118.00		957,204	100	56,016,683	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	0	0	0	0	190.00
192.00	19200	18,261	0	0	0	192.00
192.01	19201	0	0	0	0	192.01
192.02	19202	0	0	0	0	192.02
194.00	07950	0	0	0	0	194.00
194.01	07951	0	0	0	0	194.01
194.02	07952	0	0	0	0	194.02
200.00						200.00
201.00						201.00
202.00		377,180	1,661,833	709,244	730,471	202.00
203.00		0.386667	16,618.330000	0.012661	7,304.710000	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151327

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

Worksheet B-1

Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)		
		14.00	15.00	16.00	19.00		
204.00	Cost to be allocated (per Wkst. B, Part II)	55,269	44,589	72,602	4,739		204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.056659	445.890000	0.001296	47.390000		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151327

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

			Title XVIII		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	4,390,255		4,390,255	0	0	3,101,575	30.00
31.00	03100	INTENSIVE CARE UNIT	955,660		955,660	0	0	589,015	31.00
43.00	04300	NURSERY	208,298		208,298	0	0	233,600	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,988,598		1,988,598	0	0	1,102,729	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	97,514		97,514	0	0	177,076	52.00
53.00	05300	ANESTHESIOLOGY	759,119		759,119	0	0	776,070	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,715,689		1,715,689	0	0	481,199	54.00
54.01	05401	ULTRASOUND	302,434		302,434	0	0	368,056	54.01
56.00	05600	RADIOISOTOPE	186,313		186,313	0	0	36,959	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	2,005,731		2,005,731	0	0	1,094,667	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	189,027		189,027	0	0	325,609	63.00
64.00	06400	INTRAVENOUS THERAPY	42,567		42,567	0	0	222,894	64.00
65.00	06500	RESPIRATORY THERAPY	847,499	0	847,499	0	0	619,525	65.00
66.00	06600	PHYSICAL THERAPY	1,092,947	0	1,092,947	0	0	66,593	66.00
66.01	06601	SPORTS THERAPY	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	209,710	0	209,710	0	0	18,158	67.00
68.00	06800	SPEECH PATHOLOGY	113,695	0	113,695	0	0	12,301	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,087		15,087	0	0	881	70.00
70.01	07001	CARDIOPULMONARY	127,846		127,846	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	735,757		735,757	0	0	2,321,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	436,504		436,504	0	0	81,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,698,795		1,698,795	0	0	1,009,387	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	488,979		488,979	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
91.00	09100	EMERGENCY	2,372,963		2,372,963	0	0	170,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,536,613		1,536,613	0	0	79,080	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	0	99.10
101.00	10100	HOME HEALTH AGENCY	660,759		660,759		0	0	101.00
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0		0		0	0	116.00
200.00		Subtotal (see instructions)	23,178,359	0	23,178,359	0	0	12,888,997	200.00
201.00		Less Observation Beds	1,536,613		1,536,613		0		201.00
202.00		Total (see instructions)	21,641,746	0	21,641,746	0	0	12,888,997	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151327

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital Cost	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		3,101,575				30.00
31.00	03100	INTENSIVE CARE UNIT		589,015				31.00
43.00	04300	NURSERY		233,600				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,874,244	4,976,973	0.399560	0.000000	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,558	224,634	0.434102	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	641,660	1,417,730	0.535447	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,869,021	10,350,220	0.165764	0.000000	0.000000	54.00
54.01	05401	ULTRASOUND	2,012,425	2,380,481	0.127047	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	384,831	421,790	0.441720	0.000000	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	8,140,407	9,235,074	0.217186	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.	505,011	830,620	0.227573	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	265,340	488,234	0.087186	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,006,831	1,626,356	0.521103	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,242,047	1,308,640	0.835178	0.000000	0.000000	66.00
66.01	06601	SPORTS THERAPY	0	0	0.000000	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	195,944	214,102	0.979486	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	106,528	118,829	0.956795	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,835	31,716	0.475691	0.000000	0.000000	70.00
70.01	07001	CARDIOPULMONARY	261,763	261,763	0.488404	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,225,523	5,547,391	0.132631	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	281,412	363,140	1.202027	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,909,990	2,919,377	0.581903	0.000000	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	246,351	246,351				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0				89.00
91.00	09100	EMERGENCY	7,299,858	7,469,885	0.317671	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,925,653	2,004,733	0.766493	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	534,002	534,002				101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	44,007,234	56,896,231				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	44,007,234	56,896,231				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151327

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Dissallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	4,390,255		4,390,255	0	0	3,101,575	30.00
31.00	03100	INTENSIVE CARE UNIT	955,660		955,660	0	0	589,015	31.00
43.00	04300	NURSERY	208,298		208,298	0	0	233,600	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	1,988,598		1,988,598	0	0	1,102,729	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	97,514		97,514	0	0	177,076	52.00
53.00	05300	ANESTHESIOLOGY	759,119		759,119	0	0	776,070	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,715,689		1,715,689	0	0	481,199	54.00
54.01	05401	ULTRASOUND	302,434		302,434	0	0	368,056	54.01
56.00	05600	RADIOISOTOPE	186,313		186,313	0	0	36,959	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	2,005,731		2,005,731	0	0	1,094,667	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	189,027		189,027	0	0	325,609	63.00
64.00	06400	INTRAVENOUS THERAPY	42,567		42,567	0	0	222,894	64.00
65.00	06500	RESPIRATORY THERAPY	847,499	0	847,499	0	0	619,525	65.00
66.00	06600	PHYSICAL THERAPY	1,092,947	0	1,092,947	0	0	66,593	66.00
66.01	06601	SPORTS THERAPY	0	0	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	209,710	0	209,710	0	0	18,158	67.00
68.00	06800	SPEECH PATHOLOGY	113,695	0	113,695	0	0	12,301	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	15,087		15,087	0	0	881	70.00
70.01	07001	CARDIOPULMONARY	127,846		127,846	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	735,757		735,757	0	0	2,321,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	436,504		436,504	0	0	81,728	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,698,795		1,698,795	0	0	1,009,387	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	488,979		488,979	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
91.00	09100	EMERGENCY	2,372,963		2,372,963	0	0	170,027	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,536,613		1,536,613	0	0	79,080	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	0	99.10
101.00	10100	HOME HEALTH AGENCY	660,759		660,759		0	0	101.00
SPECIAL PURPOSE COST CENTERS									
116.00	11600	HOSPICE	0		0		0	0	116.00
200.00		Subtotal (see instructions)	23,178,359	0	23,178,359	0	0	12,888,997	200.00
201.00		Less Observation Beds	1,536,613		1,536,613		0		201.00
202.00		Total (see instructions)	21,641,746	0	21,641,746	0	0	12,888,997	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151327

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Hospital Cost	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		3,101,575				30.00
31.00	03100	INTENSIVE CARE UNIT		589,015				31.00
43.00	04300	NURSERY		233,600				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,874,244	4,976,973	0.399560	0.000000	0.000000	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	47,558	224,634	0.434102	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	641,660	1,417,730	0.535447	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,869,021	10,350,220	0.165764	0.000000	0.000000	54.00
54.01	05401	ULTRASOUND	2,012,425	2,380,481	0.127047	0.000000	0.000000	54.01
56.00	05600	RADIOISOTOPE	384,831	421,790	0.441720	0.000000	0.000000	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	8,140,407	9,235,074	0.217186	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.	505,011	830,620	0.227573	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	265,340	488,234	0.087186	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,006,831	1,626,356	0.521103	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,242,047	1,308,640	0.835178	0.000000	0.000000	66.00
66.01	06601	SPORTS THERAPY	0	0	0.000000	0.000000	0.000000	66.01
67.00	06700	OCCUPATIONAL THERAPY	195,944	214,102	0.979486	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	106,528	118,829	0.956795	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	30,835	31,716	0.475691	0.000000	0.000000	70.00
70.01	07001	CARDIOPULMONARY	261,763	261,763	0.488404	0.000000	0.000000	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,225,523	5,547,391	0.132631	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	281,412	363,140	1.202027	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,909,990	2,919,377	0.581903	0.000000	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	246,351	246,351	1.984887	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	7,299,858	7,469,885	0.317671	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,925,653	2,004,733	0.766493	0.000000	0.000000	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	534,002	534,002				101.00
SPECIAL PURPOSE COST CENTERS								
116.00	11600	HOSPICE	0	0				116.00
200.00		Subtotal (see instructions)	44,007,234	56,896,231				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	44,007,234	56,896,231				202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 151327

