

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: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/30/2013 4:40 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: 5/30/2013	Time: 4:40 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 SAINT ANTHONY'S HEALTH CENTER (140052) 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		Title XVIII		HIT	Title XIX	
	1.00	2.00	Part A	Part B			
PART III - SETTLEMENT SUMMARY							
1.00 Hospital	0	-149,279		-129,291	0	0	1.00
2.00 Subprovider - IPF	0	0		0		0	2.00
3.00 Subprovider - IRF	0	-46,101		0		0	3.00
4.00 SUBPROVIDER I	0	0		0		0	4.00
5.00 Swing bed - SNF	0	0		0		0	5.00
6.00 Swing bed - NF	0					0	6.00
7.00 SKILLED NURSING FACILITY	0	5,384		0		0	7.00
8.00 NURSING FACILITY	0					0	8.00
9.00 HOME HEALTH AGENCY I	0	0		0		0	9.00
10.00 RURAL HEALTH CLINIC I	0			0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0			0		0	11.00
12.00 CMHC I	0			0		0	12.00
200.00 Total	0	-189,996		-129,291	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: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 3:41 pm			
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: SAINT ANTHONY'S WAY			PO Box: 340				1.00			
2.00	City: ALTON			State: IL		Zip Code: 62002-0340		County: MADISON			
		Component Name		CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		SAINT ANTHONY'S HEALTH CENTER	140052	41180	1	07/01/1966	N	P	0	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF		SAINT ANTHONY'S COMPREHENSIVE REHAB	14T052	41180	5	01/01/1993	N	P	0	5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF		SAINT ANTHONY'S SKILLED NURSING	145314	41180		11/01/1975	N	P	0	9.00
10.00	Hospital-Based NF										10.00
11.00	Hospital-Based OLTC										11.00
12.00	Hospital-Based HHA		SAINT ANTHONY'S HOME HEALTH	147113	41180		02/01/1975	N	P	0	12.00
13.00	Separately Certified ASC										13.00
14.00	Hospital-Based Hospice		SAINT ANTHONY'S HOSPICE	141573	41180		09/15/1994				14.00
15.00	Hospital-Based Health Clinic - RHC										15.00
16.00	Hospital-Based Health Clinic - FQHC										16.00
17.00	Hospital-Based (CMHC) I										17.00
17.10	Hospital-Based (CORF) I										17.10
18.00	Renal Dialysis										18.00
19.00	Other										19.00
							From:	To:			
							1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)						01/01/2012	12/31/2012		20.00	
21.00	Type of Control (see instructions)						1		21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.						Y		N		22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.						3		N		23.00
				In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid 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.			1,668	435	0	0	21	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.			131	82	0	0	0	0		25.00
							Urban/Rural	S		Date of Geogr	
							1.00	2.00		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: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 3:41 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	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		
Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010.						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 3:41 pm
---	--	----------------------	---	---

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))
			1.00

Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010					
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000	66.00

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 3:41 pm		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
				V	XIX	
				1.00	2.00	
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			Y		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
				Physical	Occupational	Speech
				1.00	2.00	3.00
						Respiratory
						4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 3:41 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	1,449,720	10,163		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140052			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 3:41 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	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: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 3:41 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)		Y		3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.		Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.		N		5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?		N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.		N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.		N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.		N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.		N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.		N		11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
			Part A		Part B
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		Y	04/30/2013	Y
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
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.		Y		Y
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	SUPPLY RECLASS	Y		Y

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 3:41 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			Y	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			Y	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			Y	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.	LORI		SUTPHIN	41.00
42.00	Enter the employer/company name of the cost report preparer.	SAINT ANTHONY'S HEALTH CENTER			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	618-463-5689		LSUTPHIN@SAHC.ORG	43.00

		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	04/30/2013		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.	ACCOUNTANT		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: 140052

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	80	29,280	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		80	29,280	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		90	32,940	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	28	10,124		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	24	8,846		0	19.00
20.00 NURSING FACILITY	45.00	2	794		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00				0	23.00
24.00 HOSPICE	116.00	0	0		0	24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		144			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 s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	6,461	1,575	11,574			1.00
2.00 HMO	1,728	21				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	184	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	6,461	1,575	11,574			7.00
8.00 INTENSIVE CARE UNIT	535	85	1,861			8.00
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0			10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0			11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		443	827			13.00
14.00 Total (see instructions)	6,996	2,103	14,262	0.00	550.03	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	3,625	213	4,282	0.00	18.97	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	3,431	0	5,446	0.00	17.94	19.00
20.00 NURSING FACILITY		0	350	0.00	1.12	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY	14,715	962	21,368	0.00	24.76	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				0.00	0.00	23.00
24.00 HOSPICE	0	0	0	0.00	11.39	24.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140052

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

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00	Total (sum of lines 14-26)				0.00	624.21	27.00
28.00	Observation Bed Days		0	1,695			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		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	1,759	854	4,215	1.00
2.00	HMO			409			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	1,759	854	4,215	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00	SUBPROVIDER - IRF	0.00	0	275	14	327	17.00
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00
19.00	SKILLED NURSING FACILITY	0.00					19.00
20.00	NURSING FACILITY	0.00					20.00
21.00	OTHER LONG TERM CARE	0.00				0	21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00
24.00	HOSPICE	0.00					24.00
25.00	CMHC - CMHC	0.00					25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/30/2013 3:41 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	30,203,246	0	30,203,246	1,293,897.91	23.34	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00	3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00	0.00	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		0	0	0	0.00	0.00	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	743,282	-18,106	725,176	38,968.83	18.61	9.00
10.00	Excluded area salaries (see instructions)		3,428,013	151,362	3,579,375	168,874.68	21.20	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		5,251	0	5,251	107.67	48.77	11.00
12.00	Contract management and administrative services		79,791	0	79,791	244.95	325.74	12.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00	13.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		5,427,932	0	5,427,932			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		902,106	0	902,106			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	186,901	-1,000	185,901	6,708.75	27.71	26.00
27.00	Administrative & General	5.00	4,834,480	0	4,834,480	184,280.73	26.23	27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00	28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00	29.00
30.00	Operation of Plant	7.00	985,518	0	985,518	64,239.76	15.34	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00	31.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	665,366	0	665,366	50,310.11	13.23	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	387,241	0	387,241	22,998.08	16.84	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	745,168	-116,735	628,433	17,915.50	35.08	38.00
39.00	Central Services and Supply	14.00	330,864	6,040	336,904	26,373.95	12.77	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	792,350	0	792,350	44,635.36	17.75	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140052

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

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjusted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	464,078	0	464,078	17,228.35	26.94	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140052

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

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2013 3:41 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	30,203,246	0	30,203,246	1,293,897.91	23.34	1.00
2.00	Excluded area salaries (see instructions)	4,171,295	133,256	4,304,551	207,843.51	20.71	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,031,951	-133,256	25,898,695	1,086,054.40	23.85	3.00
4.00	Subtotal other wages & related costs (see inst.)	85,042	0	85,042	352.62	241.17	4.00
5.00	Subtotal wage-related costs (see inst.)	5,427,932	0	5,427,932	0.00	20.96	5.00
6.00	Total (sum of lines 3 thru 5)	31,544,925	-133,256	31,411,669	1,086,407.02	28.91	6.00
7.00	Total overhead cost (see instructions)	9,391,966	-111,695	9,280,271	434,690.59	21.35	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 3:41 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		999,787	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		90,792	6.00
7.00	Employee Managed Care Program Administration Fees		690,252	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		877,386	8.00
9.00	Prescription Drug Plan		822,093	9.00
10.00	Dental, Hearing and Vision Plan		195,945	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		52,356	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		111,016	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		209,799	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		1,719,033	17.00
18.00	Medicare Taxes - Employers Portion Only		402,225	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		145,488	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		8,778	22.00
23.00	Tuition Reimbursement		5,090	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		6,330,040	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140052

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

Worksheet S-3
Part V
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Contract Labor	Benefit Cost	
PART V - Contract Labor and Benefit Cost		1.00	2.00	
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	0	0	1.00
2.00	Hospital	0	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC	0	0	12.00
13.00	Hospital-Based Hospice	0	0	13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis	0	0	17.00
18.00	Other	0	0	18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 140052 Component CCN: 147113		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/30/2013 3:41 pm	
				Home Health Agency I		PPS	
						1.00	
0.00	County					0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	
2.00	Unduplicated Census Count (see instructions)	0.00	825.00	61.00	354.00	1,240.00	
				Number of Employees (Full Time Equivalent)			
		Enter the number of hours in your normal work week		Staff	Contract	Total	
		0		1.00	2.00	3.00	
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00		0.00	0.00	0.00	
4.00	Director(s) and Assistant Director(s)			0.83	0.00	0.83	
5.00	Other Administrative Personnel			4.81	0.00	4.81	
6.00	Direct Nursing Service			9.74	0.00	9.74	
7.00	Nursing Supervisor			1.09	0.00	1.09	
8.00	Physical Therapy Service			4.42	0.00	4.42	
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	
10.00	Occupational Therapy Service			3.12	0.00	3.12	
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	
12.00	Speech Pathology Service			0.16	0.00	0.16	
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	
14.00	Medical Social Service			0.00	0.00	0.00	
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	
16.00	Home Health Aide			0.79	0.00	0.79	
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	
18.00	Other (specify)			0.00	0.00	0.00	
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.			1			
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).			41180			
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers	3.00	4.00	5.00	
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	6,060	682	347	110	7,199	
22.00	Skilled Nursing Visit Charges	1,661,038	187,124	96,777	29,973	1,974,912	
23.00	Physical Therapy Visits	4,125	58	40	64	4,287	
24.00	Physical Therapy Visit Charges	1,223,562	17,155	12,933	18,950	1,272,600	
25.00	Occupational Therapy Visits	1,601	14	17	29	1,661	
26.00	Occupational Therapy Visit Charges	540,107	4,838	5,590	9,496	560,031	
27.00	Speech Pathology Visits	102	0	2	0	104	
28.00	Speech Pathology Visit Charges	24,467	0	616	0	25,083	
29.00	Medical Social Service Visits	337	5	6	4	352	
30.00	Medical Social Service Visit Charges	160,006	2,440	2,964	1,976	167,386	
31.00	Home Health Aide Visits	1,054	39	3	16	1,112	
32.00	Home Health Aide Visit Charges	93,515	3,469	395	1,446	98,825	
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	13,279	798	415	223	14,715	
34.00	Other Charges	0	0	0	0	0	
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,702,695	215,026	119,275	61,841	4,098,837	
36.00	Total Number of Episodes (standard/non outlier)	0		0	0	0	
37.00	Total Number of Outlier Episodes		0		0	0	
38.00	Total Non-Routine Medical Supply Charges	57,878	5,163	12,006	3,190	78,237	

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140052

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

Worksheet S-7

Date/Time Prepared:
5/30/2013 3:41 pm

		1.00	2.00		
1.00	If this facility contains a hospital-based SNF, were all patients under managed care or was there no Medicare utilization? Enter "Y" for yes in column 1 and do not complete the rest of this worksheet.				1.00
2.00	Does this hospital have an agreement under either section 1883 or section 1913 for swing beds? Enter "Y" for yes or "N" for no in column 1. If yes, enter the agreement date (mm/dd/yyyy) in column 2.				2.00
		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)
		1.00	2.00	3.00	4.00
3.00		RUX	0	0	0 3.00
4.00		RUL	14	0	14 4.00
5.00		RVX	0	0	0 5.00
6.00		RVL	18	0	18 6.00
7.00		RHX	0	0	0 7.00
8.00		RHL	0	0	0 8.00
9.00		RMX	0	0	0 9.00
10.00		RML	0	0	0 10.00
11.00		RLX	0	0	0 11.00
12.00		RUC	27	0	27 12.00
13.00		RUB	85	0	85 13.00
14.00		RUA	775	0	775 14.00
15.00		RVC	305	0	305 15.00
16.00		RVB	616	0	616 16.00
17.00		RVA	1,301	0	1,301 17.00
18.00		RHC	8	0	8 18.00
19.00		RHB	0	0	0 19.00
20.00		RHA	67	0	67 20.00
21.00		RMC	11	0	11 21.00
22.00		RMB	5	0	5 22.00
23.00		RMA	118	0	118 23.00
24.00		RLB	0	0	0 24.00
25.00		RLA	0	0	0 25.00
26.00		ES3	0	0	0 26.00
27.00		ES2	0	0	0 27.00
28.00		ES1	0	0	0 28.00
29.00		HE2	0	0	0 29.00
30.00		HE1	0	0	0 30.00
31.00		HD2	0	0	0 31.00
32.00		HD1	0	0	0 32.00
33.00		HC2	0	0	0 33.00
34.00		HC1	5	0	5 34.00
35.00		HB2	11	0	11 35.00
36.00		HB1	14	0	14 36.00
37.00		LE2	0	0	0 37.00
38.00		LE1	0	0	0 38.00
39.00		LD2	0	0	0 39.00
40.00		LD1	0	0	0 40.00
41.00		LC2	0	0	0 41.00
42.00		LC1	0	0	0 42.00
43.00		LB2	2	0	2 43.00
44.00		LB1	0	0	0 44.00
45.00		CE2	0	0	0 45.00
46.00		CE1	0	0	0 46.00
47.00		CD2	0	0	0 47.00
48.00		CD1	3	0	3 48.00
49.00		CC2	0	0	0 49.00
50.00		CC1	2	0	2 50.00
51.00		CB2	0	0	0 51.00
52.00		CB1	26	0	26 52.00
53.00		CA2	0	0	0 53.00
54.00		CA1	8	0	8 54.00
55.00		SE3	0	0	0 55.00
56.00		SE2	0	0	0 56.00
57.00		SE1	0	0	0 57.00
58.00		SSC	0	0	0 58.00
59.00		SSB	0	0	0 59.00
60.00		SSA	0	0	0 60.00
61.00		IB2	0	0	0 61.00
62.00		IB1	0	0	0 62.00
63.00		IA2	0	0	0 63.00
64.00		IA1	0	0	0 64.00
65.00		BB2	0	0	0 65.00
66.00		BB1	0	0	0 66.00
67.00		BA2	0	0	0 67.00
68.00		BA1	0	0	0 68.00

PROSPECTIVE PAYMENT FOR SNF STATISTICAL DATA

Provider CCN: 140052

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

Worksheet S-7

Date/Time Prepared:
5/30/2013 3:41 pm

		Group	SNF Days	Swing Bed SNF Days	Total (sum of col. 2 + 3)	
		1.00	2.00	3.00	4.00	
69.00		PE2	0	0	0	69.00
70.00		PE1	0	0	0	70.00
71.00		PD2	0	0	0	71.00
72.00		PD1	1	0	1	72.00
73.00		PC2	0	0	0	73.00
74.00		PC1	0	0	0	74.00
75.00		PB2	0	0	0	75.00
76.00		PB1	0	0	0	76.00
77.00		PA2	6	0	6	77.00
78.00		PA1	3	0	3	78.00
199.00		AAA	0	0	0	199.00
200.00	TOTAL		3,431	0	3,431	200.00
				CBSA at Beginning of Cost Reporting Period	CBSA on/after October 1 of the Cost Reporting Period (if applicable)	
				1.00	2.00	
201.00	SNF SERVICES	Enter in column 1 the SNF CBSA code or 5 character non-CBSA code if a rural facility, in effect at the beginning of the cost reporting period. Enter in column 2, the code in effect on or after October 1 of the cost reporting period (if applicable).		41180	41180	201.00
			Expenses	Percentage	Associated with Direct Patient Care and Related Expenses?	
			1.00	2.00	3.00	
A notice published in the Federal Register Volume 68, No. 149 August 4, 2003 provided for an increase in the RUG payments beginning 10/01/2003. Congress expected this increase to be used for direct patient care and related expenses. For lines 202 through 207: Enter in column 1 the amount of the expense for each category. Enter in column 2 the percentage of total expenses for each category to total SNF revenue from Worksheet G-2, Part I, line 7, column 3. In column 3, enter "Y" for yes or "N" for no if the spending reflects increases associated with direct patient care and related expenses for each category. (see instructions)						
202.00	Staffing		0	0.00		202.00
203.00	Recruitment		0	0.00		203.00
204.00	Retention of employees		0	0.00		204.00
205.00	Training		0	0.00		205.00
206.00	OTHER (SPECIFY)		0	0.00		206.00
207.00	Total SNF revenue (Worksheet G-2, Part I, line 7, column 3)		3,126,050			207.00

HOSPITAL IDENTIFICATION DATA

Provider CCN: 140052
Component CCN: 141573

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

Worksheet S-9
Parts I & II
Date/Time Prepared:
5/30/2013 3:41 pm

		Hospice I						
		Unduplicated Days						
		Title XVIII	Title XIX	Title XVIII Skilled Nursing Facility	Title XIX Nursing Facility	All Other	Total (sum of cols. 1, 2 & 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
PART I - ENROLLMENT DAYS								
1.00	Continuous Home Care	0	0	0	0	0	0	1.00
2.00	Routine Home Care	12,362	704	0	0	232	13,298	2.00
3.00	Inpatient Respite Care	2,051	0	0	0	1	2,052	3.00
4.00	General Inpatient Care	84	3	0	0	27	114	4.00
5.00	Total Hospice Days	14,497	707	0	0	260	15,464	5.00
Part II - CENSUS DATA								
6.00	Number of Patients Receiving Hospice Care	223	63	0	0	12	298	6.00
7.00	Total Number of Unduplicated Continuous Care Hours Billable to Medicare	0.00		0.00				7.00
8.00	Average Length of Stay (line 5/line 6)	65.01	11.22	0.00	0.00	21.67	51.89	8.00
9.00	Unduplicated Census Count	214	61	0	0	10	285	9.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 3:41 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)		0.169677	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,092,951	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		3,300,754	5.00	
6.00	Medicaid charges		50,760,155	6.00	
7.00	Medicaid cost (line 1 times line 6)		8,612,831	7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,219,126	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)		1,219,126	19.00	
			1.00		
			2.00		
			3.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	22,065,178	2,002,420	24,067,598	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,743,953	339,765	4,083,718	21.00
22.00	Partial payment by patients approved for charity care	7,380	9,153	16,533	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,736,573	330,612	4,067,185	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)		7,393,902	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		431,996	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		6,961,906	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,181,275	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,248,460	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,467,586	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/30/2013 3:41 pm
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		1,195,136		513,343	1,708,479
1.01	00101	CAP REL COSTS-BLDG & FIXT		263,068		104,920	367,988
1.02	00102	CAP REL COSTS-BLDG & FIXT		51,665		49,826	101,491
1.03	00103	CAP REL COSTS-BLDG & FIXT		173,022		24,419	197,441
1.04	00104	CAP REL COSTS-BLDG & FIXT		0		21,770	21,770
2.00	00200	CAP REL COSTS-MVBLE EQUIP		1,700,860		390,012	2,090,872
2.01	00201	CAP REL COSTS-MVBLE EQUIP		405,152		74,299	479,451
2.02	00202	CAP REL COSTS-MVBLE EQUIP		1,790		99,376	101,166
3.00	00300	OTHER CAP REL COSTS		302,289		-302,289	0
4.00	00400	EMPLOYEE BENEFITS	186,901	4,413,030		6,577	4,606,508
5.01	00510	NONPATIENT TELEPHONES	209,534	280,475	490,009	0	490,009
5.02	00530	PURCHASING RECEIVING AND STORES	159,598	232,979	392,577	0	392,577
5.03	00540	ADMITTING	668,509	172,445	840,954	0	840,954
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	48,562	1,741,924	1,790,486	0	1,790,486
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	3,748,277	7,791,769	11,540,046	-7,577	11,532,469
7.00	00700	OPERATION OF PLANT	985,518	3,374,226	4,359,744	0	4,359,744
8.00	00800	LAUNDRY & LINEN SERVICE	0	315,747	315,747	0	315,747
9.00	00900	HOUSEKEEPING	0	1,269,742	1,269,742	0	1,269,742
10.00	01000	DIETARY	665,366	44,790	710,156	0	710,156
11.00	01100	CAFETERIA	387,241	1,038,186	1,425,427	0	1,425,427
13.00	01300	NURSING ADMINISTRATION	745,168	88,792	833,960	-123,036	710,924
14.00	01400	CENTRAL SERVICES & SUPPLY	330,864	5,212,711	5,543,575	-4,936,720	606,855
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	792,350	538,817	1,331,167	0	1,331,167
17.00	01700	SOCIAL SERVICE	464,078	61,897	525,975	0	525,975
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,071,907	663,494	3,735,401	0	3,735,401
31.00	03100	INTENSIVE CARE UNIT	892,061	437,509	1,329,570	2,864	1,332,434
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	797,737	183,480	981,217	50,714	1,031,931
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	73,571	52,920	126,491	0	126,491
44.00	04400	SKILLED NURSING FACILITY	743,282	104,180	847,462	-23,054	824,408
45.00	04500	NURSING FACILITY	0	0	0	51,281	51,281
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,433,951	456,969	1,890,920	-31,765	1,859,155
51.00	05100	RECOVERY ROOM	257,205	29,777	286,982	7,261	294,243
52.00	05200	DELIVERY ROOM & LABOR ROOM	806,155	112,136	918,291	0	918,291
53.00	05300	ANESTHESIOLOGY	2,270	439,976	442,246	0	442,246
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,555,802	1,252,506	2,808,308	-63,136	2,745,172
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	179,966	125,009	304,975	17,584	322,559
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	79,448	49,936	129,384	17,582	146,966
59.00	05900	CARDIAC CATHETERIZATION	235,715	134,726	370,441	27,821	398,262
60.00	06000	LABORATORY	1,793,447	1,404,499	3,197,946	0	3,197,946
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	486,714	486,714	0	486,714
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	330,758	185,064	515,822	6,950	522,772
66.00	06600	PHYSICAL THERAPY	908,855	97,083	1,005,938	18,455	1,024,393
67.00	06700	OCCUPATIONAL THERAPY	492,978	38,926	531,904	-34,879	497,025
68.00	06800	SPEECH PATHOLOGY	104,959	10,347	115,306	0	115,306
69.00	06900	ELECTROCARDIOLOGY	190,657	71,059	261,716	-39,768	221,948
70.00	07000	ELECTROENCEPHALOGRAPHY	134,136	28,910	163,046	12,522	175,568
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,944,469	2,944,469
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	2,007,095	2,007,095
73.00	07300	DRUGS CHARGED TO PATIENTS	872,370	3,366,587	4,238,957	0	4,238,957
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.01	03481	ONCOLOGY	141,264	33,883	175,147	0	175,147
76.02	03951	DIABETES CENTER	23,511	3,856	27,367	18,491	45,858
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	323,715	30,357	354,072	0	354,072
76.04	03952	PAIN CLINIC	91,386	42,305	133,691	17,581	151,272