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

Worksheet D
Part II
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	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	327,060	4,976,973	0.065715	484,454	31,836	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	11,731	224,634	0.052223	1,214	63	52.00
53.00	05300 ANESTHESIOLOGY	1,906	1,417,730	0.001344	194,811	262	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	152,891	10,350,220	0.014772	358,957	5,303	54.00
54.01	05401 ULTRASOUND	12,612	2,380,481	0.005298	301,348	1,597	54.01
56.00	05600 RADIOISOTOPE	11,028	421,790	0.026146	33,902	886	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	99,166	9,235,074	0.010738	706,659	7,588	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,387	830,620	0.007689	199,208	1,532	63.00
64.00	06400 INTRAVENOUS THERAPY	8,236	488,234	0.016869	117,069	1,975	64.00
65.00	06500 RESPIRATORY THERAPY	66,552	1,626,356	0.040921	289,004	11,826	65.00
66.00	06600 PHYSICAL THERAPY	103,051	1,308,640	0.078747	31,766	2,501	66.00
66.01	06601 SPORTS THERAPY	0	0	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	16,501	214,102	0.077071	2,927	226	67.00
68.00	06800 SPEECH PATHOLOGY	9,189	118,829	0.077330	7,837	606	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	4,966	31,716	0.156577	881	138	70.00
70.01	07001 CARDIOPULMONARY	26,328	261,763	0.100580	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	33,535	5,547,391	0.006045	927,340	5,606	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	17,557	363,140	0.048348	18,128	876	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	48,373	2,919,377	0.016570	530,131	8,784	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	92,760	246,351	0.376536	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
91.00	09100 EMERGENCY	167,170	7,469,885	0.022379	6,876	154	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,004,733	0.000000	6,441	0	92.00
200.00	Total (lines 50-199)	1,216,999	52,438,039		4,218,953	81,759	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151327

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		Title XVIII				Hospital	
		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
53.00	05300	ANESTHESIOLOGY	730,471	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
66.01	06601	SPORTS THERAPY	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
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
200.00		Total (Lines 50-199)	730,471	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151327

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Cost		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	4,976,973	0.000000	0.000000	484,454	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	224,634	0.000000	0.000000	1,214	52.00
53.00	05300	ANESTHESIOLOGY	0	1,417,730	0.515240	0.000000	194,811	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	10,350,220	0.000000	0.000000	358,957	54.00
54.01	05401	ULTRASOUND	0	2,380,481	0.000000	0.000000	301,348	54.01
56.00	05600	RADIOISOTOPE	0	421,790	0.000000	0.000000	33,902	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	9,235,074	0.000000	0.000000	706,659	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	830,620	0.000000	0.000000	199,208	63.00
64.00	06400	INTRAVENOUS THERAPY	0	488,234	0.000000	0.000000	117,069	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,626,356	0.000000	0.000000	289,004	65.00
66.00	06600	PHYSICAL THERAPY	0	1,308,640	0.000000	0.000000	31,766	66.00
66.01	06601	SPORTS THERAPY	0	0	0.000000	0.000000	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	214,102	0.000000	0.000000	2,927	67.00
68.00	06800	SPEECH PATHOLOGY	0	118,829	0.000000	0.000000	7,837	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	31,716	0.000000	0.000000	881	70.00
70.01	07001	CARDIOPULMONARY	0	261,763	0.000000	0.000000	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	5,547,391	0.000000	0.000000	927,340	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	363,140	0.000000	0.000000	18,128	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,919,377	0.000000	0.000000	530,131	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	246,351	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	7,469,885	0.000000	0.000000	6,876	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,004,733	0.000000	0.000000	6,441	92.00
200.00		Total (lines 50-199)	0	52,438,039			4,218,953	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151327

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Cost
ANCILLARY SERVICE COST CENTERS			11.00	12.00	13.00	
50.00	05000	OPERATING ROOM	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	100,374	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	66.00
66.01	06601	SPORTS THERAPY	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
70.01	07001	CARDIOPULMONARY	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00		Total (lines 50-199)	100,374	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 151327

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

Worksheet D
Part V
Date/Time Prepared:
5/21/2013 4:54 pm

		Title XVIII		Hospital		Cost		
Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges		Costs			
			PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.399560	0	1,466,904	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.434102	0	256	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.535447	0	148,922	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165764	0	3,142,100	0	0	54.00
54.01	05401	ULTRASOUND	0.127047	0	577,904	0	0	54.01
56.00	05600	RADIOISOTOPE	0.441720	0	176,616	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.217186	0	3,373,864	0	0	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227573	0	248,213	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.087186	0	87,020	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.521103	0	522,039	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.835178	0	465,732	0	0	66.00
66.01	06601	SPORTS THERAPY	0.000000	0	0	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0.979486	0	57,542	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.956795	0	10,160	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.475691	0	4,405	0	0	70.00
70.01	07001	CARDIOPULMONARY	0.488404	0	114,240	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.132631	0	971,928	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1.202027	0	55,754	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.581903	0	712,534	11,747	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
91.00	09100	EMERGENCY	0.317671	0	2,267,230	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.766493	0	853,127	0	0	92.00
200.00		Subtotal (see instructions)		0	15,256,490	11,747	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	15,256,490	11,747	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/21/2013 4:54 pm
		Title XVIII	Hospital	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	586,116	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	111	0	52.00
53.00	05300 ANESTHESIOLOGY	79,740	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	520,847	0	54.00
54.01	05401 ULTRASOUND	73,421	0	54.01
56.00	05600 RADIOISOTOPE	78,015	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	732,756	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	56,487	0	63.00
64.00	06400 INTRAVENOUS THERAPY	7,587	0	64.00
65.00	06500 RESPIRATORY THERAPY	272,036	0	65.00
66.00	06600 PHYSICAL THERAPY	388,969	0	66.00
66.01	06601 SPORTS THERAPY	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	56,362	0	67.00
68.00	06800 SPEECH PATHOLOGY	9,721	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	2,095	0	70.00
70.01	07001 CARDIOPULMONARY	55,795	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	128,908	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	67,018	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	414,626	6,836	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100 EMERGENCY	720,233	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	653,916	0	92.00
200.00	Subtotal (see instructions)	4,904,759	6,836	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	4,904,759	6,836	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 151327