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140052

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

Worksheet A
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
76.05	03953 WOUND CENTER	247,342	116,676	364,018	-18,491	345,527	76.05
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	1,984,530	1,001,810	2,986,340	18,151	3,004,491	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	60,150	60,150	0	60,150	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	412,026	825,423	1,237,449	0	1,237,449	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,419,385	282,483	1,701,868	9,645	1,711,513	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	975,676	975,676	-975,676	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	486,857	1,047,078	1,533,935	40,701	1,574,636	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	29,479,212	44,822,016	74,301,228	-2,682	74,298,546	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	351	351	0	351	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	112,041	29,982	142,023	2,682	144,705	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	135,433	135,433	0	135,433	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303 LI FELINE	0	0	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305 EMS	58,867	35,481	94,348	0	94,348	193.05
193.06	19306 SURGERY MM	0	0	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	553,126	37,784	590,910	0	590,910	193.07
193.08	19308 MEALS ON WHEELS	0	6,593	6,593	0	6,593	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	TOTAL (SUM OF LINES 118-199)	30,203,246	45,067,640	75,270,886	0	75,270,886	200.00
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation				
		6.00	7.00				
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT	6,781	1,715,260				1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT	-52,395	315,593				1.01
1.02	00102 CAP REL COSTS-BLDG & FIXT	-4,734	96,757				1.02
1.03	00103 CAP REL COSTS-BLDG & FIXT	-4,087	193,354				1.03
1.04	00104 CAP REL COSTS-BLDG & FIXT	76,060	97,830				1.04
2.00	00200 CAP REL COSTS-MVBLE EQUIP	-1,350	2,089,522				2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP	66	479,517				2.01
2.02	00202 CAP REL COSTS-MVBLE EQUIP	-9,194	91,972				2.02
3.00	00300 OTHER CAP REL COSTS	0	0				3.00
4.00	00400 EMPLOYEE BENEFITS	0	4,606,508				4.00
5.01	00510 NONPATIENT TELEPHONES	-15,780	474,229				5.01
5.02	00530 PURCHASING RECEIVING AND STORES	-76,302	316,275				5.02
5.03	00540 ADMINISTRATION	0	840,954				5.03
5.04	00550 CASHIERING/ACCOUNTS RECEIVABLE	0	1,790,486				5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL	-800,844	10,731,625				5.05
7.00	00700 OPERATION OF PLANT	-1,096,643	3,263,101				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	315,747				8.00
9.00	00900 HOUSEKEEPING	0	1,269,742				9.00
10.00	01000 DIETARY	-284,535	425,621				10.00
11.00	01100 CAFETERIA	-433,754	991,673				11.00
13.00	01300 NURSING ADMINISTRATION	-423	710,501				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	259	607,114				14.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140052

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

Worksheet A
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
15.00	01500	PHARMACY	6.00	7.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	15.00
17.00	01700	SOCIAL SERVICE	-1,833	1,329,334	16.00
			0	525,975	17.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-240,000	3,495,401	30.00
31.00	03100	INTENSIVE CARE UNIT	-311,341	1,021,093	31.00
32.00	03200	CORONARY CARE UNIT	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	-46,114	985,817	41.00
42.00	04200	SUBPROVIDER	0	0	42.00
43.00	04300	NURSERY	0	126,491	43.00
44.00	04400	SKILLED NURSING FACILITY	-3,608	820,800	44.00
45.00	04500	NURSING FACILITY	-214	51,067	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	1,859,155	50.00
51.00	05100	RECOVERY ROOM	0	294,243	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	918,291	52.00
53.00	05300	ANESTHESIOLOGY	-317,667	124,579	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-3,893	2,741,279	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	322,559	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	146,966	58.00
59.00	05900	CARDIAC CATHETERIZATION	-114,881	283,381	59.00
60.00	06000	LABORATORY	0	3,197,946	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	486,714	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	522,772	65.00
66.00	06600	PHYSICAL THERAPY	-2,580	1,021,813	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	497,025	67.00
68.00	06800	SPEECH PATHOLOGY	0	115,306	68.00
69.00	06900	ELECTROCARDIOLOGY	-32,800	189,148	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	175,568	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,944,469	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,007,095	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-8,953	4,230,004	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	76.00
76.01	03481	ONCOLOGY	-97,129	78,018	76.01
76.02	03951	DIABETES CENTER	-934	44,924	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	-37	354,035	76.03
76.04	03952	PAIN CLINIC	0	151,272	76.04
76.05	03953	WOUND CENTER	0	345,527	76.05
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-319,717	2,684,774	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	60,150	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,237,449	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	1,711,513	101.00
SPECIAL PURPOSE COST CENTERS					
105.00	10500	KIDNEY ACQUISITION	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140052

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

Worksheet A
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
113.00	11300	INTEREST EXPENSE	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600	HOSPICE	-90,966	1,483,670	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-4,289,542	70,009,004	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	351	190.00
191.00	19100	RESEARCH	0	0	191.00
191.01	19101	ADULT DAY CARE	0	144,705	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	135,433	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	PARISH NURSE PROGRAM	0	0	193.01
193.02	19302	RETAIL PHARMACY	0	0	193.02
193.03	19303	LIFELINE	0	0	193.03
193.04	19304	PRIVATE CARE SERVICES	0	0	193.04
193.05	19305	EMS	0	94,348	193.05
193.06	19306	SURGERY MM	0	0	193.06
193.07	19307	SAINT CLARE'S VILLA	0	590,910	193.07
193.08	19308	MEALS ON WHEELS	-8,138	-1,545	193.08
194.00	07950	OTHER PROPERTY	0	0	194.00
200.00		TOTAL (SUM OF LINES 118-199)	-4,297,680	70,973,206	200.00

RECLASSIFICATIONS

Provider CCN: 140052

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

Worksheet A-6
Date/Time Prepared:
5/30/2013 3:41 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
C - RECLASS OF THERAPIES DIRECTOR						
1.00	OCCUPATIONAL THERAPY	67.00	5,837	314	1.00	
2.00	SUBPROVIDER - IRF	41.00	23,347	1,260	2.00	
3.00	SKILLED NURSING FACILITY	44.00	11,674	630	3.00	
4.00	HOME HEALTH AGENCY	101.00	35,020	1,891	4.00	
5.00	HOSPICE	116.00	23,347	1,261	5.00	
6.00	PHYSICAL THERAPY	66.00	17,510	945	6.00	
	TOTALS		116,735	6,301		
D - RECLASS OF SNF NON-CERT EXPENSE						
1.00	NURSING FACILITY	45.00	44,884	6,397	1.00	
	TOTALS		44,884	6,397		
E - RECLASS OF HOME HEALTH SUPPLIES						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,491	1.00	
	TOTALS		0	8,491		
F - RECLASS OF INTEREST EXPENSE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	341,081	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.01	0	76,674	2.00	
3.00	CAP REL COSTS-BLDG & FIXT	1.02	0	43,861	3.00	
4.00	CAP REL COSTS-BLDG & FIXT	1.03	0	7,945	4.00	
5.00	CAP REL COSTS-BLDG & FIXT	1.04	0	14,489	5.00	
6.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	342,165	6.00	
7.00	CAP REL COSTS-MVBLE EQUIP	2.01	0	50,802	7.00	
8.00	CAP REL COSTS-MVBLE EQUIP	2.02	0	98,659	8.00	
	TOTALS		0	975,676		
G - RECLASS RECREATIONAL DIRECTOR						
1.00	SKILLED NURSING FACILITY	44.00	15,104	819	1.00	
2.00	SUBPROVIDER - IRF	41.00	24,764	1,343	2.00	
	TOTALS		39,868	2,162		
H - RECLASS HHA DIRECTOR						
1.00	HOSPICE	116.00	15,254	839	1.00	
2.00	ADULT DAY CARE	191.01	2,542	140	2.00	
	TOTALS		17,796	979		
I - RECLASS MEDICAL BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,944,469	1.00	
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	2,007,095	2.00	
	TOTALS		0	4,951,564		
N - RECLASS OF IMAGING MGR AND SPVSR						
1.00	ELECTROENCEPHALOGRAPHY	70.00	9,870	519	1.00	
2.00	PAIN CLINIC	76.04	16,719	862	2.00	
3.00	CT SCAN	57.00	16,720	864	3.00	
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	16,719	863	4.00	
	TOTALS		60,028	3,108		
O - RECLASS OF SIGNING BONUS						
1.00	OCCUPATIONAL THERAPY	67.00	1,000	0	1.00	
	TOTALS		1,000	0		
P - RECLASS OF PERIOPERATIVE DIRECTOR						
1.00	EMERGENCY	91.00	17,256	895	1.00	
2.00	RECOVERY ROOM	51.00	6,903	358	2.00	
3.00	CENTRAL SERVICES & SUPPLY	14.00	6,040	313	3.00	
	TOTALS		30,199	1,566		
R - RECLASS OF DIABETES MGR						
1.00	DIABETES CENTER	76.02	17,512	979	1.00	
	TOTALS		17,512	979		
S - RECLASS OF PENSION MGMT FEES						
1.00	EMPLOYEE BENEFITS	4.00	0	7,577	1.00	
	TOTALS		0	7,577		
T - RECLASS OF CARDIOLOGY MANAGER						
1.00	INTENSIVE CARE UNIT	31.00	7,284	397	1.00	
2.00	CARDIAC CATHETERIZATION	59.00	26,396	1,425	2.00	
3.00	RESPIRATORY THERAPY	65.00	2,023	110	3.00	
4.00	ELECTROENCEPHALOGRAPHY	70.00	2,023	110	4.00	
	TOTALS		37,726	2,042		
U - RECLASS OF ICU MANAGER						
1.00	RESPIRATORY THERAPY	65.00	4,570	247	1.00	
	TOTALS		4,570	247		
500.00	Grand Total: Increases		370,318	5,967,089	500.00	

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
C - RECLASS OF THERAPIES DIRECTOR							
1.00	NURSING ADMINISTRATION	13.00	116,735	6,301	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
TOTALS			116,735	6,301			
D - RECLASS OF SNF NON-CERT EXPENSE							
1.00	SKILLED NURSING FACILITY	44.00	44,884	6,397	0		1.00
TOTALS			44,884	6,397			
E - RECLASS OF HOME HEALTH SUPPLIES							
1.00	HOME HEALTH AGENCY	101.00	0	8,491	0		1.00
TOTALS			0	8,491			
F - RECLASS OF INTEREST EXPENSE							
1.00	INTEREST EXPENSE	113.00	0	975,676	11		1.00
2.00		0.00	0	0	11		2.00
3.00		0.00	0	0	11		3.00
4.00		0.00	0	0	11		4.00
5.00		0.00	0	0	11		5.00
6.00		0.00	0	0	11		6.00
7.00		0.00	0	0	11		7.00
8.00		0.00	0	0	11		8.00
TOTALS			0	975,676			
G - RECLASS RECREATIONAL DIRECTOR							
1.00	OCCUPATIONAL THERAPY	67.00	39,868	2,162	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			39,868	2,162			
H - RECLASS HHA DIRECTOR							
1.00	HOME HEALTH AGENCY	101.00	17,796	979	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			17,796	979			
I - RECLASS MEDICAL BILLABLE SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	4,951,564	0		1.00
2.00		0.00	0	0	0		2.00
TOTALS			0	4,951,564			
N - RECLASS OF IMAGING MGR AND SPVSR							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	60,028	3,108	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
TOTALS			60,028	3,108			
O - RECLASS OF SIGNING BONUS							
1.00	EMPLOYEE BENEFITS	4.00	1,000	0	0		1.00
TOTALS			1,000	0			
P - RECLASS OF PERIOPERATIVE DIRECTOR							
1.00	OPERATING ROOM	50.00	30,199	1,566	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
TOTALS			30,199	1,566			
R - RECLASS OF DIABETES MGR							
1.00	WOUND CENTER	76.05	17,512	979	0		1.00
TOTALS			17,512	979			
S - RECLASS OF PENSION MGMT FEES							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	7,577	0		1.00
TOTALS			0	7,577			
T - RECLASS OF CARDIOLOGY MANAGER							
1.00	ELECTROCARDIOLOGY	69.00	37,726	2,042	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
TOTALS			37,726	2,042			
U - RECLASS OF ICU MANAGER							
1.00	INTENSIVE CARE UNIT	31.00	4,570	247	0		1.00
TOTALS			4,570	247			
500.00	Grand Total: Decreases		370,318	5,967,089			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140052

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

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2013 3:41 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	3,883,217	0	0	0	1.00
2.00	Land Improvements	9,816,235	5,355	0	5,355	2.00
3.00	Buildings and Fixtures	51,860,185	1,004,727	0	1,004,727	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	7,636,153	137,966	0	137,966	5.00
6.00	Movable Equipment	30,665,130	2,617,973	0	2,617,973	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	103,860,920	3,766,021	0	3,766,021	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	103,860,920	3,766,021	0	3,766,021	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,883,217	0			1.00
2.00	Land Improvements	9,821,590	0			2.00
3.00	Buildings and Fixtures	52,337,250	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	7,774,119	0			5.00
6.00	Movable Equipment	31,791,322	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	105,607,498	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	105,607,498	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140052

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

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,181,946	13,190	0	0	0	1.00
1.01	CAP REL COSTS-BLDG & FIXT	263,068	0	0	0	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	51,665	0	0	0	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT	173,022	0	0	0	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	1,349,491	351,369	0	0	0	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	371,605	33,547	0	0	0	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	1,790	0	0	0	0	2.02
3.00	Total (sum of lines 1-2)	3,392,587	398,106	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,195,136				1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	263,068				1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	51,665				1.02
1.03	CAP REL COSTS-BLDG & FIXT	0	173,022				1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0				1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,700,860				2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	405,152				2.01
2.02	CAP REL COSTS-MVBLE EQUIP	0	1,790				2.02
3.00	Total (sum of lines 1-2)	0	3,790,693				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140052

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

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	52,325,454	0	52,325,454	0.569857	172,262	1.00
1.01	CAP REL COSTS-BLDG & FIXT	8,579,845	0	8,579,845	0.093440	28,246	1.01
1.02	CAP REL COSTS-BLDG & FIXT	1,811,846	0	1,811,846	0.019732	5,965	1.02
1.03	CAP REL COSTS-BLDG & FIXT	5,004,190	0	5,004,190	0.054499	16,474	1.03
1.04	CAP REL COSTS-BLDG & FIXT	2,211,623	0	2,211,623	0.024086	7,281	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	18,987,209	4,453,297	14,533,912	0.158283	47,847	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	7,635,115	497,801	7,137,314	0.077730	23,497	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	217,900	0	217,900	0.002373	717	2.02
3.00	Total (sum of lines 1-2)	96,773,182	4,951,098	91,822,084	0.000000	302,289	3.00
ALLOCATION OF OTHER CAPITAL							
Cost Center Description	Taxes	Other Capital-Related Costs	Total (sum of col. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	172,262	1,220,513	13,190	1.00
1.01	CAP REL COSTS-BLDG & FIXT	0	0	28,246	217,818	0	1.01
1.02	CAP REL COSTS-BLDG & FIXT	0	0	5,965	51,665	0	1.02
1.03	CAP REL COSTS-BLDG & FIXT	0	0	16,474	173,022	0	1.03
1.04	CAP REL COSTS-BLDG & FIXT	0	0	7,281	76,800	0	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	47,847	1,349,491	351,369	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	0	0	23,497	403,558	33,547	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	0	0	717	1,790	0	2.02
3.00	Total (sum of lines 1-2)	0	0	302,289	3,494,657	398,106	3.00
SUMMARY OF CAPITAL							
Cost Center Description	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
	PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	309,295	172,262	0	0	1,715,260	1.00
1.01	CAP REL COSTS-BLDG & FIXT	69,529	28,246	0	0	315,593	1.01
1.02	CAP REL COSTS-BLDG & FIXT	39,127	5,965	0	0	96,757	1.02
1.03	CAP REL COSTS-BLDG & FIXT	3,858	16,474	0	0	193,354	1.03
1.04	CAP REL COSTS-BLDG & FIXT	13,749	7,281	0	0	97,830	1.04
2.00	CAP REL COSTS-MVBLE EQUIP	340,815	47,847	0	0	2,089,522	2.00
2.01	CAP REL COSTS-MVBLE EQUIP	18,915	23,497	0	0	479,517	2.01
2.02	CAP REL COSTS-MVBLE EQUIP	89,465	717	0	0	91,972	2.02
3.00	Total (sum of lines 1-2)	884,753	302,289	0	0	5,079,805	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	Ref.
				Cost Center	Line #			
				3.00	4.00			
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-31,786	CAP REL COSTS-BLDG & FIXT	1.00		11	1.00
1.01	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-7,145	CAP REL COSTS-BLDG & FIXT	1.01		11	1.01
1.02	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,734	CAP REL COSTS-BLDG & FIXT	1.02		11	1.02
1.03	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-4,087	CAP REL COSTS-BLDG & FIXT	1.03		11	1.03
1.04	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-740	CAP REL COSTS-BLDG & FIXT	1.04		11	1.04
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-1,350	CAP REL COSTS-MVBLE EQUIP	2.00		11	2.00
2.01	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-31,887	CAP REL COSTS-MVBLE EQUIP	2.01		11	2.01
2.02	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	B	-9,194	CAP REL COSTS-MVBLE EQUIP	2.02		11	2.02
3.00	Investment income - other (chapter 2)		0		0.00		0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00		0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00		0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00		0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-15,780	NONPATIENT TELEPHONES	5.01		0	7.00
8.00	Television and radio service (chapter 21)		0		0.00		0	8.00
9.00	Parking lot (chapter 21)		0		0.00		0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,349,226				0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00		0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	269,622				0	12.00
13.00	Laundry and linen service		0		0.00		0	13.00
14.00	Cafeteria-employees and guests	A	-433,754	CAFETERIA	11.00		0	14.00
15.00	Rental of quarters to employee and others		0		0.00		0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00		0	16.00
17.00	Sale of drugs to other than patients	A	-8,953	DRUGS CHARGED TO PATIENTS	73.00		0	17.00
18.00	Sale of medical records and abstracts	B	-1,833	MEDICAL RECORDS & LIBRARY	16.00		0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00		0	19.00
20.00	Vending machines		0		0.00		0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00		0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00		0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		ORESPIRATORY THERAPY	65.00			23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY	66.00			24.00
25.00	Utilization review - physicians' compensation (chapter 21)			UTILIZATION REVIEW-SNF	114.00			25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	38,567	CAP REL COSTS-BLDG & FIXT	1.00		9	26.00
26.01	Depreciation - CAP REL COSTS-BLDG & FIXT	A	-41,832	CAP REL COSTS-BLDG & FIXT	1.01		9	26.01
26.02	Depreciation - CAP REL COSTS-BLDG & FIXT		0	CAP REL COSTS-BLDG & FIXT	1.02		0	26.02

Provider CCN: 140052

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

Worksheet A-8
 Date/Time Prepared:
 5/30/2013 3:41 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center	Line #		
			1.00	2.00	3.00	
26.03 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.03	0 26.03
26.04 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.04	0 26.04
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
27.01 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.01	0 27.01
27.02 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.02	0 27.02
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	0 28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	OCCUPATIONAL THERAPY	67.00	0 30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	SPEECH PATHOLOGY	68.00	0 31.00
32.00 CAH HIT Adjustment for Depreciation and Interest			0		0.00	0 32.00
33.00 OTHER REVENUE	B	-60,205	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.00
33.01 SUPPORT FEE	B	-250,000	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.01
33.02		0	0		0.00	0 33.02
33.03 A/P DISCOUNTS	B	259	0	CENTRAL SERVICES & SUPPLY	14.00	0 33.03
33.04 NEWSPAPER	B	16,441	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.04
33.05 PATIENT CARE SERVICES	B	-423	0	NURSING ADMINISTRATION	13.00	0 33.05
33.06 EMERGENCY	B	-28,784	0	EMERGENCY	91.00	0 33.06
33.07 DIABETES	B	-934	0	DIABETES CENTER	76.02	0 33.07
33.08 WOMEN'S IMAGING	B	-529	0	RADIOLOGY-DIAGNOSTIC	54.00	0 33.08
33.09 CVL	B	-14,881	0	CARDIAC CATHETERIZATION	59.00	0 33.09
33.10 MATERIALS MANAGEMENT	B	-76,302	0	PURCHASING RECEIVING AND STORES	5.02	0 33.10
33.11 PSYCHOLOGICAL SERVICES	B	-37	0	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03	0 33.11
33.12 ONCOLOGY	B	-93,944	0	ONCOLOGY	76.01	0 33.12
33.13 HOSPICE	B	-90,966	0	HOSPICE	116.00	0 33.13
33.14 PHYSICAL THERAPY	B	-2,580	0	PHYSICAL THERAPY	66.00	0 33.14
33.15 NUTRITION	A	-104,288	0	DIETARY	10.00	0 33.15
33.16 ENGINEERING	B	-1,096,643	0	OPERATION OF PLANT	7.00	0 33.16
33.17 PHYSICIAN LIAISON	B	-4,022	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.17
33.18 ADMINISTRATION	B	-71,195	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.18
33.19 MED STAFF OFFICE	B	-200	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.19
33.20 COMMUNITY RELATIONS	B	-32,234	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.20
34.00 SAINT CLARE'S ACQUISITION	A	-3,418	0	CAP REL COSTS-BLDG & FIXT	1.01	9 34.00
35.00 ENTERTAINMENT ADJUSTMENT	A	-36,796	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	9 35.00
36.00 ADVERTISING ADJUSTMENT	A	-425,270	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 36.00
37.00 MEALS ON WHEELS	A	-8,138	0	MEALS ON WHEELS	193.08	0 37.00
37.01 NON-PATIENT RELATED CATERING	A	-180,247	0	DIETARY	10.00	0 37.01
38.00 RECRUITING EXPENSE	A	-70,000	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 38.00
39.00 LOBBYING EXPENSE	A	-41,879	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 39.00
40.00 DPA PROVIDER TAX	A	15,366	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 40.00
41.00 DIABETES CENTER MARKETING EXPENSE	A	-1,719	0	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 41.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-4,297,680				50.00

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

Provider CCN: 140052

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 3:41 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	4.00	EMPLOYEE BENEFITS	HEALTH INSURANCE SISTERS	57,496	57,496 1.00
2.00	4.00	EMPLOYEE BENEFITS	PENSION SISTERS	62,737	62,737 2.00
3.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	SALARIES SISTERS	526,217	526,217 3.00
4.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	MANAGEMENT SALARIES	53,500	0 4.00
4.01	1.04	CAP REL COSTS-BLDG & FIXT	DEPRECIATION BUILDING	76,800	0 4.01
4.02	2.01	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION MME	31,953	0 4.02
4.03	5.05	OTHER ADMINISTRATIVE AND GENERAL	MANAGEMENT OTHER EXPENSE	107,369	0 4.03
5.00	0	0	0	916,072	646,450 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	G	SRS OF ST FRANC	100.00	SRS OF ST FRANC	100.00	6.00
7.00	G	ST ANTHONYS SYS	100.00	SRS OF ST FRANC	100.00	7.00
8.00	B	ST ANTHONYS FOU	100.00	ST ANTHONYS SYS	100.00	8.00
9.00	B	ST ANTHONYS PHY	100.00	ST ANTHONYS SYS	100.00	9.00
10.00	B	ST ANTHONYS LLC	100.00	ST ANTHONYS HEA	100.00	10.00
100.00	G. Other (financial or non-financial) specify:	FINANCIAL				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: 140052

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

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 3:41 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	0	0		1.00
2.00	0	0		2.00
3.00	0	0		3.00
4.00	53,500	0		4.00
4.01	76,800	9		4.01
4.02	31,953	9		4.02
4.03	107,369	0		4.03
5.00	269,622			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	NON-PROFIT		6.00
7.00	NON-PROFIT		7.00
8.00	NON-PROFIT		8.00
9.00	NON-PROFIT		9.00
10.00	NON-PROFIT		10.00
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: 140052

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

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 3:41 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	30.00	ADULTS & PEDIATRICS	240,000	240,000	0	177,200	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	311,341	311,341	0	177,200	0	2.00
3.00	41.00	SUBPROVIDER - IRF	70,618	46,114	24,504	177,200	364	3.00
4.00	44.00	SKILLED NURSING FACILITY	11,275	0	11,275	177,200	90	4.00
5.00	45.00	NURSING FACILITY	725	0	725	177,200	6	5.00
6.00	53.00	ANESTHESIOLOGY	317,667	317,667	0	200,300	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	3,364	3,364	0	225,300	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	100,000	100,000	0	177,200	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	32,800	32,800	0	177,200	0	9.00
10.00	76.01	ONCOLOGY	10,000	0	10,000	177,200	80	10.00
11.00	91.00	EMERGENCY	290,933	290,933	0	177,200	0	11.00
200.00			1,388,723	1,342,219	46,504		540	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	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	41.00	SUBPROVIDER - IRF	31,010	1,551	0	0	0	3.00
4.00	44.00	SKILLED NURSING FACILITY	7,667	383	0	0	0	4.00
5.00	45.00	NURSING FACILITY	511	26	0	0	0	5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	0	0	8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	0	0	9.00
10.00	76.01	ONCOLOGY	6,815	341	0	0	0	10.00
11.00	91.00	EMERGENCY	0	0	0	0	232,208	11.00
200.00			46,003	2,301	0	0	232,208	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	30.00	ADULTS & PEDIATRICS	0	0	0	240,000		1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	311,341		2.00
3.00	41.00	SUBPROVIDER - IRF	0	31,010	0	46,114		3.00
4.00	44.00	SKILLED NURSING FACILITY	0	7,667	3,608	3,608		4.00
5.00	45.00	NURSING FACILITY	0	511	214	214		5.00
6.00	53.00	ANESTHESIOLOGY	0	0	0	317,667		6.00
7.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	3,364		7.00
8.00	59.00	CARDIAC CATHETERIZATION	0	0	0	100,000		8.00
9.00	69.00	ELECTROCARDIOLOGY	0	0	0	32,800		9.00
10.00	76.01	ONCOLOGY	0	6,815	3,185	3,185		10.00
11.00	91.00	EMERGENCY	0	0	0	290,933		11.00
200.00			0	46,003	7,007	1,349,226		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		0	1.00	1.01	1.02	1.03	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,715,260	1,715,260			1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	315,593	0	315,593		1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	96,757	0	0	96,757	1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT	193,354	0	0	0	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT	97,830	0	0	0	1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2,089,522				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	479,517				2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP	91,972				2.02
4.00	00400	EMPLOYEE BENEFITS	4,606,508	6,246	1,491	0	4.00
5.01	00510	NONPATIENT TELEPHONES	474,229	4,073	286	0	5.01
5.02	00530	PURCHASING RECEIVING AND STORES	316,275	36,341	656	0	5.02
5.03	00540	ADMINISTRATIVE	840,954	15,783	0	0	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,790,486	7,420	0	0	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	10,731,625	186,031	35,288	96,757	5.05
7.00	00700	OPERATION OF PLANT	3,263,101	147,582	14,921	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	315,747	11,102	1,585	0	8.00
9.00	00900	HOUSEKEEPING	1,269,742	47,588	6,027	0	9.00
10.00	01000	DIETARY	425,621	60,696	2,493	0	10.00
11.00	01100	CAFETERIA	991,673	29,566	3,457	0	11.00
13.00	01300	NURSING ADMINISTRATION	710,501	9,529	1,408	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	607,114	41,653	7,750	0	14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,329,334	20,486	548	0	16.00
17.00	01700	SOCIAL SERVICE	525,975	4,362	2,061	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,495,401	328,939	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	1,021,093	110,132	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	985,817	0	15,555	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	126,491	9,189	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	820,800	0	4,410	0	44.00
45.00	04500	NURSING FACILITY	51,067	0	1,165	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,859,155	177,850	34,736	0	50.00
51.00	05100	RECOVERY ROOM	294,243	7,188	1,594	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	918,291	96,356	0	0	52.00
53.00	05300	ANESTHESIOLOGY	124,579	725	298	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,741,279	73,269	21,067	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	322,559	6,783	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	146,966	5,833	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	283,381	16,123	0	0	59.00
60.00	06000	LABORATORY	3,197,946	72,501	6,570	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	486,714	471	596	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	522,772	15,790	1,395	0	65.00
66.00	06600	PHYSICAL THERAPY	1,021,813	6,848	6,651	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	497,025	1,572	10,882	0	67.00
68.00	06800	SPEECH PATHOLOGY	115,306	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	189,148	23,993	1,199	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	175,568	11,449	742	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,944,469	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,007,095	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,230,004	15,210	1,821	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.01	03481	ONCOLOGY	78,018	0	0	0	76.01
76.02	03951	DIABETES CENTER	44,924	0	1,639	0	76.02

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS				
			BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		0	1.00	1.01	1.02	1.03	
76.03	03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	354,035	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	151,272	3,152	0	0	0	76.04
76.05	03953 WOUND CENTER	345,527	0	6,003	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	2,684,774	95,690	8,503	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	60,150	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	1,237,449	0	0	0	0	97.00
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,711,513	0	6,346	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,483,670	0	521	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	70,009,004	1,707,521	209,664	96,757	3,641	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	351	6,609	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	144,705	0	7,441	0	0	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	135,433	0	0	0	189,713	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303 LI FELINE	0	0	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305 EMS	94,348	1,130	0	0	0	193.05
193.06	19306 SURGERY MM	0	0	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	590,910	0	98,488	0	0	193.07
193.08	19308 MEALS ON WHEELS	-1,545	0	0	0	0	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments	0	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	70,973,206	1,715,260	315,593	96,757	193,354	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
		1.04	2.00	2.01	2.02		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT	97,830				1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP		2,089,522			2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP		0	479,517		2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP		0	0	91,972	2.02
4.00	00400	EMPLOYEE BENEFITS	2,437	7,603	4,197	0	4,628,482
5.01	00510	NONPATIENT TELEPHONES	0	4,957	379	0	32,310
5.02	00530	PURCHASING RECEIVING AND STORES	0	44,234	867	0	24,610
5.03	00540	ADMINISTRATIVE	0	19,211	0	0	103,083
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	3,312	9,032	3,062	0	7,488
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	22,823	226,436	67,524	91,972	577,970
7.00	00700	OPERATION OF PLANT	15,047	181,796	33,477	0	151,966
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,513	2,098	0	0
9.00	00900	HOUSEKEEPING	0	60,472	7,975	0	0
10.00	01000	DIETARY	346	73,879	3,614	0	102,599
11.00	01100	CAFETERIA	0	35,987	4,574	0	59,712
13.00	01300	NURSING ADMINISTRATION	0	12,446	1,863	0	96,904
14.00	01400	CENTRAL SERVICES & SUPPLY	0	50,699	10,256	0	51,950
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,935	726	0	122,180
17.00	01700	SOCIAL SERVICE	0	5,310	2,727	0	71,560
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	400,381	0	0	473,685
31.00	03100	INTENSIVE CARE UNIT	0	134,052	0	0	137,973
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/P	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/R	0	0	20,583	0	130,429
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	11,184	0	0	11,345
44.00	04400	SKILLED NURSING FACILITY	0	0	5,836	0	111,821
45.00	04500	NURSING FACILITY	0	0	1,542	0	6,921
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	216,478	45,965	0	216,457
51.00	05100	RECOVERY ROOM	0	8,750	2,110	0	40,725
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	117,284	0	0	124,308
53.00	05300	ANESTHESIOLOGY	0	882	394	0	350
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	89,183	27,878	0	230,647
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	8,256	0	0	30,329
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,100	0	0	14,829
59.00	05900	CARDIAC CATHETERIZATION	0	19,625	0	0	33,679
60.00	06000	LABORATORY	0	88,248	8,695	0	276,548
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	573	789	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	19,220	1,845	0	52,019
66.00	06600	PHYSICAL THERAPY	9,311	8,335	17,299	0	142,845
67.00	06700	OCCUPATIONAL THERAPY	2,351	1,914	16,545	0	70,769
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	16,185
69.00	06900	ELECTROCARDIOLOGY	0	29,204	1,587	0	30,320
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,936	982	0	22,518
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,514	2,409	0	134,519
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.01	03481	ONCOLOGY	7,352	0	6,709	0	21,783
76.02	03951	DIABETES CENTER	0	0	2,169	0	6,326
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,805	0	4,385	0	49,917
76.04	03952	PAIN CLINIC	0	0	0	0	16,670
76.05	03953	WOUND CENTER	0	0	7,943	0	35,440