Period: From 01/01/2012

Worksheet D

Component CCN: 15Z327

To 12/31/2012

Part V
Date/Time Prepared:
5/21/2013 4:54 pm

Title XVIII

Swing Beds - SNF

Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.399560	0	0	0	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.434102	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.535447	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.165764	0	0	0	0	54.00
54.01 05401 ULTRASOUND	0.127047	0	0	0	0	54.01
56.00 05600 RADIOISOTOPE	0.441720	0	0	0	0	56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.217186	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.227573	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.087186	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.521103	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.835178	0	0	0	0	66.00
66.01 06601 SPORTS THERAPY	0.000000	0	0	0	0	66.01
67.00 06700 OCCUPATIONAL THERAPY	0.979486	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.956795	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.475691	0	0	0	0	70.00
70.01 07001 CARDIOPULMONARY	0.488404	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.132631	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1.202027	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.581903	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
91.00 09100 EMERGENCY	0.317671	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.766493	0	0	0	0	92.00
200.00 Subtotal (see instructions)		0	0	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges				0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 151327	Period: From 01/01/2012	Worksheet D Part V Date/Time Prepared: 5/21/2013 4:54 pm
	Component CCN: 15Z327	To 12/31/2012	
Title XVIII		Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost	
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
56.00	05600	RADIOISOTOPE	0	0	56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
66.01	06601	SPORTS THERAPY	0	0	66.01
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
70.01	07001	CARDIOPULMONARY	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/21/2013 4:54 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.399560	0	530,715	0	0 50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.434102	0	31,706	0	0 52.00
53.00 05300 ANESTHESIOLOGY	0.535447	0	143,795	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.165764	0	1,495,254	0	0 54.00
54.01 05401 ULTRASOUND	0.127047	0	374,820	0	0 54.01
56.00 05600 RADIOISOTOPE	0.441720	0	35,529	0	0 56.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0 59.00
60.00 06000 LABORATORY	0.217186	0	1,311,727	0	0 60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.227573	0	0	0	0 63.00
64.00 06400 INTRAVENOUS THERAPY	0.087186	0	45,006	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0.521103	0	192,151	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0.835178	0	111,654	0	0 66.00
66.01 06601 SPORTS THERAPY	0.000000	0	0	0	0 66.01
67.00 06700 OCCUPATIONAL THERAPY	0.979486	0	35,778	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0.956795	0	68,404	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.475691	0	10,572	0	0 70.00
70.01 07001 CARDIOPULMONARY	0.488404	0	7,392	0	0 70.01
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.132631	0	590,431	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	1.202027	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.581903	0	287,527	0	0 73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	1.984887				0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0 89.00
91.00 09100 EMERGENCY	0.317671	0	1,345,817	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.766493	0	367,758	0	0 92.00
200.00 Subtotal (see instructions)		0	6,986,036	0	0 200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		0	6,986,036	0	0 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/21/2013 4:54 pm
		Title XIX	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	212,052	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	13,764	0	52.00
53.00	05300 ANESTHESIOLOGY	76,995	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	247,859	0	54.00
54.01	05401 ULTRASOUND	47,620	0	54.01
56.00	05600 RADIOISOTOPE	15,694	0	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	284,889	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	3,924	0	64.00
65.00	06500 RESPIRATORY THERAPY	100,130	0	65.00
66.00	06600 PHYSICAL THERAPY	93,251	0	66.00
66.01	06601 SPORTS THERAPY	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	35,044	0	67.00
68.00	06800 SPEECH PATHOLOGY	65,449	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	5,029	0	70.00
70.01	07001 CARDIOPULMONARY	3,610	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	78,309	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	167,313	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
91.00	09100 EMERGENCY	427,527	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	281,884	0	92.00
200.00	Subtotal (see instructions)	2,160,343	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)	2,160,343	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/21/2013 4:54 pm
Cost Center Description		Title XVIII	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)		4,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,060	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)		2,473	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		470	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		21	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,479	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)		470	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		195.36	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)		4,390,255	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)		4,103	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)		459,180	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,931,075	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,293,809	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,293,809	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.193474	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)		1,331.91	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)		3,931,075	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)		968.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,432,042	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,432,042	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/21/2013 4:54 pm		
Cost Center Description			Title XVIII		Hospital Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	955,660	287	3,329.83	150	499,475	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)					1,268,490	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					3,200,007	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)					455,078	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)					455,078	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,587	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					968.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,536,613	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151327		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2013 4:54 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/21/2013 4:54 pm
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)		4,551	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,060	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)		2,473	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		470	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		21	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)		325	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)		319	15.00
16.00	Nursery days (title V or XIX only)		196	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			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		195.36	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)		4,390,255	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)		4,103	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)		459,180	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,931,075	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,293,809	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,293,809	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.193474	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)		1,331.91	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)		3,931,075	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)		968.25	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		314,681	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)		314,681	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/21/2013 4:54 pm		
Cost Center Description			Title XIX	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	208,298	319	652.97	196	127,982	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	955,660	287	3,329.83	34	113,214	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)					610,156	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,166,033	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
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						0
52.00	Total Program excludable cost (sum of lines 50 and 51)						0
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						0
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges						0
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)						0
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)						0
58.00	Bonus payment (see instructions)						0
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
62.00	Relief payment (see instructions)						0
63.00	Allowable Inpatient cost plus incentive payment (see instructions)						0
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
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)						0
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)						0
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
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
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)						0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,587	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					968.25	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,536,613	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151327		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2013 4:54 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/21/2013 4:54 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		1,843,717		30.00
31.00	03100 INTENSIVE CARE UNIT		292,350		31.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.399560	484,454	193,568	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.434102	1,214	527	52.00
53.00	05300 ANESTHESIOLOGY	0.535447	194,811	104,311	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165764	358,957	59,502	54.00
54.01	05401 ULTRASOUND	0.127047	301,348	38,285	54.01
56.00	05600 RADIOISOTOPE	0.441720	33,902	14,975	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.217186	706,659	153,476	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.227573	199,208	45,334	63.00
64.00	06400 INTRAVENOUS THERAPY	0.087186	117,069	10,207	64.00
65.00	06500 RESPIRATORY THERAPY	0.521103	289,004	150,601	65.00
66.00	06600 PHYSICAL THERAPY	0.835178	31,766	26,530	66.00
66.01	06601 SPORTS THERAPY	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.979486	2,927	2,867	67.00
68.00	06800 SPEECH PATHOLOGY	0.956795	7,837	7,498	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.475691	881	419	70.00
70.01	07001 CARDIOPULMONARY	0.488404	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.132631	927,340	122,994	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1.202027	18,128	21,790	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.581903	530,131	308,485	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
91.00	09100 EMERGENCY	0.317671	6,876	2,184	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.766493	6,441	4,937	92.00
200.00	Total (sum of lines 50-94 and 96-98)		4,218,953	1,268,490	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)		4,218,953		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15Z327		Date/Time Prepared: 5/21/2013 4:54 pm	
		Title XVIII	Swing Beds - SNF	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
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.399560	1,325	529 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.434102	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.535447	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.165764	7,302	1,210 54.00
54.01	05401	ULTRASOUND	0.127047	3,268	415 54.01
56.00	05600	RADIOISOTOPE	0.441720	0	0 56.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.217186	94,388	20,500 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.227573	5,143	1,170 63.00
64.00	06400	INTRAVENOUS THERAPY	0.087186	30,440	2,654 64.00
65.00	06500	RESPIRATORY THERAPY	0.521103	53,966	28,122 65.00
66.00	06600	PHYSICAL THERAPY	0.835178	28,297	23,633 66.00
66.01	06601	SPORTS THERAPY	0.000000	0	0 66.01
67.00	06700	OCCUPATIONAL THERAPY	0.979486	14,694	14,393 67.00
68.00	06800	SPEECH PATHOLOGY	0.956795	2,203	2,108 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.475691	0	0 70.00
70.01	07001	CARDIOPULMONARY	0.488404	0	0 70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.132631	72,260	9,584 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1.202027	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.581903	117,031	68,101 73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
91.00	09100	EMERGENCY	0.317671	14	4 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.766493	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		430,331	172,423 200.00
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)		430,331	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/21/2013 4:54 pm
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Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		604,410		30.00
31.00	03100 INTENSIVE CARE UNIT		98,698		31.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.399560	244,156	97,555	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.434102	101,382	44,010	52.00
53.00	05300 ANESTHESIOLOGY	0.535447	290,717	155,664	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.165764	75,528	12,520	54.00
54.01	05401 ULTRASOUND	0.127047	25,378	3,224	54.01
56.00	05600 RADIOISOTOPE	0.441720	977	432	56.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.217186	280,969	61,023	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.227573	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.087186	37,088	3,234	64.00
65.00	06500 RESPIRATORY THERAPY	0.521103	73,188	38,138	65.00
66.00	06600 PHYSICAL THERAPY	0.835178	1,910	1,595	66.00
66.01	06601 SPORTS THERAPY	0.000000	0	0	66.01
67.00	06700 OCCUPATIONAL THERAPY	0.979486	100	98	67.00
68.00	06800 SPEECH PATHOLOGY	0.956795	186	178	68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.475691	0	0	70.00
70.01	07001 CARDIOPULMONARY	0.488404	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.132631	515,907	68,425	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1.202027	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.581903	129,904	75,592	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	75.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	1.984887	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	89.00
91.00	09100 EMERGENCY	0.317671	100,695	31,988	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.766493	21,500	16,480	92.00
200.00	Total (sum of lines 50-94 and 96-98)		1,899,585	610,156	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)		1,899,585		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/21/2013 4:54 pm
		Title VIII	Hospital	Cost
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			4,911,595 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			0 2.00
3.00	PPS payments			0 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			4,911,595 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			0 12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)			0 13.00
14.00	Total reasonable charges (sum of lines 12 and 13)			0 14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)			0.000000 17.00
18.00	Total customary charges (see instructions)			0 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			0 19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)			0 20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)			4,960,711 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)			0 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			24,702 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			2,345,352 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)			2,590,657 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)			2,590,657 30.00
31.00	Primary payer payments			1,252 31.00
32.00	Subtotal (line 30 minus line 31)			2,589,405 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)			448,133 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			448,133 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			337,164 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			3,037,538 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)			3,037,538 40.00
41.00	Interim payments			3,082,358 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)			-44,820 43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)			0 90.00
91.00	Outlier reconciliation adjustment amount (see instructions)			0 91.00
92.00	The rate used to calculate the Time Value of Money			0.00 92.00
93.00	Time Value of Money (see instructions)			0 93.00
94.00	Total (sum of lines 91 and 93)			0 94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151327