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAPITAL RELATED COSTS				EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP			
		1.04	2.00	2.01	2.02			4.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	116,473	11,252	0	308,673	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	63,534	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	8,397	0	221,524	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	690	0	81,025	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,784	2,080,102	339,343	91,972	4,516,445	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,044	0	0	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	ADULT DAY CARE	0	0	9,846	0	17,669	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,046	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	PARI SH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302	RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303	LIFELINE	0	0	0	0	0	193.03
193.04	19304	PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305	EMS	0	1,376	0	0	9,077	193.05
193.06	19306	SURGERY MM	0	0	0	0	0	193.06
193.07	19307	SAINT CLARE'S VILLA	0	0	130,328	0	85,291	193.07
193.08	19308	MEALS ON WHEELS	0	0	0	0	0	193.08
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	97,830	2,089,522	479,517	91,972	4,628,482	202.00
Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal		
		5.01	5.02	5.03	5.04	5A.04		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01	
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	NONPATIENT TELEPHONES	516,234				5.01	
5.02	00530	PURCHASING RECEIVING AND STORES	5,211	428,194			5.02	
5.03	00540	ADMINITTING	16,004	6,214	1,001,249		5.03	
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	10,421	1,800	0	1,833,021	5.04	
5.05	00560	OTHER ADMININSTRATIVE AND GENERAL	91,558	42,481	0	0	12,170,465	
7.00	00700	OPERATION OF PLANT	24,565	29,147	0	0	3,863,018	
8.00	00800	LAUNDRY & LINEN SERVICE	744	1,767	0	0	346,556	
9.00	00900	HOUSEKEEPING	2,605	3,505	0	0	1,399,584	
10.00	01000	DIETARY	6,700	349	0	0	676,297	
11.00	01100	CAFETERIA	6,700	9,378	0	0	1,141,047	
13.00	01300	NURSING ADMINISTRATION	5,955	334	0	0	839,495	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description			NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
			5.01	5.02	5.03	5.04	5A.04	
14.00	01400	CENTRAL SERVICES & SUPPLY	3,350	12,276	0	0	785,048	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	15,260	4,127	0	0	1,517,596	16.00
17.00	01700	SOCIAL SERVICE	6,327	155	0	0	618,477	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,408	29,972	28,180	51,594	4,853,560	30.00
31.00	03100	INTENSIVE CARE UNIT	5,583	7,623	13,018	23,835	1,453,309	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,466	4,107	7,654	14,014	1,182,625	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,117	1,634	1,353	2,476	164,789	43.00
44.00	04400	SKILLED NURSING FACILITY	3,722	5,468	7,573	13,864	973,494	44.00
45.00	04500	NURSING FACILITY	372	352	534	979	62,932	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	32,009	10,464	90,379	165,471	2,848,964	50.00
51.00	05100	RECOVERY ROOM	1,489	2,093	20,521	37,571	416,284	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,027	4,822	8,982	16,445	1,299,515	52.00
53.00	05300	ANESTHESIOLOGY	1,861	23,269	9,604	17,583	179,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	26,798	72,723	130,094	238,067	3,651,005	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	5,211	14,369	91,384	167,310	646,201	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,117	6,128	21,137	38,698	241,808	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,233	959	25,600	46,869	428,469	59.00
60.00	06000	LABORATORY	21,215	30,223	105,770	193,649	4,001,365	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	744	384	3,534	6,471	500,276	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	3,722	7,667	23,655	43,309	691,394	65.00
66.00	06600	PHYSICAL THERAPY	6,327	2,895	36,310	66,478	1,325,112	66.00
67.00	06700	OCCUPATIONAL THERAPY	5,211	309	20,703	37,904	665,185	67.00
68.00	06800	SPEECH PATHOLOGY	372	341	2,234	4,091	138,529	68.00
69.00	06900	ELECTROCARDIOLOGY	8,188	2,085	34,547	63,251	383,522	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,233	2,378	15,983	29,262	275,051	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	40,373	73,916	3,058,758	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	18,291	33,488	2,058,874	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,444	5,400	73,656	134,852	4,623,829	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	03481	ONCOLOGY	1,489	1,986	2,432	4,452	124,221	76.01
76.02	03951	DIABETES CENTER	1,489	191	376	689	57,803	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,605	1,119	2,077	3,802	422,745	76.03
76.04	03952	PAIN CLINIC	1,117	4,504	6,196	11,344	194,255	76.04
76.05	03953	WOUND CENTER	4,094	4,376	9,966	18,247	431,596	76.05
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	32,009	46,042	121,661	222,743	3,647,820	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	172	315	60,637	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	4,248	0	0	1,305,231	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	9,305	9,421	15,828	28,979	2,011,313	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE	Subtotal	
		5.01	5.02	5.03	5.04	5A.04	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
113.00	11300						113.00
114.00	11400						114.00
115.00	11500		0		0	0	115.00
116.00	11600	2,605	3,559	10,746	19,674	1,602,490	116.00
118.00		449,982	422,644	1,000,523	1,831,692	69,340,089	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,861	58	0	0	16,923	190.00
191.00	19100	0	0	0	0	0	191.00
191.01	19101	2,233	717	726	1,329	184,666	191.01
192.00	19200	39,453	0	0	0	394,645	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	744	0	0	0	744	193.01
193.02	19302	1,117	0	0	0	1,117	193.02
193.03	19303	372	0	0	0	372	193.03
193.04	19304	2,978	0	0	0	2,978	193.04
193.05	19305	1,489	4,775	0	0	112,195	193.05
193.06	19306	3,350	0	0	0	3,350	193.06
193.07	19307	12,655	0	0	0	917,672	193.07
193.08	19308	0	0	0	0	-1,545	193.08
194.00	07950	0	0	0	0	0	194.00
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		516,234	428,194	1,001,249	1,833,021	70,973,206	202.00
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.05	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
1.02	00102						1.02
1.03	00103						1.03
1.04	00104						1.04
2.00	00200						2.00
2.01	00201						2.01
2.02	00202						2.02
4.00	00400						4.00
5.01	00510						5.01
5.02	00530						5.02
5.03	00540						5.03
5.04	00550						5.04
5.05	00560	12,170,465					5.05
7.00	00700	799,513	4,662,531				7.00
8.00	00800	71,725	29,139	447,420			8.00
9.00	00900	289,666	122,358	0	1,811,608		9.00
10.00	01000	139,970	112,795	0	45,298	974,360	10.00
11.00	01100	236,158	73,632	0	29,570	0	11.00
13.00	01300	173,747	26,445	0	10,620	0	13.00
14.00	01400	162,478	122,908	0	49,359	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	314,091	35,862	0	14,402	0	16.00
17.00	01700	128,004	22,281	0	8,948	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,004,498	509,512	129,711	204,617	394,782	30.00
31.00	03100	300,786	170,589	20,609	68,508	51,973	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	244,763	117,183	37,011	47,060	153,191	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	34,106	14,233	5,852	5,716	0	43.00
44.00	04400	201,480	33,224	43,752	13,343	194,357	44.00
45.00	04500	13,025	8,778	2,812	3,525	12,494	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	589,639	537,169	49,401	215,724	46,205	50.00
51.00	05100	86,157	23,145	0	9,295	0	51.00
52.00	05200	268,955	149,252	17,756	59,939	39,587	52.00
53.00	05300	37,160	3,367	0	1,352	0	53.00
54.00	05400	755,634	272,205	26,908	109,316	0	54.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.05	7.00	8.00	9.00	10.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	133,742	10,506	0	4,219	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	50,046	9,036	0	3,629	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	88,679	24,974	23,045	10,030	0	59.00
60.00	06000	LABORATORY	828,147	161,801	0	64,978	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	103,540	5,219	0	2,096	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	143,095	34,964	0	14,041	0	65.00
66.00	06600	PHYSICAL THERAPY	274,253	109,091	10,700	43,810	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	137,671	96,631	0	38,807	0	67.00
68.00	06800	SPEECH PATHOLOGY	28,671	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	79,376	46,200	0	18,554	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	56,926	23,324	0	9,367	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	633,059	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	426,117	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	956,975	37,276	0	14,970	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	03481	ONCOLOGY	25,710	38,197	1,003	15,340	0	76.01
76.02	03951	DIABETES CENTER	11,963	12,347	0	4,958	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	87,494	24,963	0	10,025	0	76.03
76.04	03952	PAIN CLINIC	40,204	0	0	0	0	76.04
76.05	03953	WOUND CENTER	89,326	45,223	4,429	18,161	0	76.05
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	754,975	212,277	69,541	85,249	5,182	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	12,550	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	270,138	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	416,273	47,805	0	19,198	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	331,661	3,929	122	1,578	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	11,832,146	3,327,840	442,652	1,275,602	897,771	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,502	10,237	0	4,111	0	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	ADULT DAY CARE	38,220	56,055	0	22,511	50,585	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	81,678	524,665	0	210,703	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	PARI SH NURSE PROGRAM	154	0	0	0	0	193.01
193.02	19302	RETAIL PHARMACY	231	0	0	0	0	193.02
193.03	19303	LIFELINE	77	0	0	0	0	193.03
193.04	19304	PRI VATE CARE SERVICES	616	0	0	0	0	193.04
193.05	19305	EMS	23,221	1,751	4,768	703	0	193.05
193.06	19306	SURGERY MM	693	0	0	0	0	193.06
193.07	19307	SAINT CLARE'S VILLA	189,927	741,983	0	297,978	0	193.07
193.08	19308	MEALS ON WHEELS	0	0	0	0	26,004	193.08
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments						200.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/30/2013 3:41 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	12,170,465	4,662,531	447,420	1,811,608	974,360	202.00
Cost Center Description		CAFETERIA 11.00	NURSING ADMINISTRATION 13.00	CENTRAL SERVICES & SUPPLY 14.00	PHARMACY 15.00	MEDICAL RECORDS & LIBRARY 16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102 CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103 CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104 CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202 CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00530 PURCHASING RECEIVING AND STORES						5.02
5.03	00540 ADMITTING						5.03
5.04	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
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	1,480,407					11.00
13.00	01300 NURSING ADMINISTRATION	28,146	1,078,453				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	47,042		1,166,835			14.00
15.00	01500 PHARMACY	0	0	0	0		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	70,646	0	1	0	1,952,598	16.00
17.00	01700 SOCIAL SERVICE	27,482	0	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	193,504	254,397	20,370	0	1,136,997	30.00
31.00	03100 INTENSIVE CARE UNIT	48,766	65,550	5,144	0	81,394	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	63,220	87,372	2,539	0	71,015	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	5,337	8,802	1,272	0	25,949	43.00
44.00	04400 SKILLED NURSING FACILITY	59,142	91,413	2,950	0	45,352	44.00
45.00	04500 NURSING FACILITY	3,713	5,876	190	0	2,913	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	82,149	115,844	8,360	0	251,189	50.00
51.00	05100 RECOVERY ROOM	13,294	21,592	1,820	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	40,047	65,097	2,532	0	34,270	52.00
53.00	05300 ANESTHESIOLOGY	199	0	20,888	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	107,808	4,700	62,542	0	77,588	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	11,934	0	13,405	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	6,034	0	5,754	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	13,028	7,566	1,010	0	0	59.00
60.00	06000 LABORATORY	130,351	0	24,551	0	30,793	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	22,097	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	25,096	111	4,589	0	0	65.00
66.00	06600 PHYSICAL THERAPY	53,937	0	804	0	346	66.00
67.00	06700 OCCUPATIONAL THERAPY	27,085	0	138	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	6,365	0	213	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	7,293	2,859	788	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	9,415	111	1,114	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	549,678	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	374,243	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	40,047	0	688	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
76.01	03481 ONCOLOGY	7,492	8,090	1,434	0	0	76.01
76.02	03951 DIABETES CENTER	2,022	3,166	1	0	0	76.02
76.03	03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	18,963	0	8	0	173	76.03
76.04	03952 PAIN CLINIC	6,133	4,962	3,906	0	0	76.04
76.05	03953 WOUND CENTER	13,559	16,972	3,783	0	32,869	76.05
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	121,931	153,407	22,051	0	161,145	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	82,083	59,969	6,824	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	37,759	46,104	1,046	0	605	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	1,411,022	1,023,960	1,166,733	0	1,952,598	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	22	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	11,437	1,636	80	0	0	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303 LIFELINE	0	0	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305 EMS	2,917	0	0	0	0	193.05
193.06	19306 SURGERY MM	0	0	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	55,031	52,857	0	0	0	193.07
193.08	19308 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	1,480,407	1,078,453	1,166,835	0	1,952,598	202.00
Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		17.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101 CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102 CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103 CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104 CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201 CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202 CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00530 PURCHASING RECEIVING AND STORES						5.02
5.03	00540 ADMINITTING						5.03
5.04	00550 CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL						5.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
7.00	00700 OPERATION OF PLANT					7.00
8.00	00800 LAUNDRY & LINEN SERVICE					8.00
9.00	00900 HOUSEKEEPING					9.00
10.00	01000 DIETARY					10.00
11.00	01100 CAFETERIA					11.00
13.00	01300 NURSING ADMINISTRATION					13.00
14.00	01400 CENTRAL SERVICES & SUPPLY					14.00
15.00	01500 PHARMACY					15.00
16.00	01600 MEDICAL RECORDS & LIBRARY					16.00
17.00	01700 SOCIAL SERVICE	805,192				17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	473,999	9,175,947	0	9,175,947	30.00
31.00	03100 INTENSIVE CARE UNIT	0	2,266,628	0	2,266,628	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I/RF	82,147	2,088,126	0	2,088,126	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	42.00
43.00	04300 NURSERY	0	266,056	0	266,056	43.00
44.00	04400 SKILLED NURSING FACILITY	82,430	1,740,937	0	1,740,937	44.00
45.00	04500 NURSING FACILITY	5,299	121,557	0	121,557	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	4,744,644	0	4,744,644	50.00
51.00	05100 RECOVERY ROOM	0	571,587	0	571,587	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,976,950	0	1,976,950	52.00
53.00	05300 ANESTHESIOLOGY	0	242,511	0	242,511	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,067,706	0	5,067,706	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	56.00
57.00	05700 CT SCAN	0	820,007	0	820,007	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	316,307	0	316,307	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	596,801	0	596,801	59.00
60.00	06000 LABORATORY	0	5,241,986	0	5,241,986	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	633,228	0	633,228	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	913,290	0	913,290	65.00
66.00	06600 PHYSICAL THERAPY	0	1,818,053	0	1,818,053	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	965,517	0	965,517	67.00
68.00	06800 SPEECH PATHOLOGY	0	173,778	0	173,778	68.00
69.00	06900 ELECTROCARDIOLOGY	0	538,592	0	538,592	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	375,308	0	375,308	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,241,495	0	4,241,495	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,859,234	0	2,859,234	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	5,673,785	0	5,673,785	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	75.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	0	76.00
76.01	03481 ONCOLOGY	0	221,487	0	221,487	76.01
76.02	03951 DIABETES CENTER	0	92,260	0	92,260	76.02
76.03	03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	564,371	0	564,371	76.03
76.04	03952 PAIN CLINIC	0	249,460	0	249,460	76.04
76.05	03953 WOUND CENTER	0	655,918	0	655,918	76.05
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
91.00	09100 EMERGENCY	161,317	5,394,895	0	5,394,895	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	73,187	0	73,187	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	1,575,369	0	1,575,369	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140052

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

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description			SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	24.00	25.00	26.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	2,643,465	0	2,643,465	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE					113.00
114.00	11400	UTILIZATION REVIEW-SNF					114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600	HOSPICE	0	2,025,294	0	2,025,294	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	805,192	66,925,736	0	66,925,736	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	34,795	0	34,795	190.00
191.00	19100	RESEARCH	0	0	0	0	191.00
191.01	19101	ADULT DAY CARE	0	365,190	0	365,190	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,211,691	0	1,211,691	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
193.01	19301	PARI SH NURSE PROGRAM	0	898	0	898	193.01
193.02	19302	RETAIL PHARMACY	0	1,348	0	1,348	193.02
193.03	19303	LIFELINE	0	449	0	449	193.03
193.04	19304	PRIVATE CARE SERVICES	0	3,594	0	3,594	193.04
193.05	19305	EMS	0	145,555	0	145,555	193.05
193.06	19306	SURGERY MM	0	4,043	0	4,043	193.06
193.07	19307	SAINT CLARE'S VILLA	0	2,255,448	0	2,255,448	193.07
193.08	19308	MEALS ON WHEELS	0	24,459	0	24,459	193.08
194.00	07950	OTHER PROPERTY	0	0	0	0	194.00
200.00		Cross Foot Adjustments		0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	805,192	70,973,206	0	70,973,206	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description			CAPITAL RELATED COSTS					
			Directly Assigned New Capital Related Costs	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT		BLDG & FIXT
				0	1.00	1.01		1.02
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01	
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02	
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03	
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01	
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02	
4.00	00400	EMPLOYEE BENEFITS	0	6,246	1,491	0	0	4.00
5.01	00510	NONPATIENT TELEPHONES	0	4,073	286	0	0	5.01
5.02	00530	PURCHASING RECEIVING AND STORES	0	36,341	656	0	0	5.02
5.03	00540	ADMINISTRATIVE	0	15,783	0	0	0	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	0	7,420	0	0	0	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	186,031	35,288	96,757	0	5.05
7.00	00700	OPERATION OF PLANT	0	147,582	14,921	0	1,416	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	11,102	1,585	0	0	8.00
9.00	00900	HOUSEKEEPING	0	47,588	6,027	0	1,670	9.00
10.00	01000	DIETARY	0	60,696	2,493	0	0	10.00
11.00	01100	CAFETERIA	0	29,566	3,457	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	9,529	1,408	0	555	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	41,653	7,750	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	20,486	548	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	4,362	2,061	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	328,939	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	110,132	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	15,555	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	9,189	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	4,410	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	1,165	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	177,850	34,736	0	0	50.00
51.00	05100	RECOVERY ROOM	0	7,188	1,594	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	96,356	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	725	298	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	73,269	21,067	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	6,783	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,833	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	16,123	0	0	0	59.00
60.00	06000	LABORATORY	0	72,501	6,570	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	471	596	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	15,790	1,395	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	6,848	6,651	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,572	10,882	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	23,993	1,199	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	11,449	742	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,210	1,821	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	03481	ONCOLOGY	0	0	0	0	0	76.01
76.02	03951	DIABETES CENTER	0	0	1,639	0	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		1.00	1.01	1.02	1.03	
76.04 03952 PAIN CLINIC	0	3,152	0	0	0	76.04
76.05 03953 WOUND CENTER	0	0	6,003	0	0	76.05
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	95,690	8,503	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	6,346	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	521	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	1,707,521	209,664	96,757	3,641	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	6,609	0	0	0	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 ADULT DAY CARE	0	0	7,441	0	0	191.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	189,713	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02 19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03 19303 LIFELINE	0	0	0	0	0	193.03
193.04 19304 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05 19305 EMS	0	1,130	0	0	0	193.05
193.06 19306 SURGERY MM	0	0	0	0	0	193.06
193.07 19307 SAINT CLARE'S VILLA	0	0	98,488	0	0	193.07
193.08 19308 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	1,715,260	315,593	96,757	193,354	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAPITAL RELATED COSTS				Subtotal 2A	
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
		1.04	2.00	2.01	2.02		
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS	2,437	7,603	4,197	0	21,974
5.01	00510	NONPATIENT TELEPHONES	0	4,957	379	0	9,695
5.02	00530	PURCHASING RECEIVING AND STORES	0	44,234	867	0	82,098
5.03	00540	ADMINISTRATIVE	0	19,211	0	0	34,994
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	3,312	9,032	3,062	0	22,826
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	22,823	226,436	67,524	91,972	726,831
7.00	00700	OPERATION OF PLANT	15,047	181,796	33,477	0	394,239
8.00	00800	LAUNDRY & LINEN SERVICE	0	13,513	2,098	0	28,298
9.00	00900	HOUSEKEEPING	0	60,472	7,975	0	123,732
10.00	01000	DIETARY	346	73,879	3,614	0	141,028
11.00	01100	CAFETERIA	0	35,987	4,574	0	73,584
13.00	01300	NURSING ADMINISTRATION	0	12,446	1,863	0	25,801
14.00	01400	CENTRAL SERVICES & SUPPLY	0	50,699	10,256	0	110,358
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	0	24,935	726	0	46,695
17.00	01700	SOCIAL SERVICE	0	5,310	2,727	0	14,460
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	400,381	0	0	729,320
31.00	03100	INTENSIVE CARE UNIT	0	134,052	0	0	244,184
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/P	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/R	0	0	20,583	0	36,138
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	11,184	0	0	20,373
44.00	04400	SKILLED NURSING FACILITY	0	0	5,836	0	10,246
45.00	04500	NURSING FACILITY	0	0	1,542	0	2,707
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	216,478	45,965	0	475,029
51.00	05100	RECOVERY ROOM	0	8,750	2,110	0	19,642
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	117,284	0	0	213,640
53.00	05300	ANESTHESIOLOGY	0	882	394	0	2,299
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	89,183	27,878	0	211,397
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	8,256	0	0	15,039
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,100	0	0	12,933
59.00	05900	CARDIAC CATHETERIZATION	0	19,625	0	0	35,748
60.00	06000	LABORATORY	0	88,248	8,695	0	176,014
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	573	789	0	2,429
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	19,220	1,845	0	38,250
66.00	06600	PHYSICAL THERAPY	9,311	8,335	17,299	0	48,444
67.00	06700	OCCUPATIONAL THERAPY	2,351	1,914	16,545	0	33,264
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	29,204	1,587	0	55,983
70.00	07000	ELECTROENCEPHALOGRAPHY	0	13,936	982	0	27,109
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	18,514	2,409	0	37,954
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.01	03481	ONCOLOGY	7,352	0	6,709	0	14,061
76.02	03951	DIABETES CENTER	0	0	2,169	0	3,808
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	4,805	0	4,385	0	9,190
76.04	03952	PAIN CLINIC	0	0	0	0	3,152
76.05	03953	WOUND CENTER	0	0	7,943	0	13,946

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAPITAL RELATED COSTS				Subtotal 2A		
		BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP			
		1.04	2.00	2.01	2.02			
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	116,473	11,252	0	231,918	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	8,397	0	14,743	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	690	0	1,211	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	67,784	2,080,102	339,343	91,972	4,596,784	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,044	0	0	14,653	190.00
191.00	19100	RESEARCH	0	0	0	0	0	191.00
191.01	19101	ADULT DAY CARE	0	0	9,846	0	17,287	191.01
192.00	19200	PHYSICIANS' PRIVATE OFFICES	30,046	0	0	0	219,759	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302	RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303	LIFELINE	0	0	0	0	0	193.03
193.04	19304	PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305	EMS	0	1,376	0	0	2,506	193.05
193.06	19306	SURGERY MM	0	0	0	0	0	193.06
193.07	19307	SAINT CLARE'S VILLA	0	0	130,328	0	228,816	193.07
193.08	19308	MEALS ON WHEELS	0	0	0	0	0	193.08
194.00	07950	OTHER PROPERTY	0	0	0	0	0	194.00
200.00		Cross Foot Adjustments					0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	97,830	2,089,522	479,517	91,972	5,079,805	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 3:41 pm	
Cost Center Description			EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINING	CASHIERING/ACCOUNTS RECEIVABLE	
			4.00	5.01	5.02	5.03	5.04	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS	21,974					4.00
5.01	00510	NONPATIENT TELEPHONES	153	9,848				5.01
5.02	00530	PURCHASING RECEIVING AND STORES	117	99	82,314			5.02
5.03	00540	ADMINING	489	305	1,195	36,983		5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	36	199	346	0	23,407	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	2,744	1,745	8,166	0	0	5.05
7.00	00700	OPERATION OF PLANT	721	469	5,603	0	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	14	340	0	0	8.00
9.00	00900	HOUSEKEEPING	0	50	674	0	0	9.00
10.00	01000	DIETARY	487	128	67	0	0	10.00
11.00	01100	CAFETERIA	283	128	1,803	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	460	114	64	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	247	64	2,360	0	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	580	291	793	0	0	16.00
17.00	01700	SOCIAL SERVICE	340	121	30	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,249	866	5,762	1,040	664	30.00
31.00	03100	INTENSIVE CARE UNIT	655	107	1,465	480	307	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	619	85	790	282	180	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	54	21	314	50	32	43.00
44.00	04400	SKILLED NURSING FACILITY	531	71	1,051	279	178	44.00
45.00	04500	NURSING FACILITY	33	7	68	20	13	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,028	611	2,011	3,334	2,128	50.00
51.00	05100	RECOVERY ROOM	193	28	402	757	483	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	590	249	927	331	212	52.00
53.00	05300	ANESTHESIOLOGY	2	36	4,473	354	226	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,095	511	13,980	4,845	2,890	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	144	99	2,762	3,371	2,152	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	70	21	1,178	780	498	58.00
59.00	05900	CARDIAC CATHETERIZATION	160	43	184	944	603	59.00
60.00	06000	LABORATORY	1,313	405	5,810	3,902	2,491	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	14	74	130	83	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	247	71	1,474	873	557	65.00
66.00	06600	PHYSICAL THERAPY	678	121	556	1,340	855	66.00
67.00	06700	OCCUPATIONAL THERAPY	336	99	59	764	488	67.00
68.00	06800	SPEECH PATHOLOGY	77	7	66	82	53	68.00
69.00	06900	ELECTROCARDIOLOGY	144	156	401	1,275	814	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	107	43	457	590	376	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,489	951	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	675	431	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	639	142	1,038	2,717	1,734	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	03481	ONCOLOGY	103	28	382	90	57	76.01
76.02	03951	DIABETES CENTER	30	28	37	14	9	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	237	50	215	77	49	76.03
76.04	03952	PAIN CLINIC	79	21	866	229	146	76.04
76.05	03953	WOUND CENTER	168	78	841	368	235	76.05

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMINISTRATIVE	CASHIERING/ACCOUNTS RECEIVABLE	
		4.00	5.01	5.02	5.03	5.04	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	1,465	611	8,851	4,488	2,865	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	6	4	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	302	0	817	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	1,052	178	1,811	584	373	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	385	50	684	396	253	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	21,442	8,584	81,247	36,956	23,390	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	36	11	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	84	43	138	27	17	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	753	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	14	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	0	21	0	0	0	193.02
193.03	19303 LIFELINE	0	7	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	0	57	0	0	0	193.04
193.05	19305 EMS	43	28	918	0	0	193.05
193.06	19306 SURGERY MM	0	64	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	405	241	0	0	0	193.07
193.08	19308 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	21,974	9,848	82,314	36,983	23,407	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 3:41 pm			
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00530	PURCHASING RECEIVING AND STORES						5.02
5.03	00540	ADMINISTRATIVE						5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	739,486					5.05
7.00	00700	OPERATION OF PLANT	48,577	449,609				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	4,358	2,810	35,820			8.00
9.00	00900	HOUSEKEEPING	17,600	11,799	0	153,855		9.00
10.00	01000	DIETARY	8,504	10,877	0	3,847	164,938	10.00
11.00	01100	CAFETERIA	14,349	7,100	0	2,511	0	11.00
13.00	01300	NURSING ADMINISTRATION	10,557	2,550	0	902	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	9,872	11,852	0	4,192	0	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	19,084	3,458	0	1,223	0	16.00
17.00	01700	SOCIAL SERVICE	7,777	2,149	0	760	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	61,056	49,132	10,384	17,378	66,829	30.00
31.00	03100	INTENSIVE CARE UNIT	18,275	16,450	1,650	5,818	8,798	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IIRF	14,872	11,300	2,963	3,997	25,932	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	2,072	1,372	468	485	0	43.00
44.00	04400	SKILLED NURSING FACILITY	12,242	3,204	3,503	1,133	32,900	44.00
45.00	04500	NURSING FACILITY	791	846	225	299	2,115	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	35,826	51,799	3,955	18,321	7,821	50.00
51.00	05100	RECOVERY ROOM	5,235	2,232	0	789	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	16,341	14,392	1,422	5,090	6,701	52.00
53.00	05300	ANESTHESIOLOGY	2,258	325	0	115	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,911	26,249	2,154	9,284	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	8,126	1,013	0	358	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,041	871	0	308	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	5,388	2,408	1,845	852	0	59.00
60.00	06000	LABORATORY	50,317	15,602	0	5,518	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY						61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	6,291	503	0	178	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	8,694	3,372	0	1,193	0	65.00
66.00	06600	PHYSICAL THERAPY	16,663	10,520	857	3,721	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,365	9,318	0	3,296	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,742	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	4,823	4,455	0	1,576	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	3,459	2,249	0	796	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	38,464	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	25,890	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	58,145	3,595	0	1,271	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	03481	ONCOLOGY	1,562	3,683	80	1,303	0	76.01
76.02	03951	DIABETES CENTER	727	1,191	0	421	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,316	2,407	0	851	0	76.03
76.04	03952	PAIN CLINIC	2,443	0	0	0	0	76.04
76.05	03953	WOUND CENTER	5,427	4,361	355	1,542	0	76.05

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/30/2013 3:41 pm	
Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	45,871	20,470	5,567	7,240	877	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	763	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	16,413	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	25,292	4,610	0	1,630	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	20,151	379	10	134	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	718,930	320,903	35,438	108,332	151,973	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	213	987	0	349	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	2,322	5,405	0	1,912	8,563	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,963	50,594	0	17,894	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	9	0	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	14	0	0	0	0	193.02
193.03	19303 LIFELINE	5	0	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	37	0	0	0	0	193.04
193.05	19305 EMS	1,411	169	382	60	0	193.05
193.06	19306 SURGERY MM	42	0	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	11,540	71,551	0	25,308	0	193.07
193.08	19308 MEALS ON WHEELS	0	0	0	0	4,402	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	739,486	449,609	35,820	153,855	164,938	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 3:41 pm
-------------------------------------	--	----------------------	---	--

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00530	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMINISTRATIVE					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
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	99,758				11.00
13.00	01300	NURSING ADMINISTRATION	1,897	42,345			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,170	0	142,115		14.00
15.00	01500	PHARMACY	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,760	0	0	76,884	16.00
17.00	01700	SOCIAL SERVICE	1,852	0	0	0	17.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	13,039	10,003	2,481	0	44,769
31.00	03100	INTENSIVE CARE UNIT	3,286	2,573	627	0	3,205
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	4,260	3,429	309	0	2,796
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	360	345	155	0	1,022
44.00	04400	SKILLED NURSING FACILITY	3,985	3,588	359	0	1,786
45.00	04500	NURSING FACILITY	250	231	23	0	115
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	5,536	4,547	1,018	0	9,891
51.00	05100	RECOVERY ROOM	896	847	222	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,699	2,555	308	0	1,349
53.00	05300	ANESTHESIOLOGY	13	0	2,544	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,265	184	7,617	0	3,055
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	804	0	1,633	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	407	0	701	0	0
59.00	05900	CARDIAC CATHETERIZATION	878	297	123	0	0
60.00	06000	LABORATORY	8,784	0	2,990	0	1,212
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	2,691	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,691	4	559	0	0
66.00	06600	PHYSICAL THERAPY	3,635	0	98	0	14
67.00	06700	OCCUPATIONAL THERAPY	1,825	0	17	0	0
68.00	06800	SPEECH PATHOLOGY	429	0	26	0	0
69.00	06900	ELECTROCARDIOLOGY	491	112	96	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	634	4	136	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	66,947	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	45,581	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,699	0	84	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.01	03481	ONCOLOGY	505	318	175	0	0
76.02	03951	DIABETES CENTER	136	124	0	0	0
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	1,278	0	1	0	7
76.04	03952	PAIN CLINIC	413	195	476	0	0
76.05	03953	WOUND CENTER	914	666	461	0	1,294

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	8,216	6,021	2,686	0	6,345	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	5,531	2,354	831	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	2,544	1,809	127	0	24	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	95,082	40,206	142,102	0	76,884	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	3	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	771	64	10	0	0	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303 LIFELINE	0	0	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305 EMS	197	0	0	0	0	193.05
193.06	19306 SURGERY MM	0	0	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	3,708	2,075	0	0	0	193.07
193.08	19308 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	99,758	42,345	142,115	0	76,884	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/30/2013 3:41 pm	
Cost Center	Description	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT				1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT				1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT				1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT				1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP				2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP				2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP				2.02
4.00	00400	EMPLOYEE BENEFITS				4.00
5.01	00510	NONPATIENT TELEPHONES				5.01
5.02	00530	PURCHASING RECEIVING AND STORES				5.02
5.03	00540	ADMITTING				5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE				5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL				5.05
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
13.00	01300	NURSING ADMINISTRATION				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY				14.00
15.00	01500	PHARMACY				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY				16.00
17.00	01700	SOCIAL SERVICE	27,489			17.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	16,183	1,031,155	0	1,031,155
31.00	03100	INTENSIVE CARE UNIT	0	307,880	0	307,880
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	2,804	110,756	0	110,756
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	27,123	0	27,123
44.00	04400	SKILLED NURSING FACILITY	2,814	77,870	0	77,870
45.00	04500	NURSING FACILITY	181	7,924	0	7,924
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0	622,855	0	622,855
51.00	05100	RECOVERY ROOM	0	31,726	0	31,726
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	266,806	0	266,806
53.00	05300	ANESTHESIOLOGY	0	12,645	0	12,645
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	336,437	0	336,437
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0
57.00	05700	CT SCAN	0	35,501	0	35,501
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	20,808	0	20,808
59.00	05900	CARDIAC CATHETERIZATION	0	49,473	0	49,473
60.00	06000	LABORATORY	0	274,358	0	274,358
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	12,393	0	12,393
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	0	56,985	0	56,985
66.00	06600	PHYSICAL THERAPY	0	87,502	0	87,502
67.00	06700	OCCUPATIONAL THERAPY	0	57,831	0	57,831
68.00	06800	SPEECH PATHOLOGY	0	2,482	0	2,482
69.00	06900	ELECTROCARDIOLOGY	0	70,326	0	70,326
70.00	07000	ELECTROENCEPHALOGRAPHY	0	35,960	0	35,960
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	107,851	0	107,851
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	72,577	0	72,577
73.00	07300	DRUGS CHARGED TO PATIENTS	0	110,018	0	110,018
74.00	07400	RENAL DIALYSIS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0
76.01	03481	ONCOLOGY	0	22,347	0	22,347
76.02	03951	DIABETES CENTER	0	6,525	0	6,525
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	19,678	0	19,678
76.04	03952	PAIN CLINIC	0	8,020	0	8,020

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140052

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

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	24.00	25.00	26.00	
76.05	03953 WOUND CENTER	0	30,656	0	30,656	76.05
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
91.00	09100 EMERGENCY	5,507	358,998	0	358,998	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)			0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	773	0	773	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	17,532	0	17,532	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	58,989	0	58,989	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	0	28,157	0	28,157	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	27,489	4,378,917	0	4,378,917	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	16,252	0	16,252	190.00
191.00	19100 RESEARCH	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	0	36,643	0	36,643	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	293,963	0	293,963	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	23	0	23	193.01
193.02	19302 RETAIL PHARMACY	0	35	0	35	193.02
193.03	19303 LIFELINE	0	12	0	12	193.03
193.04	19304 PRIVATE CARE SERVICES	0	94	0	94	193.04
193.05	19305 EMS	0	5,714	0	5,714	193.05
193.06	19306 SURGERY MM	0	106	0	106	193.06
193.07	19307 SAINT CLARE'S VILLA	0	343,644	0	343,644	193.07
193.08	19308 MEALS ON WHEELS	0	4,402	0	4,402	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	194.00
200.00	Cross Foot Adjustments		0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	27,489	5,079,805	0	5,079,805	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	236,703				1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT	0	211,821			1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT	0	0	36,641		1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT	0	0	0	33,465	1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT	0	0	0	0	45,283
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS	862	1,001	0	0	1,128
5.01	00510	NONPATIENT TELEPHONES	562	192	0	0	0
5.02	00530	PURCHASING RECEIVING AND STORES	5,015	440	0	0	0
5.03	00540	ADMINISTRATIVE	2,178	0	0	0	0
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,024	0	0	0	1,533
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	25,672	23,685	36,641	0	10,564
7.00	00700	OPERATION OF PLANT	20,366	10,015	0	245	6,965
8.00	00800	LAUNDRY & LINEN SERVICE	1,532	1,064	0	0	0
9.00	00900	HOUSEKEEPING	6,567	4,045	0	289	0
10.00	01000	DIETARY	8,376	1,673	0	0	160
11.00	01100	CAFETERIA	4,080	2,320	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,315	945	0	96	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,748	5,202	0	0	0
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,827	368	0	0	0
17.00	01700	SOCIAL SERVICE	602	1,383	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,393	0	0	0	0
31.00	03100	INTENSIVE CARE UNIT	15,198	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I/RF	0	10,440	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,268	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	2,960	0	0	0
45.00	04500	NURSING FACILITY	0	782	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	24,543	23,314	0	0	0
51.00	05100	RECOVERY ROOM	992	1,070	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,297	0	0	0	0
53.00	05300	ANESTHESIOLOGY	100	200	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,111	14,140	0	0	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	936	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	805	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	2,225	0	0	0	0
60.00	06000	LABORATORY	10,005	4,410	0	0	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	65	400	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	2,179	936	0	0	0
66.00	06600	PHYSICAL THERAPY	945	4,464	0	0	4,310
67.00	06700	OCCUPATIONAL THERAPY	217	7,304	0	0	1,088
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	3,311	805	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	1,580	498	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,099	1,222	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.01	03481	ONCOLOGY	0	0	0	0	3,403
76.02	03951	DIABETES CENTER	0	1,100	0	0	0
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	2,224
76.04	03952	PAIN CLINIC	435	0	0	0	0
76.05	03953	WOUND CENTER	0	4,029	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	13,205	5,707	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	4,259	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	350	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	235,635	140,723	36,641	630	31,375	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	0	4,994	0	0	0	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	32,835	13,908	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303 LIFELINE	0	0	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305 EMS	156	0	0	0	0	193.05
193.06	19306 SURGERY MM	0	0	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	0	66,104	0	0	0	193.07
193.08	19308 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,715,260	315,593	96,757	193,354	97,830	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.246465	1.489904	2.640676	5.777798	2.160413	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)						204.00
205.00	Unit cost multiplier (Wkst. B, Part II)						205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description			CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF LINES)	
			MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
			2.00	2.01	2.02			
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP	236,898					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP	0	243,216				2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP	0	0	36,641			2.02
4.00	00400	EMPLOYEE BENEFITS	862	2,129	0	30,016,345		4.00
5.01	00510	NONPATIENT TELEPHONES	562	192	0	209,534	1,387	5.01
5.02	00530	PURCHASING RECEIVING AND STORES	5,015	440	0	159,598	14	5.02
5.03	00540	ADMINISTRATIVE	2,178	0	0	668,509	43	5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	1,024	1,553	0	48,562	28	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	25,672	34,249	36,641	3,748,277	246	5.05
7.00	00700	OPERATION OF PLANT	20,611	16,980	0	985,518	66	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,532	1,064	0	0	2	8.00
9.00	00900	HOUSEKEEPING	6,856	4,045	0	0	7	9.00
10.00	01000	DIETARY	8,376	1,833	0	665,366	18	10.00
11.00	01100	CAFETERIA	4,080	2,320	0	387,241	18	11.00
13.00	01300	NURSING ADMINISTRATION	1,411	945	0	628,433	16	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,748	5,202	0	336,904	9	14.00
15.00	01500	PHARMACY	0	0	0	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,827	368	0	792,350	41	16.00
17.00	01700	SOCIAL SERVICE	602	1,383	0	464,078	17	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	45,393	0	0	3,071,907	122	30.00
31.00	03100	INTENSIVE CARE UNIT	15,198	0	0	894,775	15	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	10,440	0	845,848	12	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	1,268	0	0	73,571	3	43.00
44.00	04400	SKILLED NURSING FACILITY	0	2,960	0	725,176	10	44.00
45.00	04500	NURSING FACILITY	0	782	0	44,884	1	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	24,543	23,314	0	1,403,752	86	50.00
51.00	05100	RECOVERY ROOM	992	1,070	0	264,108	4	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,297	0	0	806,155	35	52.00
53.00	05300	ANESTHESIOLOGY	100	200	0	2,270	5	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,111	14,140	0	1,495,774	72	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	936	0	0	196,686	14	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	805	0	0	96,167	3	58.00
59.00	05900	CARDIAC CATHETERIZATION	2,225	0	0	218,411	6	59.00
60.00	06000	LABORATORY	10,005	4,410	0	1,793,447	57	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	65	400	0	0	2	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,179	936	0	337,351	10	65.00
66.00	06600	PHYSICAL THERAPY	945	8,774	0	926,365	17	66.00
67.00	06700	OCCUPATIONAL THERAPY	217	8,392	0	458,947	14	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	104,959	1	68.00
69.00	06900	ELECTROCARDIOLOGY	3,311	805	0	196,631	22	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,580	498	0	146,029	6	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,099	1,222	0	872,370	20	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	03481	ONCOLOGY	0	3,403	0	141,264	4	76.01
76.02	03951	DIABETES CENTER	0	1,100	0	41,023	4	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	2,224	0	323,715	7	76.03

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF LINES)	
	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
	2.00	2.01	2.02			
76.04 03952 PAIN CLINIC	0	0	0	108,105	3	76.04
76.05 03953 WOUND CENTER	0	4,029	0	229,830	11	76.05
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	13,205	5,707	0	2,001,786	86	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	412,026	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	4,259	0	1,436,609	25	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	350	0	525,458	7	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	235,830	172,118	36,641	29,289,769	1,209	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	0	0	5	190.00
191.00 19100 RESEARCH	0	0	0	0	0	191.00
191.01 19101 ADULT DAY CARE	0	4,994	0	114,583	6	191.01
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	106	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 PARISH NURSE PROGRAM	0	0	0	0	2	193.01
193.02 19302 RETAIL PHARMACY	0	0	0	0	3	193.02
193.03 19303 LIFELINE	0	0	0	0	1	193.03
193.04 19304 PRIVATE CARE SERVICES	0	0	0	0	8	193.04
193.05 19305 EMS	156	0	0	58,867	4	193.05
193.06 19306 SURGERY MM	0	0	0	0	9	193.06
193.07 19307 SAINT CLARE'S VILLA	0	66,104	0	553,126	34	193.07
193.08 19308 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00 07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per Wkst. B, Part I)	2,089,522	479,517	91,972	4,628,482	516,234	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	8.820345	1.971568	2.510084	0.154199	372.194665	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)				21,974	9,848	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)				0.000732	7.100216	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00530	PURCHASING RECEIVING AND STORES	2,184,013				5.02
5.03	00540	ADMITTING	31,694	392,910,693			5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE	9,181	0	392,910,693		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	216,675	0	0	-12,170,465	58,804,286
7.00	00700	OPERATION OF PLANT	148,666	0	0	0	3,863,018
8.00	00800	LAUNDRY & LINEN SERVICE	9,014	0	0	0	346,556
9.00	00900	HOUSEKEEPING	17,875	0	0	0	1,399,584
10.00	01000	DIETARY	1,781	0	0	0	676,297
11.00	01100	CAFETERIA	47,832	0	0	0	1,141,047
13.00	01300	NURSING ADMINISTRATION	1,704	0	0	0	839,495
14.00	01400	CENTRAL SERVICES & SUPPLY	62,615	0	0	0	785,048
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	21,050	0	0	0	1,517,596
17.00	01700	SOCIAL SERVICE	789	0	0	0	618,477
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	152,875	11,059,739	11,059,739	0	4,853,560
31.00	03100	INTENSIVE CARE UNIT	38,882	5,109,224	5,109,224	0	1,453,309
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	20,950	3,004,003	3,004,003	0	1,182,625
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	8,332	530,842	530,842	0	164,789
44.00	04400	SKILLED NURSING FACILITY	27,890	2,971,968	2,971,968	0	973,494
45.00	04500	NURSING FACILITY	1,793	209,757	209,757	0	62,932
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	53,371	35,470,655	35,470,655	0	2,848,964
51.00	05100	RECOVERY ROOM	10,677	8,053,893	8,053,893	0	416,284
52.00	05200	DELIVERY ROOM & LABOR ROOM	24,597	3,525,249	3,525,249	0	1,299,515
53.00	05300	ANESTHESIOLOGY	118,686	3,769,177	3,769,177	0	179,545
54.00	05400	RADIOLOGY-DIAGNOSTIC	370,916	51,012,474	51,012,474	0	3,651,005
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	73,289	35,865,039	35,865,039	0	646,201
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	31,257	8,295,391	8,295,391	0	241,808
59.00	05900	CARDIAC CATHETERIZATION	4,890	10,047,031	10,047,031	0	428,469
60.00	06000	LABORATORY	154,153	41,511,097	41,511,097	0	4,001,365
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	1,960	1,387,034	1,387,034	0	500,276
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	39,107	9,283,710	9,283,710	0	691,394
66.00	06600	PHYSICAL THERAPY	14,765	14,250,280	14,250,280	0	1,325,112
67.00	06700	OCCUPATIONAL THERAPY	1,576	8,125,170	8,125,170	0	665,185
68.00	06800	SPEECH PATHOLOGY	1,739	876,959	876,959	0	138,529
69.00	06900	ELECTROCARDIOLOGY	10,637	13,558,623	13,558,623	0	383,522
70.00	07000	ELECTROENCEPHALOGRAPHY	12,130	6,272,706	6,272,706	0	275,051
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,844,869	15,844,869	0	3,058,758
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,178,666	7,178,666	0	2,058,874
73.00	07300	DRUGS CHARGED TO PATIENTS	27,542	28,907,212	28,907,212	0	4,623,829
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.01	03481	ONCOLOGY	10,129	954,390	954,390	0	124,221
76.02	03951	DIABETES CENTER	973	147,639	147,639	0	57,803
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	5,709	815,075	815,075	0	422,745
76.04	03952	PAIN CLINIC	22,974	2,431,695	2,431,695	0	194,255