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2013 4:54 pm

		Title XVIII		Hospital		Cost	
		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		2,603,405		2,891,058	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/30/2012	86,100	08/30/2012	191,300	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)		86,100		191,300	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)		2,689,505		3,082,358	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		192,852		0	6.01	
6.02	SETTLEMENT TO PROGRAM		0		44,820	6.02	
7.00	Total Medicare program liability (see instructions)		2,882,357		3,037,538	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: 151327

Period:

Worksheet E-1

Component CCN: 15Z327

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

Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Title XVIII

Swing Beds - SNF

Cost

		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		569,997		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		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)		569,997		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		56,698		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		626,695		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 - SWING BEDS

Provider CCN: 151327	Period: From 01/01/2012	Worksheet E-2
Component CCN: 15Z327	To 12/31/2012	Date/Time Prepared: 5/21/2013 4:54 pm
Title XVIII	Swing Beds - SNF	Cost

		Part A	Part B	
		1.00	2.00	
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient routine services - swing bed-SNF (see instructions)	459,629	0	1.00
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)	174,147	0	3.00
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00
5.00	Program days	470	0	5.00
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	633,776	0	8.00
9.00	Primary payer payments (see instructions)	0	0	9.00
10.00	Subtotal (line 8 minus line 9)	633,776	0	10.00
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00
12.00	Subtotal (line 10 minus line 11)	633,776	0	12.00
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	7,081	0	13.00
14.00	80% of Part B costs (line 12 x 80%)		0	14.00
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	626,695	0	15.00
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00
17.00	Reimbursable bad debts (see instructions)	0	0	17.00
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	626,695	0	19.00
20.00	Interim payments	569,997	0	20.00
21.00	Tentative settlement (for contractor use only)	0	0	21.00
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	56,698	0	22.00
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	0	0	23.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part V Date/Time Prepared: 5/21/2013 4:54 pm
		Title XVIII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			3,200,007 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			3,200,007 4.00
5.00	Primary payer payments			0 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			3,232,007 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	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 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			3,232,007 19.00
20.00	Deductibles (exclude professional component)			417,268 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			2,814,739 22.00
23.00	Coinsurance			867 23.00
24.00	Subtotal (line 22 minus line 23)			2,813,872 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			68,485 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			68,485 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			38,350 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			2,882,357 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			2,882,357 30.00
31.00	Interim payments			2,689,505 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)			192,852 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 34.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2013 4:54 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		1,166,033		1.00
2.00	Medical and other services			2,160,343	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		1,166,033	2,160,343	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		1,166,033	2,160,343	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		703,108		8.00
9.00	Ancillary service charges		1,899,585	6,986,036	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)		2,602,693	6,986,036	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)		2,602,693	6,986,036	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,436,660	4,825,693	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		1,166,033	2,160,343	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		1,166,033	2,160,343	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		1,166,033	2,160,343	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)		1,166,033	2,160,343	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		1,166,033	2,160,343	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)		1,166,033	2,160,343	40.00
41.00	Interim payments		1,166,033	2,160,343	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: 151327

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

Worksheet G

Date/Time Prepared:
5/21/2013 4:54 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,101,196	0	0	0	1.00
2.00	Temporary investments	12,323,879	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	7,145,209	0	0	0	4.00
5.00	Other receivable	33,790,900	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-38,253,743	0	0	0	6.00
7.00	Inventory	468,736	0	0	0	7.00
8.00	Prepaid expenses	258,378	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)	18,834,555	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,077,568	0	0	0	12.00
13.00	Land improvements	453,490	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	16,713,542	0	0	0	15.00
16.00	Accumulated depreciation	-18,651,391	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	911,157	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	13,553,646	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	14,058,012	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	32,892,567	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	630,231	0	0	0	37.00
38.00	Salaries, wages, and fees payable	427,311	0	0	0	38.00
39.00	Payroll taxes payable	368,673	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	1,350,306	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	2,776,521	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	2,776,521	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	30,116,046				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)	30,116,046	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	32,892,567	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151327

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

Worksheet G-1

Date/Time Prepared:
5/21/2013 4:54 pm

		General Fund		Special Purpose Fund		Endowment Fund	
		1.00	2.00	3.00	4.00	5.00	
1.00	Fund balances at beginning of period		29,364,558			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		1,917,719				2.00
3.00	Total (sum of line 1 and line 2)		31,282,277			0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		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)		31,282,277			0	11.00
12.00	AUDIT ADJUSTMENT APPLICABLE TO PY'S	1,166,226		0		0	12.00
13.00	ROUNDING	5		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,166,231			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		30,116,046			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	AUDIT ADJUSTMENT APPLICABLE TO PY'S		0				12.00
13.00	ROUNDING		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: 151327

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2013 4:54 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	3,293,809		3,293,809	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	251,338		251,338	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)	3,545,147		3,545,147	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	597,982		597,982	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)	597,982		597,982	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	4,143,129		4,143,129	17.00
18.00	Ancillary services	8,791,385	44,293,124	53,084,509	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		0	0	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	2,136,042	2,136,042	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	12,934,514	46,429,166	59,363,680	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		24,598,227		29.00
30.00	EXPENSES NOT INCLUDED ON WORKSHEET A	4,803,262			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)		4,803,262		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)		29,401,489		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 151327

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

Worksheet G-3

Date/Time Prepared:
5/21/2013 4:54 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	59,363,680	1.00
2.00	Less contractual allowances and discounts on patients' accounts	28,491,756	2.00
3.00	Net patient revenues (line 1 minus line 2)	30,871,924	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	29,401,489	4.00
5.00	Net income from service to patients (line 3 minus line 4)	1,470,435	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	1,401	6.00
7.00	Income from investments	85,079	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	120,101	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	524	16.00
17.00	Revenue from sale of drugs to other than patients	9,859	17.00
18.00	Revenue from sale of medical records and abstracts	377	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	1,678	21.00
22.00	Rental of hospital space	800	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	227,465	24.00
25.00	Total other income (sum of lines 6-24)	447,284	25.00
26.00	Total (line 5 plus line 25)	1,917,719	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)	1,917,719	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 151327

Period: From 01/01/2012

Worksheet H

HHA CCN: 157542

To 12/31/2012

Date/Time Prepared: 5/21/2013 4:54 pm

Home Health Agency I

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	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	100,947	0	6,913	0	59,937	167,797	5.00
HHA REIMBURSABLE SERVICES							
6.00	155,122	0	10,621	0	0	165,743	6.00
7.00	46,622	0	3,193	0	0	49,815	7.00
8.00	22,104	0	1,514	0	0	23,618	8.00
9.00	1,516	0	104	0	0	1,620	9.00
10.00	140	0	10	0	0	150	10.00
11.00	32,027	0	2,193	0	0	34,220	11.00
12.00	0	0	0	0	0	0	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	358,478	0	24,548	0	59,937	442,963	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	0	167,797	0	167,797			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	165,743	0	165,743			6.00
7.00	0	49,815	0	49,815			7.00
8.00	0	23,618	0	23,618			8.00
9.00	0	1,620	0	1,620			9.00
10.00	0	150	0	150			10.00
11.00	0	34,220	0	34,220			11.00
12.00	0	0	0	0			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	0	442,963	0	442,963			24.00

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

COST ALLOCATION - HHA GENERAL SERVICE COST		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/21/2013 4:54 pm
		HHA CCN: 157542	Home Health Agency I	PPS

	Net Expenses for Cost Allocation (from Wkst. H, col. 10)	Capital Related Costs		Plant Operation & Maintenance	Transportation	Subtotal (cols. 0-4)		
		Bldgs & Fixtures	Movable Equipment					
		1.00	2.00					3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00	
2.00	Capital Related - Movable Equipment	0	0			0	2.00	
3.00	Plant Operation & Maintenance	0	0	0		0	3.00	
4.00	Transportation	0	0	0	0	0	4.00	
5.00	Administrative and General	167,797	0	0	0	167,797	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	165,743	0	0	0	165,743	6.00	
7.00	Physical Therapy	49,815	0	0	0	49,815	7.00	
8.00	Occupational Therapy	23,618	0	0	0	23,618	8.00	
9.00	Speech Pathology	1,620	0	0	0	1,620	9.00	
10.00	Medical Social Services	150	0	0	0	150	10.00	
11.00	Home Health Aide	34,220	0	0	0	34,220	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	442,963	0	0	0	442,963	24.00	
		Administrative & General	Total (cols. 4A + 5)					
		5.00	6.00					
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures						1.00	
2.00	Capital Related - Movable Equipment						2.00	
3.00	Plant Operation & Maintenance						3.00	
4.00	Transportation						4.00	
5.00	Administrative and General	167,797					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	101,072	266,815				6.00	
7.00	Physical Therapy	30,377	80,192				7.00	
8.00	Occupational Therapy	14,402	38,020				8.00	
9.00	Speech Pathology	988	2,608				9.00	
10.00	Medical Social Services	91	241				10.00	
11.00	Home Health Aide	20,867	55,087				11.00	
12.00	Supplies (see instructions)	0	0				12.00	
13.00	Drugs	0	0				13.00	
14.00	DME	0	0				14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0				15.00	
16.00	Respiratory Therapy	0	0				16.00	
17.00	Private Duty Nursing	0	0				17.00	
18.00	Clinic	0	0				18.00	
19.00	Health Promotion Activities	0	0				19.00	
20.00	Day Care Program	0	0				20.00	
21.00	Home Delivered Meals Program	0	0				21.00	
22.00	Homemaker Service	0	0				22.00	
23.00	All Others (specify)	0	0				23.00	
24.00	Total (sum of lines 1-23)		442,963				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS

Provider CCN: 151327

Period: From 01/01/2012

Worksheet H-1

HHA CCN: 157542

To 12/31/2012

Part II
Date/Time Prepared:
5/21/2013 4:54 pm

Home Health Agency I

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	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-167,797	275,166
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	165,743
7.00	Physical Therapy	0	0	0	0	0	49,815
8.00	Occupational Therapy	0	0	0	0	0	23,618
9.00	Speech Pathology	0	0	0	0	0	1,620
10.00	Medical Social Services	0	0	0	0	0	150
11.00	Home Health Aide	0	0	0	0	0	34,220
12.00	Supplies (see instructions)	0	0	0	0	0	0
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-167,797	275,166
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		167,797
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.609803

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 151327

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

Worksheet H-2 Part I

HHA CCN: 157542

Date/Time Prepared: 5/21/2013 4:54 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	IS/ACCOUNTING/MARKETING	
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	0	0	21,599	21,599	869	1.00
2.00 Skilled Nursing Care	266,815	0	0	33,191	300,006	12,074	2.00
3.00 Physical Therapy	80,192	0	0	9,975	90,167	3,628	3.00
4.00 Occupational Therapy	38,020	0	0	4,729	42,749	1,720	4.00
5.00 Speech Pathology	2,608	0	0	324	2,932	118	5.00
6.00 Medical Social Services	241	0	0	30	271	11	6.00
7.00 Home Health Aide	55,087	0	0	6,852	61,939	2,492	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	442,963	0	0	76,700	519,663	20,912	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00

Cost Center Description	Subtotal	BUSINESS OFFICE & ADMITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
	5A.01	5.02	5A.02	5.03	7.00	8.00	
1.00 Administrative and General	22,468	0	22,468	3,328	0	0	1.00
2.00 Skilled Nursing Care	312,080	0	312,080	46,226	0	0	2.00
3.00 Physical Therapy	93,795	0	93,795	13,893	0	0	3.00
4.00 Occupational Therapy	44,469	0	44,469	6,587	0	0	4.00
5.00 Speech Pathology	3,050	0	3,050	452	0	0	5.00
6.00 Medical Social Services	282	0	282	42	0	0	6.00
7.00 Home Health Aide	64,431	0	64,431	9,544	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19) (2)	540,575	0	540,575	80,072	0	0	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.	0.000000		0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS		Provider CCN: 151327		Period: From 01/01/2012 To 12/31/2012		Worksheet H-2 Part I Date/Time Prepared: 5/21/2013 4:54 pm		
		HHA CCN: 157542		Home Health Agency I		PPS		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	0	0	0	39,228	884	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	39,228	884	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00
Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
		16.00	19.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	0	65,908	0	65,908	0	1.00
2.00	Skilled Nursing Care	0	0	358,306	0	358,306	39,699	2.00
3.00	Physical Therapy	0	0	107,688	0	107,688	11,932	3.00
4.00	Occupational Therapy	0	0	51,056	0	51,056	5,657	4.00
5.00	Speech Pathology	0	0	3,502	0	3,502	388	5.00
6.00	Medical Social Services	0	0	324	0	324	36	6.00
7.00	Home Health Aide	0	0	73,975	0	73,975	8,196	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	660,759	0	660,759	65,908	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.						0.110797	21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 151327

Period:

Worksheet H-2

HHA CCN: 157542

From 01/01/2012

Part I

To 12/31/2012

Date/Time Prepared:

Home Health Agency I

PPS

Cost Center Description		Total HHA Costs		
		28.00		
1.00	Administrative and General			1.00
2.00	Skilled Nursing Care	398,005		2.00
3.00	Physical Therapy	119,620		3.00
4.00	Occupational Therapy	56,713		4.00
5.00	Speech Pathology	3,890		5.00
6.00	Medical Social Services	360		6.00
7.00	Home Health Aide	82,171		7.00
8.00	Supplies (see instructions)	0		8.00
9.00	Drugs	0		9.00
10.00	DME	0		10.00
11.00	Home Dialysis Aide Services	0		11.00
12.00	Respiratory Therapy	0		12.00
13.00	Private Duty Nursing	0		13.00
14.00	Clinic	0		14.00
15.00	Health Promotion Activities	0		15.00
16.00	Day Care Program	0		16.00
17.00	Home Delivered Meals Program	0		17.00
18.00	Homemaker Service	0		18.00
19.00	All Others (specify)	0		19.00
20.00	Total (sum of lines 1-19) (2)	660,759		20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 151327
HHA CCN: 157542