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
76.05	03953 WOUND CENTER	22,320	3,911,432	3,911,432	0	431,596	76.05
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	234,840	47,747,680	47,747,680	0	3,647,820	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	67,599	67,599	0	60,637	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	21,665	0	0	0	1,305,231	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	48,052	6,212,058	6,212,058	0	2,011,313	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	18,153	4,217,407	4,217,407	0	1,602,490	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,155,705	392,625,743	392,625,743	-12,170,465	57,169,624	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	298	0	0	0	16,923	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	3,655	284,950	284,950	0	184,666	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	394,645	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	0	0	0	744	193.01
193.02	19302 RETAIL PHARMACY	0	0	0	0	1,117	193.02
193.03	19303 LIFELINE	0	0	0	0	372	193.03
193.04	19304 PRIVATE CARE SERVICES	0	0	0	0	2,978	193.04
193.05	19305 EMS	24,355	0	0	0	112,195	193.05
193.06	19306 SURGERY MM	0	0	0	0	3,350	193.06
193.07	19307 SAINT CLARE'S VILLA	0	0	0	0	917,672	193.07
193.08	19308 MEALS ON WHEELS	0	0	0	1,545	0	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	428,194	1,001,249	1,833,021		12,170,465	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.196058	0.002548	0.004665		0.206966	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	82,314	36,983	23,407		739,486	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.037689	0.000094	0.000060		0.012575	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT					1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT					1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT					1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT					1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP					2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP					2.02
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	NONPATIENT TELEPHONES					5.01
5.02	00530	PURCHASING RECEIVING AND STORES					5.02
5.03	00540	ADMITTING					5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
7.00	00700	OPERATION OF PLANT	415,390				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	2,596	578,404			8.00
9.00	00900	HOUSEKEEPING	10,901	0	401,893		9.00
10.00	01000	DIETARY	10,049	0	10,049	81,420	10.00
11.00	01100	CAFETERIA	6,560	0	6,560	0	44,656
13.00	01300	NURSING ADMINISTRATION	2,356	0	2,356	0	849
14.00	01400	CENTRAL SERVICES & SUPPLY	10,950	0	10,950	0	1,419
15.00	01500	PHARMACY	0	0	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,195	0	3,195	0	2,131
17.00	01700	SOCIAL SERVICE	1,985	0	1,985	0	829
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	45,393	167,684	45,393	32,989	5,837
31.00	03100	INTENSIVE CARE UNIT	15,198	26,643	15,198	4,343	1,471
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	10,440	47,846	10,440	12,801	1,907
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,268	7,565	1,268	0	161
44.00	04400	SKILLED NURSING FACILITY	2,960	56,561	2,960	16,241	1,784
45.00	04500	NURSING FACILITY	782	3,635	782	1,044	112
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,857	63,864	47,857	3,861	2,478
51.00	05100	RECOVERY ROOM	2,062	0	2,062	0	401
52.00	05200	DELIVERY ROOM & LABOR ROOM	13,297	22,954	13,297	3,308	1,208
53.00	05300	ANESTHESIOLOGY	300	0	300	0	6
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,251	34,785	24,251	0	3,252
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	936	0	936	0	360
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	805	0	805	0	182
59.00	05900	CARDIAC CATHETERIZATION	2,225	29,792	2,225	0	393
60.00	06000	LABORATORY	14,415	0	14,415	0	3,932
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	465	0	465	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,115	0	3,115	0	757
66.00	06600	PHYSICAL THERAPY	9,719	13,832	9,719	0	1,627
67.00	06700	OCCUPATIONAL THERAPY	8,609	0	8,609	0	817
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	192
69.00	06900	ELECTROCARDIOLOGY	4,116	0	4,116	0	220
70.00	07000	ELECTROENCEPHALOGRAPHY	2,078	0	2,078	0	284
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	3,321	0	3,321	0	1,208
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0
76.01	03481	ONCOLOGY	3,403	1,296	3,403	0	226
76.02	03951	DIABETES CENTER	1,100	0	1,100	0	61
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	2,224	0	2,224	0	572
76.04	03952	PAIN CLINIC	0	0	0	0	185
76.05	03953	WOUND CENTER	4,029	5,725	4,029	0	409

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	18,912	89,900	18,912	433	3,678	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	4,259	0	4,259	0	2,476	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	350	158	350	0	1,139	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	296,481	572,240	282,984	75,020	42,563	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	912	0	912	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	4,994	0	4,994	4,227	345	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	46,743	0	46,743	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303 LIFELINE	0	0	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305 EMS	156	6,164	156	0	88	193.05
193.06	19306 SURGERY MM	0	0	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	66,104	0	66,104	0	1,660	193.07
193.08	19308 MEALS ON WHEELS	0	0	0	2,173	0	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	4,662,531	447,420	1,811,608	974,360	1,480,407	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.224466	0.773542	4.507687	11.967084	33.151357	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	449,609	35,820	153,855	164,938	99,758	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.082378	0.061929	0.382826	2.025768	2.233922	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
1.01	00101	CAP REL COSTS-BLDG & FIXT						1.01
1.02	00102	CAP REL COSTS-BLDG & FIXT						1.02
1.03	00103	CAP REL COSTS-BLDG & FIXT						1.03
1.04	00104	CAP REL COSTS-BLDG & FIXT						1.04
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
2.01	00201	CAP REL COSTS-MVBLE EQUIP						2.01
2.02	00202	CAP REL COSTS-MVBLE EQUIP						2.02
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	NONPATIENT TELEPHONES						5.01
5.02	00530	PURCHASING RECEIVING AND STORES						5.02
5.03	00540	ADMITTING						5.03
5.04	00550	CASHIERING/ACCOUNTS RECEIVABLE						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
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	41,619,685					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	6,257,814				14.00
15.00	01500	PHARMACY	0	0	1,636,976			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7	21,050	564,350		16.00
17.00	01700	SOCIAL SERVICE	0	0	789	0	216,375	17.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	9,817,585	109,248	152,875	328,620	127,375	30.00
31.00	03100	INTENSIVE CARE UNIT	2,529,710	27,587	38,882	23,525	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,371,869	13,616	20,950	20,525	22,075	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	339,693	6,820	8,332	7,500	0	43.00
44.00	04400	SKILLED NURSING FACILITY	3,527,813	15,822	27,890	13,108	22,151	44.00
45.00	04500	NURSING FACILITY	226,777	1,017	1,793	842	1,424	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	4,470,667	44,836	53,371	72,600	0	50.00
51.00	05100	RECOVERY ROOM	833,285	9,760	10,677	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,512,243	13,582	24,597	9,905	0	52.00
53.00	05300	ANESTHESIOLOGY	0	112,026	118,686	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	181,366	335,420	370,916	22,425	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	71,890	73,289	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	30,858	31,257	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	291,998	5,417	4,890	0	0	59.00
60.00	06000	LABORATORY	0	131,668	154,153	8,900	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	118,506	1,960	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,300	24,610	39,107	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	4,312	14,765	100	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	740	1,576	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	1,145	1,739	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	110,335	4,225	10,637	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	4,300	5,977	12,130	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,947,947	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	2,007,095	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	3,691	27,542	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	03481	ONCOLOGY	312,203	7,688	10,129	0	0	76.01
76.02	03951	DIABETES CENTER	122,195	7	973	0	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	42	5,709	50	0	76.03
76.04	03952	PAIN CLINIC	191,477	20,949	22,974	0	0	76.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052

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

Worksheet B-1

Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
76.05	03953 WOUND CENTER	655,003	20,290	22,320	9,500	0	76.05
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	5,920,324	118,259	234,840	46,575	43,350	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	21,665	0	0	97.00
98.00	09900 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	2,314,322	36,599	48,052	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	1,779,240	5,608	18,153	175	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	39,516,705	6,257,264	1,608,668	564,350	216,375	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	119	298	0	0	190.00
191.00	19100 RESEARCH	0	0	0	0	0	191.00
191.01	19101 ADULT DAY CARE	63,123	431	3,655	0	0	191.01
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301 PARISH NURSE PROGRAM	0	0	0	0	0	193.01
193.02	19302 RETAIL PHARMACY	0	0	0	0	0	193.02
193.03	19303 LIFELINE	0	0	0	0	0	193.03
193.04	19304 PRIVATE CARE SERVICES	0	0	0	0	0	193.04
193.05	19305 EMS	0	0	24,355	0	0	193.05
193.06	19306 SURGERY MM	0	0	0	0	0	193.06
193.07	19307 SAINT CLARE'S VILLA	2,039,857	0	0	0	0	193.07
193.08	19308 MEALS ON WHEELS	0	0	0	0	0	193.08
194.00	07950 OTHER PROPERTY	0	0	0	0	0	194.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,078,453	1,166,835	0	1,952,598	805,192	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.025912	0.186460	0.000000	3.459906	3.721280	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	42,345	142,115	0	76,884	27,489	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.001017	0.022710	0.000000	0.136235	0.127043	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

		Title XVIII			Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00		6.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	9,175,947		9,175,947	0	9,175,947	9,042,418	30.00
31.00	03100	INTENSIVE CARE UNIT	2,266,628		2,266,628	0	2,266,628	5,109,224	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/PF	2,088,126		2,088,126	0	2,088,126	3,004,003	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	266,056		266,056	0	266,056	530,842	43.00
44.00	04400	SKILLED NURSING FACILITY	1,740,937		1,740,937	3,608	1,744,545	2,971,968	44.00
45.00	04500	NURSING FACILITY	121,557		121,557	214	121,771	209,757	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,744,644		4,744,644	0	4,744,644	7,491,859	50.00
51.00	05100	RECOVERY ROOM	571,587		571,587	0	571,587	2,446,126	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,976,950		1,976,950	0	1,976,950	2,519,470	52.00
53.00	05300	ANESTHESIOLOGY	242,511		242,511	0	242,511	1,139,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,067,706		5,067,706	0	5,067,706	8,945,530	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	820,007		820,007	0	820,007	9,575,518	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	316,307		316,307	0	316,307	1,665,692	58.00
59.00	05900	CARDIAC CATHETERIZATION	596,801		596,801	0	596,801	4,612,804	59.00
60.00	06000	LABORATORY	5,241,986		5,241,986	0	5,241,986	15,065,262	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	633,228		633,228	0	633,228	1,126,817	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	913,290	0	913,290	0	913,290	7,500,241	65.00
66.00	06600	PHYSICAL THERAPY	1,818,053	0	1,818,053	0	1,818,053	6,860,688	66.00
67.00	06700	OCCUPATIONAL THERAPY	965,517	0	965,517	0	965,517	6,743,016	67.00
68.00	06800	SPEECH PATHOLOGY	173,778	0	173,778	0	173,778	642,653	68.00
69.00	06900	ELECTROCARDIOLOGY	538,592		538,592	0	538,592	5,798,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	375,308		375,308	0	375,308	295,824	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,241,495		4,241,495	0	4,241,495	7,186,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,859,234		2,859,234	0	2,859,234	4,589,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,673,785		5,673,785	0	5,673,785	17,657,003	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0		0	0	0	0	76.00
76.01	03481	ONCOLOGY	221,487		221,487	3,185	224,672	28,235	76.01
76.02	03951	DIABETES CENTER	92,260		92,260	0	92,260	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	564,371		564,371	0	564,371	21,731	76.03
76.04	03952	PAIN CLINIC	249,460		249,460	0	249,460	9,197	76.04
76.05	03953	WOUND CENTER	655,918		655,918	0	655,918	15,780	76.05
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
91.00	09100	EMERGENCY	5,394,895		5,394,895	0	5,394,895	8,493,192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,172,143		1,172,143	0	1,172,143	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	73,187		73,187	0	73,187	67,231	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00

COMPUTATION OF RATIO OF COSTS TO CHARGES				Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/30/2013 3:41 pm	
				Title XVIII	Hospital	PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges	
			Total Costs	RCE Disallowance	Total Costs	Inpatient	
			1.00	2.00	3.00	4.00	5.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	1,575,369		1,575,369	0	1,575,369	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00 09900 CMHC	0		0		0	0	99.00
99.10 09910 CORF	0		0		0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0		0	0	100.00
101.00 10100 HOME HEALTH AGENCY	2,643,465		2,643,465		2,643,465	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00 10500 KIDNEY ACQUISITION	0		0		0	0	105.00
106.00 10600 HEART ACQUISITION	0		0		0	0	106.00
107.00 10700 LIVER ACQUISITION	0		0		0	0	107.00
108.00 10800 LUNG ACQUISITION	0		0		0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0		0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0		0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0		0	0	111.00
113.00 11300 INTEREST EXPENSE							113.00
114.00 11400 UTILIZATION REVIEW-SNF							114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	0	115.00
116.00 11600 HOSPICE	2,025,294		2,025,294		2,025,294	0	116.00
200.00 Subtotal (see instructions)	68,097,879	0	68,097,879	7,007	68,104,886	141,365,530	200.00
201.00 Less Observation Beds	1,172,143		1,172,143		1,172,143		201.00
202.00 Total (see instructions)	66,925,736	0	66,925,736	7,007	66,932,743	141,365,530	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
	Outpatient	Total (col. 6 + col. 7)					
	7.00	8.00					
			9.00	10.00	11.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS		9,042,418					30.00
31.00 03100 INTENSIVE CARE UNIT		5,109,224					31.00
32.00 03200 CORONARY CARE UNIT		0					32.00
33.00 03300 BURN INTENSIVE CARE UNIT		0					33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0					34.00
40.00 04000 SUBPROVIDER - I PF		0					40.00
41.00 04100 SUBPROVIDER - I RF		3,004,003					41.00
42.00 04200 SUBPROVIDER		0					42.00
43.00 04300 NURSERY		530,842					43.00
44.00 04400 SKILLED NURSING FACILITY		2,971,968					44.00
45.00 04500 NURSING FACILITY		209,757					45.00
46.00 04600 OTHER LONG TERM CARE		0					46.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	27,978,796	35,470,655	0.133763	0.000000	0.133763		50.00
51.00 05100 RECOVERY ROOM	5,607,767	8,053,893	0.070970	0.000000	0.070970		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,005,779	3,525,249	0.560797	0.000000	0.560797		52.00
53.00 05300 ANESTHESIOLOGY	2,629,195	3,769,177	0.064341	0.000000	0.064341		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	42,066,944	51,012,474	0.099342	0.000000	0.099342		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000		55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0.000000		56.00
57.00 05700 CT SCAN	26,289,521	35,865,039	0.022864	0.000000	0.022864		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6,629,699	8,295,391	0.038130	0.000000	0.038130		58.00
59.00 05900 CARDIAC CATHETERIZATION	5,434,227	10,047,031	0.059401	0.000000	0.059401		59.00
60.00 06000 LABORATORY	26,445,835	41,511,097	0.126279	0.000000	0.126279		60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	260,217	1,387,034	0.456534	0.000000	0.456534		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000		64.00
65.00 06500 RESPIRATORY THERAPY	1,783,469	9,283,710	0.098376	0.000000	0.098376		65.00
66.00 06600 PHYSICAL THERAPY	7,389,592	14,250,280	0.127580	0.000000	0.127580		66.00
67.00 06700 OCCUPATIONAL THERAPY	1,382,154	8,125,170	0.118830	0.000000	0.118830		67.00
68.00 06800 SPEECH PATHOLOGY	234,306	876,959	0.198160	0.000000	0.198160		68.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00	9.00	10.00	11.00				
69.00 06900	ELECTROCARDIOLOGY	7,760,336	13,558,623	0.039723	0.000000	0.039723			69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	5,976,882	6,272,706	0.059832	0.000000	0.059832			70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,658,714	15,844,869	0.267689	0.000000	0.267689			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	2,589,641	7,178,666	0.398296	0.000000	0.398296			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	11,250,209	28,907,212	0.196276	0.000000	0.196276			73.00
74.00 07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000			74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000			75.00
76.00 03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0.000000			76.00
76.01 03481	ONCOLOGY	926,155	954,390	0.232072	0.000000	0.235409			76.01
76.02 03951	DIABETES CENTER	147,639	147,639	0.624903	0.000000	0.624903			76.02
76.03 03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	793,344	815,075	0.692416	0.000000	0.692416			76.03
76.04 03952	PAIN CLINIC	2,422,498	2,431,695	0.102587	0.000000	0.102587			76.04
76.05 03953	WOUND CENTER	3,895,652	3,911,432	0.167693	0.000000	0.167693			76.05
OUTPATIENT SERVICE COST CENTERS									
88.00 08800	RURAL HEALTH CLINIC	0	0						88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0						89.00
90.00 09000	CLINIC	0	0	0.000000	0.000000	0.000000			90.00
91.00 09100	EMERGENCY	39,254,488	47,747,680	0.112988	0.000000	0.112988			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,017,321	2,017,321	0.581039	0.000000	0.581039			92.00
OTHER REIMBURSABLE COST CENTERS									
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000			94.00
95.00 09500	AMBULANCE SERVICES	368	67,599	1.082664	0.000000	1.082664			95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000			96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	1,803,678	1,803,678	0.873420	0.000000	0.873420			97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000			98.00
99.00 09900	CMHC	0	0						99.00
99.10 09910	CORF	0	0						99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0						100.00
101.00 10100	HOME HEALTH AGENCY	6,212,058	6,212,058						101.00
SPECIAL PURPOSE COST CENTERS									
105.00 10500	KIDNEY ACQUISITION	0	0						105.00
106.00 10600	HEART ACQUISITION	0	0						106.00
107.00 10700	LIVER ACQUISITION	0	0						107.00
108.00 10800	LUNG ACQUISITION	0	0						108.00
109.00 10900	PANCREAS ACQUISITION	0	0						109.00
110.00 11000	INTESTINAL ACQUISITION	0	0						110.00
111.00 11100	ISLET ACQUISITION	0	0						111.00
113.00 11300	INTEREST EXPENSE								113.00
114.00 11400	UTILIZATION REVIEW-SNF								114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0						115.00
116.00 11600	HOSPICE	4,217,407	4,217,407						116.00
200.00	Subtotal (see instructions)	253,063,891	394,429,421						200.00
201.00	Less Observation Beds								201.00
202.00	Total (see instructions)	253,063,891	394,429,421						202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