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

Worksheet H-2
Part II
Date/Time Prepared:
5/21/2013 4:54 pm
PPS

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	S/ACCOUNTING/MARKETING (ACCUM. COST)	Reconciliation	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)					
		1.00	2.00					
1.00	Administrative and General	0	0	100,947	0	21,599	-22,468	1.00
2.00	Skilled Nursing Care	0	0	155,122	0	300,006	-312,080	2.00
3.00	Physical Therapy	0	0	46,622	0	90,167	-93,795	3.00
4.00	Occupational Therapy	0	0	22,104	0	42,749	-44,469	4.00
5.00	Speech Pathology	0	0	1,516	0	2,932	-3,050	5.00
6.00	Medical Social Services	0	0	140	0	271	-282	6.00
7.00	Home Health Aide	0	0	32,027	0	61,939	-64,431	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	358,478		519,663		20.00
21.00	Total cost to be allocated	0	0	76,700		20,912		21.00
22.00	Unit cost multiplier	0.000000	0.000000	0.213960		0.040241		22.00
Cost Center Description		BUSINESS OFFICE & ADMINISTRATION (ACCUM. COST)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.02	5A.03	5.03	7.00	8.00	9.00	
1.00	Administrative and General	0	0	22,468	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	312,080	0	0	0	2.00
3.00	Physical Therapy	0	0	93,795	0	0	0	3.00
4.00	Occupational Therapy	0	0	44,469	0	0	0	4.00
5.00	Speech Pathology	0	0	3,050	0	0	0	5.00
6.00	Medical Social Services	0	0	282	0	0	0	6.00
7.00	Home Health Aide	0	0	64,431	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	540,575	0	0	0	20.00
21.00	Total cost to be allocated	0	0	80,072	0	0	0	21.00
22.00	Unit cost multiplier	0.000000		0.148124	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 151327
HHA CCN: 157542

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

Worksheet H-2
Part II
Date/Time Prepared:
5/21/2013 4:54 pm

Home Health Agency I

PPS

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	0	15,283	2,286	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	0	15,283	2,286	0	0	20.00
21.00	Total cost to be allocated	0	0	39,228	884	0	0	21.00
22.00	Unit cost multiplier	0.000000	0.000000	2.566774	0.386702	0.000000	0.000000	22.00
Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)						
		19.00						
1.00	Administrative and General	0						1.00
2.00	Skilled Nursing Care	0						2.00
3.00	Physical Therapy	0						3.00
4.00	Occupational Therapy	0						4.00
5.00	Speech Pathology	0						5.00
6.00	Medical Social Services	0						6.00
7.00	Home Health Aide	0						7.00
8.00	Supplies (see instructions)	0						8.00
9.00	Drugs	0						9.00
10.00	DME	0						10.00
11.00	Home Dialysis Aide Services	0						11.00
12.00	Respiratory Therapy	0						12.00
13.00	Private Duty Nursing	0						13.00
14.00	Clinic	0						14.00
15.00	Health Promotion Activities	0						15.00
16.00	Day Care Program	0						16.00
17.00	Home Delivered Meals Program	0						17.00
18.00	Homemaker Service	0						18.00
19.00	All Others (specify)	0						19.00
20.00	Total (sum of lines 1-19)	0						20.00
21.00	Total cost to be allocated	0						21.00
22.00	Unit cost multiplier	0.000000						22.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/21/2013 4:54 pm			
				HHA CCN: 157542	Title XVIII		Home Health Agency I		
						PPS			
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 ÷ col. 4)			
	0	1.00	2.00	3.00	4.00	5.00			
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	2.00	398,005		398,005	1,417	280.88	1.00	
2.00	Physical Therapy	3.00	119,620	0	119,620	740	161.65	2.00	
3.00	Occupational Therapy	4.00	56,713	0	56,713	353	160.66	3.00	
4.00	Speech Pathology	5.00	3,890	0	3,890	30	129.67	4.00	
5.00	Medical Social Services	6.00	360		360	0	0.00	5.00	
6.00	Home Health Aide	7.00	82,171		82,171	809	101.57	6.00	
7.00	Total (sum of lines 1-6)		660,759	0	660,759	3,349		7.00	
				Program Visits					
				Part B					
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles			
				0	1.00	2.00	3.00	4.00	5.00
Limitation Cost Computation									
8.00	Skilled Nursing Care		14020	37	124			8.00	
8.01	Skilled Nursing Care		45460	432	424			8.01	
8.02	Skilled Nursing Care		99915	7	9			8.02	
9.00	Physical Therapy		14020	35	49			9.00	
9.01	Physical Therapy		45460	267	214			9.01	
9.02	Physical Therapy		99915	0	9			9.02	
10.00	Occupational Therapy		14020	3	21			10.00	
10.01	Occupational Therapy		45460	129	112			10.01	
10.02	Occupational Therapy		99915	0	7			10.02	
11.00	Speech Pathology		14020	0	0			11.00	
11.01	Speech Pathology		45460	13	4			11.01	
11.02	Speech Pathology		99915	0	0			11.02	
12.00	Medical Social Services		14020	0	0			12.00	
12.01	Medical Social Services		45460	3	0			12.01	
12.02	Medical Social Services		99915	0	0			12.02	
13.00	Home Health Aide		14020	6	24			13.00	
13.01	Home Health Aide		45460	133	348			13.01	
13.02	Home Health Aide		99915	0	0			13.02	
14.00	Total (sum of lines 8-13)			1,065	1,345			14.00	
				Ratio (col. 3 ÷ col. 4)					
				0	1.00	2.00	3.00	4.00	5.00
Supplies and Drugs Cost Computations									
15.00	Cost of Medical Supplies	8.00	0	0	0	3,043	0.000000	15.00	
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00	
				Program Visits		Cost of Services			
				Part B		Part B			
				Not Subject to Deductibles & Coinsurance		Subject to Deductibles & Coinsurance			
				6.00	7.00	8.00	9.00	10.00	11.00
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION									
Cost Per Visit Computation									
1.00	Skilled Nursing Care	476	557		133,699	156,450		1.00	
2.00	Physical Therapy	302	272		48,818	43,969		2.00	
3.00	Occupational Therapy	132	140		21,207	22,492		3.00	
4.00	Speech Pathology	13	4		1,686	519		4.00	
5.00	Medical Social Services	3	0		0	0		5.00	
6.00	Home Health Aide	139	372		14,118	37,784		6.00	
7.00	Total (sum of lines 1-6)	1,065	1,345		219,528	261,214		7.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 151327

Period: From 01/01/2012

Worksheet H-3

HHA CCN: 157542

To 12/31/2012

Part I
Date/Time Prepared:
5/21/2013 4:54 pm

Title XVII I

Home Health
Agency I

PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00	
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00
Cost Center Description		Program Covered Charges			Cost of Services			
		Part A	Part B		Part A	Part B		
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance	
		6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies		0	0		0		15.00
16.00	Cost of Drugs						0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)						
		12.00						
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	290,149						1.00
2.00	Physical Therapy	92,787						2.00
3.00	Occupational Therapy	43,699						3.00
4.00	Speech Pathology	2,205						4.00
5.00	Medical Social Services	0						5.00
6.00	Home Health Aide	51,902						6.00
7.00	Total (sum of lines 1-6)	480,742						7.00
Cost Center Description								
		12.00						
Limitation Cost Computation								
8.00	Skilled Nursing Care							8.00
8.01	Skilled Nursing Care							8.01
8.02	Skilled Nursing Care							8.02
9.00	Physical Therapy							9.00
9.01	Physical Therapy							9.01
9.02	Physical Therapy							9.02
10.00	Occupational Therapy							10.00
10.01	Occupational Therapy							10.01
10.02	Occupational Therapy							10.02
11.00	Speech Pathology							11.00
11.01	Speech Pathology							11.01
11.02	Speech Pathology							11.02
12.00	Medical Social Services							12.00
12.01	Medical Social Services							12.01
12.02	Medical Social Services							12.02
13.00	Home Health Aide							13.00
13.01	Home Health Aide							13.01
13.02	Home Health Aide							13.02
14.00	Total (sum of lines 8-13)							14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 151327 HHA CCN: 157542	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/21/2013 4:54 pm
Title XVIII			Home Health Agency I	PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00	Physical Therapy	66.00	0.835178	0	0	col. 2, line 2.00	1.00
1.01	Physical Therapy 1	66.01	0.000000	0	0	col. 2, line 2.01	1.01
2.00	Occupational Therapy	67.00	0.979486	0	0	col. 2, line 3.00	2.00
3.00	Speech Pathology	68.00	0.956795	0	0	col. 2, line 4.00	3.00
4.00	Cost of Medical Supplies	71.00	0.132631	0	0	col. 2, line 15.00	4.00
5.00	Cost of Drugs	73.00	0.581903	0	0	col. 2, line 16.00	5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 151327 HHA CCN: 157542	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/21/2013 4:54 pm	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	0	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	0 10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		200,411	191,502	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		0	4,166	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		3,188	1,671	13.00
14.00	Total PPS Reimbursement - PEP Episodes		1,947	1,278	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	98	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		205,546	198,715	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		205,546	198,715	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		205,546	198,715	26.00
27.00	Reimbursable bad debts (from your records)		0	0	27.00
28.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	0	28.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 151327 HHA CCN: 157542	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/21/2013 4:54 pm		
		Title XVIII	Home Health Agency I	PPS		
				Part A Services	Part B Services	
				1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)			205,546	198,715	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)			205,546	198,715	31.00
32.00	Interim payments (see instructions)			205,546	198,715	32.00
33.00	Tentative settlement (for contractor use only)			0	0	33.00
34.00	Balance due provider/program (line 31 minus lines 32 and 33)			0	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2			0	0	35.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 151327 HHA CCN: 157542	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/21/2013 4:54 pm		
		Home Health Agency I		PPS		
		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		205,546		198,715	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		205,546		198,715	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01			0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50			0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		205,546		198,715	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 151327 HHA CCN: 157542	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/21/2013 4:54 pm
			Home Health Agency I	PPS
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 151327
Component CCN: 158509

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

Worksheet M-1
Date/Time Prepared:
5/21/2013 4:54 pm

		Rural Health Clinic (RHC) I					
		Compensation	Other Costs	Total (col. 1 + col. 2)	Reclassified	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
FACILITY HEALTH CARE STAFF COSTS							
1.00	Physician	9,712	0	9,712	0	9,712	1.00
2.00	Physician Assistant	0	0	0	0	0	2.00
3.00	Nurse Practitioner	78,191	0	78,191	0	78,191	3.00
4.00	Visiting Nurse	0	0	0	0	0	4.00
5.00	Other Nurse	0	0	0	0	0	5.00
6.00	Clinical Psychologist	0	0	0	0	0	6.00
7.00	Clinical Social Worker	0	0	0	0	0	7.00
8.00	Laboratory Technician	0	0	0	0	0	8.00
9.00	Other Facility Health Care Staff Costs	73,559	0	73,559	0	73,559	9.00
10.00	Subtotal (sum of lines 1-9)	161,462	0	161,462	0	161,462	10.00
11.00	Physician Services Under Agreement	0	0	0	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	0	0	0	12.00
13.00	Other Costs Under Agreement	0	0	0	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	0	0	0	14.00
15.00	Medical Supplies	0	12,304	12,304	-9,329	2,975	15.00
16.00	Transportation (Health Care Staff)	0	0	0	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	0	0	0	17.00
18.00	Professional Liability Insurance	0	0	0	0	0	18.00
19.00	Other Health Care Costs	0	5,336	5,336	0	5,336	19.00
20.00	Allowable GME Costs	0	0	0	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	17,640	17,640	-9,329	8,311	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	161,462	17,640	179,102	-9,329	169,773	22.00
COSTS OTHER THAN RHC/FQHC SERVICES							
23.00	Pharmacy	0	0	0	0	0	23.00
24.00	Dental	0	0	0	0	0	24.00
25.00	Optometry	0	0	0	0	0	25.00
26.00	All other nonreimbursable costs	0	0	0	0	0	26.00
27.00	Nonallowable GME costs	0	0	0	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	0	0	0	28.00
FACILITY OVERHEAD							
29.00	Facility Costs	0	18,472	18,472	-9,307	9,165	29.00
30.00	Administrative Costs	0	6,121	6,121	0	6,121	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	24,593	24,593	-9,307	15,286	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	161,462	42,233	203,695	-18,636	185,059	32.00

ANALYSIS OF PROVIDER-BASED RURAL HEALTH CLINIC/FEDERALLY QUALIFIED HEALTH CENTER COSTS

Provider CCN: 151327

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

Worksheet M-1

Component CCN: 158509

Date/Time Prepared:
5/21/2013 4:54 pm

Rural Health
Clinic (RHC) I

		Adjustments	Net Expenses for Allocation (col. 5 + col. 6)	
		6.00	7.00	
FACILITY HEALTH CARE STAFF COSTS				
1.00	Physician	0	9,712	1.00
2.00	Physician Assistant	0	0	2.00
3.00	Nurse Practitioner	0	78,191	3.00
4.00	Visiting Nurse	0	0	4.00
5.00	Other Nurse	0	0	5.00
6.00	Clinical Psychologist	0	0	6.00
7.00	Clinical Social Worker	0	0	7.00
8.00	Laboratory Technician	0	0	8.00
9.00	Other Facility Health Care Staff Costs	0	73,559	9.00
10.00	Subtotal (sum of lines 1-9)	0	161,462	10.00
11.00	Physician Services Under Agreement	0	0	11.00
12.00	Physician Supervision Under Agreement	0	0	12.00
13.00	Other Costs Under Agreement	0	0	13.00
14.00	Subtotal (sum of lines 11-13)	0	0	14.00
15.00	Medical Supplies	0	2,975	15.00
16.00	Transportation (Health Care Staff)	0	0	16.00
17.00	Depreciation-Medical Equipment	0	0	17.00
18.00	Professional Liability Insurance	0	0	18.00
19.00	Other Health Care Costs	0	5,336	19.00
20.00	Allowable GME Costs	0	0	20.00
21.00	Subtotal (sum of lines 15-20)	0	8,311	21.00
22.00	Total Cost of Health Care Services (sum of lines 10, 14, and 21)	0	169,773	22.00
COSTS OTHER THAN RHC/FQHC SERVICES				
23.00	Pharmacy	0	0	23.00
24.00	Dental	0	0	24.00
25.00	Optometry	0	0	25.00
26.00	All other nonreimbursable costs	0	0	26.00
27.00	Nonallowable GME costs	0	0	27.00
28.00	Total Nonreimbursable Costs (sum of lines 23-27)	0	0	28.00
FACILITY OVERHEAD				
29.00	Facility Costs	0	9,165	29.00
30.00	Administrative Costs	0	6,121	30.00
31.00	Total Facility Overhead (sum of lines 29 and 30)	0	15,286	31.00
32.00	Total facility costs (sum of lines 22, 28 and 31)	0	185,059	32.00

ALLOCATION OF OVERHEAD TO RHC/FQHC SERVICES		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet M-2
		Component CCN: 158509		Date/Time Prepared: 5/21/2013 4:54 pm
			Rural Health Clinic (RHC) I	

	Number of FTE Personnel	Total Visits	Productivity Standard (1)	Minimum Visits (col. 1 x col. 3)	Greater of col. 2 or col. 4	
	1.00	2.00	3.00	4.00	5.00	
VISITS AND PRODUCTIVITY						
Positions						
1.00	Physician	0.10	197	4,200	420	1.00
2.00	Physician Assistant	0.00	0	2,100	0	2.00
3.00	Nurse Practitioner	0.90	2,354	2,100	1,890	3.00
4.00	Subtotal (sum of lines 1-3)	1.00	2,551		2,310	4.00
5.00	Visiting Nurse	0.00	0		0	5.00
6.00	Clinical Psychologist	0.00	0		0	6.00
7.00	Clinical Social Worker	0.00	0		0	7.00
7.01	Medical Nutrition Therapist (FQHC only)	0.00	0		0	7.01
7.02	Diabetes Self Management Training (FQHC only)	0.00	0		0	7.02
8.00	Total FTEs and Visits (sum of lines 4-7)	1.00	2,551			8.00
9.00	Physician Services Under Agreements		0		0	9.00
					1.00	