		Title XIX			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00		6.00
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	9,175,947		9,175,947	0	0	9,042,418	30.00
31.00	03100	INTENSIVE CARE UNIT	2,266,628		2,266,628	0	0	5,109,224	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/PF	2,088,126		2,088,126	0	0	3,004,003	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	266,056		266,056	0	0	530,842	43.00
44.00	04400	SKILLED NURSING FACILITY	1,740,937		1,740,937	0	0	2,971,968	44.00
45.00	04500	NURSING FACILITY	121,557		121,557	0	0	209,757	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	4,744,644		4,744,644	0	0	7,491,859	50.00
51.00	05100	RECOVERY ROOM	571,587		571,587	0	0	2,446,126	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,976,950		1,976,950	0	0	2,519,470	52.00
53.00	05300	ANESTHESIOLOGY	242,511		242,511	0	0	1,139,982	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,067,706		5,067,706	0	0	8,945,530	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	820,007		820,007	0	0	9,575,518	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	316,307		316,307	0	0	1,665,692	58.00
59.00	05900	CARDIAC CATHETERIZATION	596,801		596,801	0	0	4,612,804	59.00
60.00	06000	LABORATORY	5,241,986		5,241,986	0	0	15,065,262	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	633,228		633,228	0	0	1,126,817	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	913,290	0	913,290	0	0	7,500,241	65.00
66.00	06600	PHYSICAL THERAPY	1,818,053	0	1,818,053	0	0	6,860,688	66.00
67.00	06700	OCCUPATIONAL THERAPY	965,517	0	965,517	0	0	6,743,016	67.00
68.00	06800	SPEECH PATHOLOGY	173,778	0	173,778	0	0	642,653	68.00
69.00	06900	ELECTROCARDIOLOGY	538,592		538,592	0	0	5,798,287	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	375,308		375,308	0	0	295,824	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,241,495		4,241,495	0	0	7,186,155	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	2,859,234		2,859,234	0	0	4,589,025	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,673,785		5,673,785	0	0	17,657,003	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0		0	0	0	0	76.00
76.01	03481	ONCOLOGY	221,487		221,487	0	0	28,235	76.01
76.02	03951	DIABETES CENTER	92,260		92,260	0	0	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	564,371		564,371	0	0	21,731	76.03
76.04	03952	PAIN CLINIC	249,460		249,460	0	0	9,197	76.04
76.05	03953	WOUND CENTER	655,918		655,918	0	0	15,780	76.05
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
91.00	09100	EMERGENCY	5,394,895		5,394,895	0	0	8,493,192	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,172,143		1,172,143	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	73,187		73,187	0	0	67,231	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

			Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Diallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	1,575,369		1,575,369	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	0	98.00
99.00 09900 CMHC	0		0		0	0	0	99.00
99.10 09910 CORF	0		0		0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0		0		0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	2,643,465		2,643,465		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0		0		0	0	0	105.00
106.00 10600 HEART ACQUISITION	0		0		0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0		0		0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0		0		0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0		0		0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0		0		0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0		0		0	0	0	111.00
113.00 11300 INTEREST EXPENSE								113.00
114.00 11400 UTILIZATION REVIEW-SNF								114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	0	0	115.00
116.00 11600 HOSPICE	2,025,294		2,025,294		0	0	0	116.00
200.00 Subtotal (see instructions)	68,097,879	0	68,097,879	0	0	141,365,530	200.00	
201.00 Less Observation Beds	1,172,143		1,172,143		0	0	0	201.00
202.00 Total (see instructions)	66,925,736	0	66,925,736	0	0	141,365,530	202.00	
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00				9.00	10.00	11.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00 03000 ADULTS & PEDIATRICS		9,042,418						30.00
31.00 03100 INTENSIVE CARE UNIT		5,109,224						31.00
32.00 03200 CORONARY CARE UNIT		0						32.00
33.00 03300 BURN INTENSIVE CARE UNIT		0						33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT		0						34.00
40.00 04000 SUBPROVIDER - I PF		0						40.00
41.00 04100 SUBPROVIDER - I RF		3,004,003						41.00
42.00 04200 SUBPROVIDER		0						42.00
43.00 04300 NURSERY		530,842						43.00
44.00 04400 SKILLED NURSING FACILITY		2,971,968						44.00
45.00 04500 NURSING FACILITY		209,757						45.00
46.00 04600 OTHER LONG TERM CARE		0						46.00
ANCILLARY SERVICE COST CENTERS								
50.00 05000 OPERATING ROOM	27,978,796	35,470,655	0.133763	0.000000	0.000000			50.00
51.00 05100 RECOVERY ROOM	5,607,767	8,053,893	0.070970	0.000000	0.000000			51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,005,779	3,525,249	0.560797	0.000000	0.000000			52.00
53.00 05300 ANESTHESIOLOGY	2,629,195	3,769,177	0.064341	0.000000	0.000000			53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	42,066,944	51,012,474	0.099342	0.000000	0.000000			54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000			55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0.000000			56.00
57.00 05700 CT SCAN	26,289,521	35,865,039	0.022864	0.000000	0.000000			57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	6,629,699	8,295,391	0.038130	0.000000	0.000000			58.00
59.00 05900 CARDIAC CATHETERIZATION	5,434,227	10,047,031	0.059401	0.000000	0.000000			59.00
60.00 06000 LABORATORY	26,445,835	41,511,097	0.126279	0.000000	0.000000			60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000			60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000			61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	260,217	1,387,034	0.456534	0.000000	0.000000			62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000			63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000			64.00
65.00 06500 RESPIRATORY THERAPY	1,783,469	9,283,710	0.098376	0.000000	0.000000			65.00
66.00 06600 PHYSICAL THERAPY	7,389,592	14,250,280	0.127580	0.000000	0.000000			66.00
67.00 06700 OCCUPATIONAL THERAPY	1,382,154	8,125,170	0.118830	0.000000	0.000000			67.00
68.00 06800 SPEECH PATHOLOGY	234,306	876,959	0.198160	0.000000	0.000000			68.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140052

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

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00	9.00	10.00	11.00			
69.00 06900 ELECTROCARDIOLOGY	7,760,336	13,558,623	0.039723	0.000000	0.000000		69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	5,976,882	6,272,706	0.059832	0.000000	0.000000		70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,658,714	15,844,869	0.267689	0.000000	0.000000		71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	2,589,641	7,178,666	0.398296	0.000000	0.000000		72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	11,250,209	28,907,212	0.196276	0.000000	0.000000		73.00	
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000		74.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00	
76.00 03950 THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0.000000		76.00	
76.01 03481 ONCOLOGY	926,155	954,390	0.232072	0.000000	0.000000		76.01	
76.02 03951 DIABETES CENTER	147,639	147,639	0.624903	0.000000	0.000000		76.02	
76.03 03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	793,344	815,075	0.692416	0.000000	0.000000		76.03	
76.04 03952 PAIN CLINIC	2,422,498	2,431,695	0.102587	0.000000	0.000000		76.04	
76.05 03953 WOUND CENTER	3,895,652	3,911,432	0.167693	0.000000	0.000000		76.05	
OUTPATIENT SERVICE COST CENTERS								
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00	
90.00 09000 CLINIC	0	0	0.000000	0.000000	0.000000		90.00	
91.00 09100 EMERGENCY	39,254,488	47,747,680	0.112988	0.000000	0.000000		91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	2,017,321	2,017,321	0.581039	0.000000	0.000000		92.00	
OTHER REIMBURSABLE COST CENTERS								
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00	
95.00 09500 AMBULANCE SERVICES	368	67,599	1.082664	0.000000	0.000000		95.00	
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00	
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	1,803,678	1,803,678	0.873420	0.000000	0.000000		97.00	
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00	
99.00 09900 CMHC	0	0					99.00	
99.10 09910 CORF	0	0					99.10	
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0					100.00	
101.00 10100 HOME HEALTH AGENCY	6,212,058	6,212,058					101.00	
SPECIAL PURPOSE COST CENTERS								
105.00 10500 KIDNEY ACQUISITION	0	0					105.00	
106.00 10600 HEART ACQUISITION	0	0					106.00	
107.00 10700 LIVER ACQUISITION	0	0					107.00	
108.00 10800 LUNG ACQUISITION	0	0					108.00	
109.00 10900 PANCREAS ACQUISITION	0	0					109.00	
110.00 11000 INTESTINAL ACQUISITION	0	0					110.00	
111.00 11100 ISLET ACQUISITION	0	0					111.00	
113.00 11300 INTEREST EXPENSE							113.00	
114.00 11400 UTILIZATION REVIEW-SNF							114.00	
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0					115.00	
116.00 11600 HOSPICE	4,217,407	4,217,407					116.00	
200.00 Subtotal (see instructions)	253,063,891	394,429,421					200.00	
201.00 Less Observation Beds							201.00	
202.00 Total (see instructions)	253,063,891	394,429,421					202.00	

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140052

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

Worksheet D
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Title XVIII			Hospital		PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	1,031,155	0	1,031,155	13,269	77.71	30.00	
31.00	INTENSIVE CARE UNIT	307,880		307,880	1,861	165.44	31.00	
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00	
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00	
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00	
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00	
41.00	SUBPROVIDER - IRF	110,756	0	110,756	4,282	25.87	41.00	
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00	
43.00	NURSERY	27,123		27,123	827	32.80	43.00	
44.00	SKILLED NURSING FACILITY	77,870		77,870	5,446	14.30	44.00	
45.00	NURSING FACILITY	7,924		7,924	350	22.64	45.00	
200.00	Total (lines 30-199)	1,562,708		1,562,708	26,035		200.00	
Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)					
		6.00	7.00					
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	6,461	502,084					
31.00	INTENSIVE CARE UNIT	535	88,510					
32.00	CORONARY CARE UNIT	0	0					
33.00	BURN INTENSIVE CARE UNIT	0	0					
34.00	SURGICAL INTENSIVE CARE UNIT	0	0					
40.00	SUBPROVIDER - IPF	0	0					
41.00	SUBPROVIDER - IRF	3,625	93,779					
42.00	SUBPROVIDER	0	0					
43.00	NURSERY	0	0					
44.00	SKILLED NURSING FACILITY	3,431	49,063					
45.00	NURSING FACILITY	0	0					
200.00	Total (lines 30-199)	14,052	733,436					

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 3:41 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)	Hospital Inpatient Program Charges	PPS 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	622,855	35,470,655	0.017560	4,089,300	71,808	50.00
51.00	05100	RECOVERY ROOM	31,726	8,053,893	0.003939	1,193,804	4,702	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	266,806	3,525,249	0.075684	2,076	157	52.00
53.00	05300	ANESTHESIOLOGY	12,645	3,769,177	0.003355	333,457	1,119	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	336,437	51,012,474	0.006595	4,665,986	30,772	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700	CT SCAN	35,501	35,865,039	0.000990	5,111,412	5,060	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,808	8,295,391	0.002508	819,612	2,056	58.00
59.00	05900	CARDIAC CATHETERIZATION	49,473	10,047,031	0.004924	1,506,443	7,418	59.00
60.00	06000	LABORATORY	274,358	41,511,097	0.006609	8,282,161	54,737	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,393	1,387,034	0.008935	265,972	2,376	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	56,985	9,283,710	0.006138	3,942,987	24,202	65.00
66.00	06600	PHYSICAL THERAPY	87,502	14,250,280	0.006140	673,431	4,135	66.00
67.00	06700	OCCUPATIONAL THERAPY	57,831	8,125,170	0.007118	592,630	4,218	67.00
68.00	06800	SPEECH PATHOLOGY	2,482	876,959	0.002830	88,794	251	68.00
69.00	06900	ELECTROCARDIOLOGY	70,326	13,558,623	0.005187	4,488,815	23,283	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,960	6,272,706	0.005733	195,084	1,118	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	107,851	15,844,869	0.006807	4,696,289	31,968	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,577	7,178,666	0.010110	2,222,792	22,472	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,018	28,907,212	0.003806	8,660,184	32,961	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0	76.00
76.01	03481	ONCOLOGY	22,347	954,390	0.023415	6,218	146	76.01
76.02	03951	DIABETES CENTER	6,525	147,639	0.044196	0	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,678	815,075	0.024143	0	0	76.03
76.04	03952	PAIN CLINIC	8,020	2,431,695	0.003298	0	0	76.04
76.05	03953	WOUND CENTER	30,656	3,911,432	0.007838	3,170	25	76.05
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
91.00	09100	EMERGENCY	358,998	47,747,680	0.007519	4,535,902	34,105	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	131,721	2,017,321	0.065295	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	17,532	1,803,678	0.009720	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00		Total (lines 50-199)	2,860,011	363,064,145		56,376,519	359,089	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 3:41 pm
---	--	----------------------	---	---

Cost Center Description		Title XVIII				Hospital	
		Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	200.00

Cost Center Description		Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
		6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	13,269	0.00	6,461	30.00
31.00	03100	INTENSIVE CARE UNIT	1,861	0.00	535	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	40.00
41.00	04100	SUBPROVIDER - IRF	4,282	0.00	3,625	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	42.00
43.00	04300	NURSERY	827	0.00	0	43.00
44.00	04400	SKILLED NURSING FACILITY	5,446	0.00	3,431	44.00
45.00	04500	NURSING FACILITY	350	0.00	0	45.00
200.00		Total (lines 30-199)	26,035		14,052	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
--	----------------------	---	--

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0	0	0	0	76.00
76.01	03481	ONCOLOGY	0	0	0	0	0	0	76.01
76.02	03951	DIABETES CENTER	0	0	0	0	0	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	0	0	0	0	76.04
76.05	03953	WOUND CENTER	0	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (Lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
--	----------------------	---------------------------------------	---

Cost Center Description		Title XVIII			Hospital		PPS	
		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	35,470,655	0.000000	0.000000	4,089,300	50.00
51.00	05100	RECOVERY ROOM	0	8,053,893	0.000000	0.000000	1,193,804	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,525,249	0.000000	0.000000	2,076	52.00
53.00	05300	ANESTHESIOLOGY	0	3,769,177	0.000000	0.000000	333,457	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,012,474	0.000000	0.000000	4,665,986	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	35,865,039	0.000000	0.000000	5,111,412	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,295,391	0.000000	0.000000	819,612	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,047,031	0.000000	0.000000	1,506,443	59.00
60.00	06000	LABORATORY	0	41,511,097	0.000000	0.000000	8,282,161	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,387,034	0.000000	0.000000	265,972	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,283,710	0.000000	0.000000	3,942,987	65.00
66.00	06600	PHYSICAL THERAPY	0	14,250,280	0.000000	0.000000	673,431	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,125,170	0.000000	0.000000	592,630	67.00
68.00	06800	SPEECH PATHOLOGY	0	876,959	0.000000	0.000000	88,794	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,558,623	0.000000	0.000000	4,488,815	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,272,706	0.000000	0.000000	195,084	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,844,869	0.000000	0.000000	4,696,289	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,178,666	0.000000	0.000000	2,222,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,907,212	0.000000	0.000000	8,660,184	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.01	03481	ONCOLOGY	0	954,390	0.000000	0.000000	6,218	76.01
76.02	03951	DIABETES CENTER	0	147,639	0.000000	0.000000	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	815,075	0.000000	0.000000	0	76.03
76.04	03952	PAIN CLINIC	0	2,431,695	0.000000	0.000000	0	76.04
76.05	03953	WOUND CENTER	0	3,911,432	0.000000	0.000000	3,170	76.05
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	47,747,680	0.000000	0.000000	4,535,902	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,017,321	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,803,678	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (lines 50-199)	0	363,064,145			56,376,519	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
Title XVIII		Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	8,045,137	0		50.00
51.00	05100 RECOVERY ROOM	0	2,406,861	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	347,965	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	15,144,983	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	7,638,325	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,007,348	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,663,472	0		59.00
60.00	06000 LABORATORY	0	640,575	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	112,634	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	595,518	0		65.00
66.00	06600 PHYSICAL THERAPY	0	2,477	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	3,384,948	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	2,005,219	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,573,765	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,153,483	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	4,947,308	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0		76.00
76.01	03481 ONCOLOGY	0	125,572	0		76.01
76.02	03951 DIABETES CENTER	0	0	0		76.02
76.03	03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	275,493	0		76.03
76.04	03952 PAIN CLINIC	0	883,241	0		76.04
76.05	03953 WOUND CENTER	0	1,400,504	0		76.05
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	10,979,797	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	653,611	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	66,988,236	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 3:41 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.133763	8,045,137	0	0	1,076,142
51.00 05100 RECOVERY ROOM	0.070970	2,406,861	0	0	170,815
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.560797	0	0	0	0
53.00 05300 ANESTHESIOLOGY	0.064341	347,965	0	0	22,388
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.099342	15,144,983	0	0	1,504,533
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.022864	7,638,325	0	0	174,643
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.038130	2,007,348	0	0	76,540
59.00 05900 CARDIAC CATHETERIZATION	0.059401	1,663,472	0	0	98,812
60.00 06000 LABORATORY	0.126279	640,575	0	0	80,891
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.456534	112,634	0	0	51,421
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.098376	595,518	0	0	58,585
66.00 06600 PHYSICAL THERAPY	0.127580	2,477	0	0	316
67.00 06700 OCCUPATIONAL THERAPY	0.118830	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.198160	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.039723	3,384,948	0	0	134,460
70.00 07000 ELECTROENCEPHALOGRAPHY	0.059832	2,005,219	0	0	119,976
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267689	2,573,765	0	0	688,969
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.398296	1,153,483	0	0	459,428
73.00 07300 DRUGS CHARGED TO PATIENTS	0.196276	4,947,308	0	0	971,038
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03950 THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0
76.01 03481 ONCOLOGY	0.232072	125,572	0	0	29,142
76.02 03951 DIABETES CENTER	0.624903	0	0	0	0
76.03 03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.692416	275,493	0	0	190,756
76.04 03952 PAIN CLINIC	0.102587	883,241	0	0	90,609
76.05 03953 WOUND CENTER	0.167693	1,400,504	0	0	234,855
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.112988	10,979,797	0	0	1,240,585
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.581039	653,611	0	0	379,773
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	1.082664	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.873420	0	0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		66,988,236	0	0	7,854,677
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 +/- line 201)		66,988,236	0	0	7,854,677