DETERMINATION OF ALLOWABLE COST APPLICABLE TO RHC/FQHC SERVICES						
10.00	Total costs of health care services (from Worksheet M-1, column 7, line 22)				169,773	10.00
11.00	Total nonreimbursable costs (from Worksheet M-1, column 7, line 28)				0	11.00
12.00	Cost of all services (excluding overhead) (sum of lines 10 and 11)				169,773	12.00
13.00	Ratio of RHC/FQHC services (line 10 divided by line 12)				1.000000	13.00
14.00	Total facility overhead - (from Worksheet M-1, column 7, line 31)				15,286	14.00
15.00	Parent provider overhead allocated to facility (see instructions)				303,920	15.00
16.00	Total overhead (sum of lines 14 and 15)				319,206	16.00
17.00	Allowable GME overhead (see instructions)				0	17.00
18.00	Subtract line 17 from line 16				319,206	18.00
19.00	Overhead applicable to RHC/FQHC services (line 13 x line 18)				319,206	19.00
20.00	Total allowable cost of RHC/FQHC services (sum of lines 10 and 19)				488,979	20.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR RHC/FQHC SERVICES		Provider CCN: 151327	Period: From 01/01/2012 To 12/31/2012	Worksheet M-3	
		Component CCN: 158509		Date/Time Prepared: 5/21/2013 4:54 pm	
		Title XVIII	Rural Health Clinic (RHC) I		
				1.00	
DETERMINATION OF RATE FOR RHC/FQHC SERVICES					
1.00	Total Allowable Cost of RHC/FQHC Services (from Worksheet M-2, line 20)		488,979		1.00
2.00	Cost of vaccines and their administration (from Worksheet M-4, line 15)		3,424		2.00
3.00	Total allowable cost excluding vaccine (line 1 minus line 2)		485,555		3.00
4.00	Total Visits (from Worksheet M-2, column 5, line 8)		2,551		4.00
5.00	Physicians visits under agreement (from Worksheet M-2, column 5, line 9)		0		5.00
6.00	Total adjusted visits (line 4 plus line 5)		2,551		6.00
7.00	Adjusted cost per visit (line 3 divided by line 6)		190.34		7.00
			Calculation of Limit (1)		
			Prior to January 1	On or After January 1	
			1.00	2.00	
8.00	Per visit payment limit (from CMS Pub. 27, Sec. 505 or your contractor)		78.54	78.54	8.00
9.00	Rate for Program covered visits (see instructions)		190.34	190.34	9.00
CALCULATION OF SETTLEMENT					
10.00	Program covered visits excluding mental health services (from contractor records)		0	545	10.00
11.00	Program cost excluding costs for mental health services (line 9 x line 10)		0	103,735	11.00
12.00	Program covered visits for mental health services (from contractor records)		0	0	12.00
13.00	Program covered cost from mental health services (line 9 x line 12)		0	0	13.00
14.00	Limit adjustment for mental health services (see instructions)		0	0	14.00
15.00	Graduate Medical Education Pass Through Cost (see instructions)			0	15.00
16.00	Total Program cost (sum of lines 11, 14, and 15, columns 1, 2 and 3) *			103,735	16.00
16.01	Total program charges (see instructions)(from contractor's records)			49,356	16.01
16.02	Total program preventive charges (see instructions)(from provider's records)			351	16.02
16.03	Total program preventive costs ((line 16.02/line 16.01) times line 16)			738	16.03
16.04	Total Program non-preventive costs ((line 16 minus lines 16.03 and 18) times .80) (Titles V and XIX see instructions.)			78,990	16.04
16.05	Total program cost (see instructions)			79,728	16.05
17.00	Primary payer amounts			38	17.00
18.00	Less: Beneficiary deductible for RHC only (see instructions) (from contractor records)			4,259	18.00
19.00	Beneficiary coinsurance for RHC/FQHC services (see instructions) (from contractor records)			0	19.00
20.00	Net Medicare cost excluding vaccines (see instructions)			79,690	20.00
21.00	Program cost of vaccines and their administration (from Wkst. M-4, line 16)			0	21.00
22.00	Total reimbursable Program cost (line 20 plus line 21)			79,690	22.00
23.00	Reimbursable bad debts (see instructions)			0	23.00
24.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)			0	24.00
25.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	25.00
26.00	Net reimbursable amount (lines 22 plus 23 plus or minus line 25)			79,690	26.00
27.00	Interim payments			22,549	27.00
28.00	Tentative settlement (for contractor use only)			0	28.00
29.00	Balance due component/program (line 26 minus lines 27 and 28)			57,141	29.00
30.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, chapter I, section 115.2			0	30.00

COMPUTATION OF PNEUMOCOCCAL AND INFLUENZA VACCINE COST		Provider CCN: 151327 Component CCN: 158509	Period: From 01/01/2012 To 12/31/2012	Worksheet M-4 Date/Time Prepared: 5/21/2013 4:54 pm
		Title XVIII	Rural Health Clinic (RHC) I	
		Pneumococcal 1.00	Influenza 2.00	
1.00	Health care staff cost (from Worksheet M-1, column 7, line 10)	161,462	161,462	1.00
2.00	Ratio of pneumococcal and influenza vaccine staff time to total health care staff time	0.000000	0.003846	2.00
3.00	Pneumococcal and influenza vaccine health care staff cost (line 1 x line 2)	0	621	3.00
4.00	Medical supplies cost - pneumococcal and influenza vaccine (from your records)	0	568	4.00
5.00	Direct cost of pneumococcal and influenza vaccine (line 3 plus line 4)	0	1,189	5.00
6.00	Total direct cost of the facility (from Worksheet M-1, column 7, line 22)	169,773	169,773	6.00
7.00	Total overhead (from Worksheet M-2, line 16)	319,206	319,206	7.00
8.00	Ratio of pneumococcal and influenza vaccine direct cost to total direct cost (line 5 divided by line 6)	0.000000	0.007003	8.00
9.00	Overhead cost - pneumococcal and influenza vaccine (line 7 x line 8)	0	2,235	9.00
10.00	Total pneumococcal and influenza vaccine cost and its (their) administration (sum of lines 5 and 9)	0	3,424	10.00
11.00	Total number of pneumococcal and influenza vaccine injections (from your records)	0	48	11.00
12.00	Cost per pneumococcal and influenza vaccine injection (line 10/line 11)	0.00	71.33	12.00
13.00	Number of pneumococcal and influenza vaccine injections administered to Program beneficiaries	0	0	13.00
14.00	Program cost of pneumococcal and influenza vaccine and its (their) administration (line 12 x line 13)	0	0	14.00
15.00	Total cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 10) (transfer this amount to Worksheet M-3, line 2)		3,424	15.00
16.00	Total Program cost of pneumococcal and influenza vaccine and its (their) administration (sum of columns 1 and 2, line 14) (transfer this amount to Worksheet M-3, line 21)		0	16.00

ANALYSIS OF PAYMENTS TO HOSPITAL-BASED RHC/FQHC PROVIDER FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES	Provider CCN: 151327 Component CCN: 158509	Period: From 01/01/2012 To 12/31/2012	Worksheet M-5 Date/Time Prepared: 5/21/2013 4:54 pm
		Rural Health Clinic (RHC) I	

		Part B		
		mm/dd/yyyy	Amount	
		1.00	2.00	
1.00	Total interim payments paid to provider		22,549	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	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			3.00
Program to Provider				
3.01			0	3.01
3.02			0	3.02
3.03			0	3.03
3.04			0	3.04
3.05			0	3.05
Provider to Program				
3.50			0	3.50
3.51			0	3.51
3.52			0	3.52
3.53			0	3.53
3.54			0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Worksheet M-3, line 27)		22,549	4.00
TO BE COMPLETED BY CONTRACTOR				
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)			5.00
Program to Provider				
5.01			0	5.01
5.02			0	5.02
5.03			0	5.03
Provider to Program				
5.50			0	5.50
5.51			0	5.51
5.52			0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)			6.00
6.01	SETTLEMENT TO PROVIDER		57,141	6.01
6.02	SETTLEMENT TO PROGRAM		0	6.02
7.00	Total Medicare program liability (see instructions)		79,690	7.00
		Contractor Number	Date (Mo/Day/Yr)	
		0	1.00 2.00	
8.00	Name of Contractor			8.00