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 3:41 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0		76.00
76.01 03481 ONCOLOGY	0	0		76.01
76.02 03951 DIABETES CENTER	0	0		76.02
76.03 03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0		76.03
76.04 03952 PAIN CLINIC	0	0		76.04
76.05 03953 WOUND CENTER	0	0		76.05
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 3:41 pm	
		Component CCN: 14T052		Title XVIII		Subprovider - IRF	
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	622,855	35,470,655	0.017560	6,881	121 50.00
51.00	05100	RECOVERY ROOM	31,726	8,053,893	0.003939	2,027	8 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	266,806	3,525,249	0.075684	0	0 52.00
53.00	05300	ANESTHESIOLOGY	12,645	3,769,177	0.003355	570	2 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	336,437	51,012,474	0.006595	163,618	1,079 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0	0 56.00
57.00	05700	CT SCAN	35,501	35,865,039	0.000990	60,638	60 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	20,808	8,295,391	0.002508	39,137	98 58.00
59.00	05900	CARDIAC CATHETERIZATION	49,473	10,047,031	0.004924	0	0 59.00
60.00	06000	LABORATORY	274,358	41,511,097	0.006609	681,356	4,503 60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	12,393	1,387,034	0.008935	3,096	28 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	56,985	9,283,710	0.006138	4,912	30 65.00
66.00	06600	PHYSICAL THERAPY	87,502	14,250,280	0.006140	2,606,321	16,003 66.00
67.00	06700	OCCUPATIONAL THERAPY	57,831	8,125,170	0.007118	2,644,623	18,824 67.00
68.00	06800	SPEECH PATHOLOGY	2,482	876,959	0.002830	282,770	800 68.00
69.00	06900	ELECTROCARDIOLOGY	70,326	13,558,623	0.005187	17,917	93 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	35,960	6,272,706	0.005733	3,624	21 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	107,851	15,844,869	0.006807	396,941	2,702 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72,577	7,178,666	0.010110	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	110,018	28,907,212	0.003806	1,188,143	4,522 73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0	0 75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0	0 76.00
76.01	03481	ONCOLOGY	22,347	954,390	0.023415	0	0 76.01
76.02	03951	DIABETES CENTER	6,525	147,639	0.044196	0	0 76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	19,678	815,075	0.024143	17,205	415 76.03
76.04	03952	PAIN CLINIC	8,020	2,431,695	0.003298	0	0 76.04
76.05	03953	WOUND CENTER	30,656	3,911,432	0.007838	0	0 76.05
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0 89.00
90.00	09000	CLINIC	0	0	0.000000	0	0 90.00
91.00	09100	EMERGENCY	358,998	47,747,680	0.007519	73,148	550 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,017,321	0.000000	0	0 92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES					
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	17,532	1,803,678	0.009720	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0 98.00
200.00		Total (Lines 50-199)	2,728,290	363,064,145		8,192,927	49,859 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 14T052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01 03481 ONCOLOGY	0	0	0	0	0	76.01
76.02 03951 DIABETES CENTER	0	0	0	0	0	76.02
76.03 03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05 03953 WOUND CENTER	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 14T052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 ÷ col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	35,470,655	0.000000	0.000000	6,881	50.00
51.00 05100 RECOVERY ROOM	0	8,053,893	0.000000	0.000000	2,027	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,525,249	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	3,769,177	0.000000	0.000000	570	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	51,012,474	0.000000	0.000000	163,618	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00 05700 CT SCAN	0	35,865,039	0.000000	0.000000	60,638	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	8,295,391	0.000000	0.000000	39,137	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	10,047,031	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	41,511,097	0.000000	0.000000	681,356	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,387,034	0.000000	0.000000	3,096	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	9,283,710	0.000000	0.000000	4,912	65.00
66.00 06600 PHYSICAL THERAPY	0	14,250,280	0.000000	0.000000	2,606,321	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	8,125,170	0.000000	0.000000	2,644,623	67.00
68.00 06800 SPEECH PATHOLOGY	0	876,959	0.000000	0.000000	282,770	68.00
69.00 06900 ELECTROCARDIOLOGY	0	13,558,623	0.000000	0.000000	17,917	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	6,272,706	0.000000	0.000000	3,624	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,844,869	0.000000	0.000000	396,941	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,178,666	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	28,907,212	0.000000	0.000000	1,188,143	73.00
74.00 07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.01 03481 ONCOLOGY	0	954,390	0.000000	0.000000	0	76.01
76.02 03951 DIABETES CENTER	0	147,639	0.000000	0.000000	0	76.02
76.03 03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	815,075	0.000000	0.000000	17,205	76.03
76.04 03952 PAIN CLINIC	0	2,431,695	0.000000	0.000000	0	76.04
76.05 03953 WOUND CENTER	0	3,911,432	0.000000	0.000000	0	76.05
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00 09100 EMERGENCY	0	47,747,680	0.000000	0.000000	73,148	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	2,017,321	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	1,803,678	0.000000	0.000000	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00 Total (Lines 50-199)	0	363,064,145			8,192,927	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 14T052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
Title XVIIII		Subprovider - IRF	PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0	0	76.00
76.01 03481 ONCOLOGY	0	0	0	76.01
76.02 03951 DIABETES CENTER	0	0	0	76.02
76.03 03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0	76.04
76.05 03953 WOUND CENTER	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 145314	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
		Title XVIII	Skilled Nursing Facility PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
76.00	03950 THERAPEUTIC ACTIVITIES	0	0	0	0	0	76.00
76.01	03481 ONCOLOGY	0	0	0	0	0	76.01
76.02	03951 DIABETES CENTER	0	0	0	0	0	76.02
76.03	03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	0	0	76.03
76.04	03952 PAIN CLINIC	0	0	0	0	0	76.04
76.05	03953 WOUND CENTER	0	0	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052 Component CCN: 145314	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
	Title XVIII	Skilled Nursing Facility	PPS

Cost Center Description			Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
			6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	35,470,655	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	8,053,893	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,525,249	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,769,177	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	51,012,474	0.000000	0.000000	84,115	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	35,865,039	0.000000	0.000000	8,304	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	8,295,391	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	10,047,031	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	41,511,097	0.000000	0.000000	277,150	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	1,387,034	0.000000	0.000000	4,636	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	9,283,710	0.000000	0.000000	0	65.00
66.00	06600	PHYSICAL THERAPY	0	14,250,280	0.000000	0.000000	1,750,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	8,125,170	0.000000	0.000000	1,735,742	67.00
68.00	06800	SPEECH PATHOLOGY	0	876,959	0.000000	0.000000	103,916	68.00
69.00	06900	ELECTROCARDIOLOGY	0	13,558,623	0.000000	0.000000	712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	6,272,706	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	15,844,869	0.000000	0.000000	362,341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	7,178,666	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	28,907,212	0.000000	0.000000	1,323,373	73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	0.000000	0.000000	0	76.00
76.01	03481	ONCOLOGY	0	954,390	0.000000	0.000000	2,376	76.01
76.02	03951	DIABETES CENTER	0	147,639	0.000000	0.000000	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	815,075	0.000000	0.000000	70	76.03
76.04	03952	PAIN CLINIC	0	2,431,695	0.000000	0.000000	0	76.04
76.05	03953	WOUND CENTER	0	3,911,432	0.000000	0.000000	0	76.05
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	47,747,680	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	2,017,321	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	1,803,678	0.000000	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00		Total (Lines 50-199)	0	363,064,145			5,652,821	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 3:41 pm
	Component CCN: 145314	Title XVIII	Skilled Nursing Facility PPS

Cost Center Description	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
	11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	75.00
76.00 03950 THERAPEUTIC ACTIVITIES	0	0	0	76.00
76.01 03481 ONCOLOGY	0	0	0	76.01
76.02 03951 DIABETES CENTER	0	0	0	76.02
76.03 03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	0	76.03
76.04 03952 PAIN CLINIC	0	0	0	76.04
76.05 03953 WOUND CENTER	0	0	0	76.05
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	0	0	0	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	98.00
200.00 Total (Lines 50-199)	0	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 3:41 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	0.133763	3,474,332	0	0	464,737
51.00 05100 RECOVERY ROOM	0.070970	1,178,373	0	0	83,629
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.560797	3,306	0	0	1,854
53.00 05300 ANESTHESIOLOGY	0.064341	165,366	0	0	10,640
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.099342	4,943,045	0	0	491,052
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.022864	4,609,365	0	0	105,389
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.038130	833,591	0	0	31,785
59.00 05900 CARDIAC CATHETERIZATION	0.059401	317,150	0	0	18,839
60.00 06000 LABORATORY	0.126279	4,659,443	0	0	588,390
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.456534	54,429	0	0	24,849
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.000000	0	0	0	0
65.00 06500 RESPIRATORY THERAPY	0.098376	272,584	0	0	26,816
66.00 06600 PHYSICAL THERAPY	0.127580	1,270,793	0	0	162,128
67.00 06700 OCCUPATIONAL THERAPY	0.118830	349,876	0	0	41,576
68.00 06800 SPEECH PATHOLOGY	0.198160	86,398	0	0	17,121
69.00 06900 ELECTROCARDIOLOGY	0.039723	1,353,353	0	0	53,759
70.00 07000 ELECTROENCEPHALOGRAPHY	0.059832	439,740	0	0	26,311
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267689	1,655,100	0	0	443,052
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.398296	216,091	0	0	86,068
73.00 07300 DRUGS CHARGED TO PATIENTS	0.196276	1,984,281	0	0	389,467
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
76.00 03950 THERAPEUTIC ACTIVITIES	0.000000	0	0	0	0
76.01 03481 ONCOLOGY	0.232072	22,076	0	0	5,123
76.02 03951 DIABETES CENTER	0.624903	4,816	0	0	3,010
76.03 03551 PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.692416	57,194	0	0	39,602
76.04 03952 PAIN CLINIC	0.102587	553,257	0	0	56,757
76.05 03953 WOUND CENTER	0.167693	511	0	0	86
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.112988	8,934,499	0	0	1,009,491
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.581039	263,259	0	0	152,964
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000	0	0	0	0
95.00 09500 AMBULANCE SERVICES	1.082664	0	0	0	0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.873420	0	0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00 Subtotal (see instructions)		37,702,228	0	0	4,334,495
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	
202.00 Net Charges (line 200 +/- line 201)		37,702,228	0	0	4,334,495

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 3:41 pm	
		Title XIX	Hospital	Cost	
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0	0	76.00
76.01	03481	ONCOLOGY	0	0	76.01
76.02	03951	DIABETES CENTER	0	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0	0	76.03
76.04	03952	PAIN CLINIC	0	0	76.04
76.05	03953	WOUND CENTER	0	0	76.05
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 3:41 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		13,269	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		13,269	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.		909	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,665	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		6,461	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		9,175,947	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		9,175,947	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		6,342,945	28.00
29.00	Private room charges (excluding swing-bed charges)		585,357	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,757,588	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.446638	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		643.96	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		539.86	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		104.10	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		150.60	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		136,895	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		9,039,052	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)		691.53	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,467,975	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)		4,467,975	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 3:41 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	2,266,628	1,861	1,217.96	535	651,609	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					7,631,326	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,750,910	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)					590,594	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					359,089	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					949,683	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					11,801,227	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,695	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					691.53	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,172,143	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 3:41 pm	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,031,155	9,175,947	0.112376	1,172,143	131,721	90.00
91.00	Nursing School cost	0	9,175,947	0.000000	1,172,143	0	91.00
92.00	Allied health cost	0	9,175,947	0.000000	1,172,143	0	92.00
93.00	All other Medical Education	0	9,175,947	0.000000	1,172,143	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14T052		Date/Time Prepared: 5/30/2013 3:41 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		4,282	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		4,282	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.		1,248	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,034	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,625	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,088,126	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,088,126	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,002,607	28.00
29.00	Private room charges (excluding swing-bed charges)		884,875	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,117,732	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.695438	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		709.03	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		698.00	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		11.03	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		7.67	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		9,572	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,078,554	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)		487.65	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,767,731	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)		1,767,731	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14T052				Date/Time Prepared: 5/30/2013 3:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT	0	0	0.00	0	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				1,171,547		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				2,939,278		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)				93,779		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				49,859		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				143,638		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				2,795,640		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges				0		54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)				0		56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				0		57.00
58.00	Bonus payment (see instructions)				0		58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket				0.00		59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				0.00		60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)				0		61.00
62.00	Relief payment (see instructions)				0		62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				0		64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				0		65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				0		66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)				0		67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)				0		68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)				0		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052 Component CCN: 14T052		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 3:41 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	110,756	2,088,126	0.053041	0	0	90.00
91.00	Nursing School cost	0	2,088,126	0.000000	0	0	91.00
92.00	Allied health cost	0	2,088,126	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,088,126	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 145314		Date/Time Prepared: 5/30/2013 3:41 pm
		Title XVIII	Skilled Nursing Facility	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,446	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,446	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.		208	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		5,238	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		3,431	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,744,545	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,744,545	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,126,050	28.00
29.00	Private room charges (excluding swing-bed charges)		129,368	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,996,682	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.558067	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		621.96	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		572.10	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		49.86	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		27.83	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		5,789	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,738,756	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)			38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)			39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)			40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)			41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1	
		Component CCN: 145314		Date/Time Prepared: 5/30/2013 3:41 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00	NURSERY (title V & XIX only)				42.00
	Intensive Care Type Inpatient Hospital Units				
43.00	INTENSIVE CARE UNIT				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)				48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				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)				50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)				51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)				52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)				53.00
	TARGET AMOUNT AND LIMIT COMPUTATION				
54.00	Program discharges				54.00
55.00	Target amount per discharge				55.00
56.00	Target amount (line 54 x line 55)				56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)				57.00
58.00	Bonus payment (see instructions)				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				59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket				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)				61.00
62.00	Relief payment (see instructions)				62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)				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)				64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)				65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)				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)				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)				68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)				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)				1,738,756 70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)				319.27 71.00
72.00	Program routine service cost (line 9 x line 71)				1,095,415 72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)				0 73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)				1,095,415 74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)				0 75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)				0.00 76.00
77.00	Program capital-related costs (line 9 x line 76)				0 77.00
78.00	Inpatient routine service cost (line 74 minus line 77)				0 78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)				0 79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)				0 80.00
81.00	Inpatient routine service cost per diem limitation				0.00 81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)				0 82.00
83.00	Reasonable inpatient routine service costs (see instructions)				1,095,415 83.00
84.00	Program inpatient ancillary services (see instructions)				853,154 84.00
85.00	Utilization review - physician compensation (see instructions)				0 85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)				1,948,569 86.00
	PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST				
87.00	Total observation bed days (see instructions)				0 87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				0.00 88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				0 89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140052 Component CCN: 145314		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 3:41 pm	
		Title XVIII		Skilled Nursing Facility		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	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: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 3:41 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		3,920,569	30.00
31.00	03100	INTENSIVE CARE UNIT		997,609	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133763	4,089,300	546,997 50.00
51.00	05100	RECOVERY ROOM	0.070970	1,193,804	84,724 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.560797	2,076	1,164 52.00
53.00	05300	ANESTHESIOLOGY	0.064341	333,457	21,455 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099342	4,665,986	463,528 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.022864	5,111,412	116,867 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.038130	819,612	31,252 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.059401	1,506,443	89,484 59.00
60.00	06000	LABORATORY	0.126279	8,282,161	1,045,863 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.456534	265,972	121,425 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.098376	3,942,987	387,895 65.00
66.00	06600	PHYSICAL THERAPY	0.127580	673,431	85,916 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.118830	592,630	70,422 67.00
68.00	06800	SPEECH PATHOLOGY	0.198160	88,794	17,595 68.00
69.00	06900	ELECTROCARDIOLOGY	0.039723	4,488,815	178,309 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059832	195,084	11,672 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267689	4,696,289	1,257,145 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398296	2,222,792	885,329 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196276	8,660,184	1,699,786 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	0 76.00
76.01	03481	ONCOLOGY	0.235409	6,218	1,464 76.01
76.02	03951	DIABETES CENTER	0.624903	0	0 76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.692416	0	0 76.03
76.04	03952	PAIN CLINIC	0.102587	0	0 76.04
76.05	03953	WOUND CENTER	0.167693	3,170	532 76.05
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.112988	4,535,902	512,502 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581039	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.873420	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		56,376,519	7,631,326 200.00
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)		56,376,519	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T052		Date/Time Prepared: 5/30/2013 3:41 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		2,539,793	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133763	6,881	920 50.00
51.00	05100	RECOVERY ROOM	0.070970	2,027	144 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.560797	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.064341	570	37 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099342	163,618	16,254 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.022864	60,638	1,386 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.038130	39,137	1,492 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.059401	0	0 59.00
60.00	06000	LABORATORY	0.126279	681,356	86,041 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.456534	3,096	1,413 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.098376	4,912	483 65.00
66.00	06600	PHYSICAL THERAPY	0.127580	2,606,321	332,514 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.118830	2,644,623	314,261 67.00
68.00	06800	SPEECH PATHOLOGY	0.198160	282,770	56,034 68.00
69.00	06900	ELECTROCARDIOLOGY	0.039723	17,917	712 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059832	3,624	217 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267689	396,941	106,257 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398296	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196276	1,188,143	233,204 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	0 76.00
76.01	03481	ONCOLOGY	0.235409	0	0 76.01
76.02	03951	DIABETES CENTER	0.624903	0	0 76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.692416	17,205	11,913 76.03
76.04	03952	PAIN CLINIC	0.102587	0	0 76.04
76.05	03953	WOUND CENTER	0.167693	0	0 76.05
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.112988	73,148	8,265 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581039	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.873420	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		8,192,927	1,171,547 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		8,192,927	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 145314		Date/Time Prepared: 5/30/2013 3:41 pm	
		Title XVIII	Skilled Nursing Facility	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133763	0	50.00
51.00	05100	RECOVERY ROOM	0.070970	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.560797	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064341	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099342	84,115	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.022864	8,304	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.038130	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.059401	0	59.00
60.00	06000	LABORATORY	0.126279	277,150	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.456534	4,636	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.098376	0	65.00
66.00	06600	PHYSICAL THERAPY	0.127580	1,750,086	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.118830	1,735,742	67.00
68.00	06800	SPEECH PATHOLOGY	0.198160	103,916	68.00
69.00	06900	ELECTROCARDIOLOGY	0.039723	712	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059832	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267689	362,341	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398296	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196276	1,323,373	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	76.00
76.01	03481	ONCOLOGY	0.232072	2,376	76.01
76.02	03951	DIABETES CENTER	0.624903	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.692416	70	76.03
76.04	03952	PAIN CLINIC	0.102587	0	76.04
76.05	03953	WOUND CENTER	0.167693	0	76.05
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.112988	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581039	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES	0.000000	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.873420	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		5,652,821	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		5,652,821	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 3:41 pm	
Cost Center Description		Title XIX	Hospital	Cost	
		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		788,961	30.00
31.00	03100	INTENSIVE CARE UNIT		158,977	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		201,614	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133763	706,900	94,557 50.00
51.00	05100	RECOVERY ROOM	0.070970	170,285	12,085 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.560797	494,939	277,560 52.00
53.00	05300	ANESTHESIOLOGY	0.064341	58,836	3,786 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099342	573,232	56,946 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.022864	914,280	20,904 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.038130	109,705	4,183 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.059401	304,873	18,110 59.00
60.00	06000	LABORATORY	0.126279	1,607,808	203,032 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.456534	167,643	76,535 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0 64.00
65.00	06500	RESPIRATORY THERAPY	0.098376	534,673	52,599 65.00
66.00	06600	PHYSICAL THERAPY	0.127580	41,738	5,325 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.118830	29,971	3,561 67.00
68.00	06800	SPEECH PATHOLOGY	0.198160	8,918	1,767 68.00
69.00	06900	ELECTROCARDIOLOGY	0.039723	520,227	20,665 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059832	17,115	1,024 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267689	912,957	244,389 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398296	401,097	159,755 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196276	1,487,798	292,019 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	0 76.00
76.01	03481	ONCOLOGY	0.232072	2,167	503 76.01
76.02	03951	DIABETES CENTER	0.624903	0	0 76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.692416	0	0 76.03
76.04	03952	PAIN CLINIC	0.102587	0	0 76.04
76.05	03953	WOUND CENTER	0.167693	0	0 76.05
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.112988	779,816	88,110 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581039	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.873420	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		9,844,978	1,637,415 200.00
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)		9,844,978	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 14T052		Date/Time Prepared: 5/30/2013 3:41 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		149,092	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.133763	0	50.00
51.00	05100	RECOVERY ROOM	0.070970	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.560797	0	52.00
53.00	05300	ANESTHESIOLOGY	0.064341	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.099342	8,443	839 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.022864	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.038130	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.059401	0	59.00
60.00	06000	LABORATORY	0.126279	34,933	4,411 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.456534	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.098376	0	65.00
66.00	06600	PHYSICAL THERAPY	0.127580	152,737	19,486 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.118830	153,208	18,206 67.00
68.00	06800	SPEECH PATHOLOGY	0.198160	17,043	3,377 68.00
69.00	06900	ELECTROCARDIOLOGY	0.039723	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.059832	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.267689	24,612	6,588 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.398296	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196276	71,375	14,009 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
76.00	03950	THERAPEUTIC ACTIVITIES	0.000000	0	76.00
76.01	03481	ONCOLOGY	0.232072	0	76.01
76.02	03951	DIABETES CENTER	0.624903	0	76.02
76.03	03551	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	0.692416	2,006	1,389 76.03
76.04	03952	PAIN CLINIC	0.102587	0	76.04
76.05	03953	WOUND CENTER	0.167693	0	76.05
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.112988	920	104 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.581039	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES		0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.873420	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		465,277	68,409 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		465,277	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 3:41 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		12,448,477	1.00
2.00	Outlier payments for discharges. (see instructions)		42,760	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		85.37	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.94	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.89	31.00
32.00	Sum of lines 30 and 31		19.83	32.00
33.00	Allowable disproportionate share percentage (see instructions)		5.64	33.00
34.00	Disproportionate share adjustment (see instructions)		702,094	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		13,193,331	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		13,193,331	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		996,221	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 3:41 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			14,189,552 59.00
60.00	Primary payer payments			9,159 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			14,180,393 61.00
62.00	Deductibles billed to program beneficiaries			1,333,760 62.00
63.00	Coinurance billed to program beneficiaries			67,325 63.00
64.00	Allowable bad debts (see instructions)			284,815 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			199,371 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			172,222 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			12,978,679 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00				0 70.00
70.93	HVBP incentive payment (see instructions)			14,626 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-7,524 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			12,985,781 71.00
72.00	Interim payments			13,135,060 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-149,279 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			0 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 3:41 pm
		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			0 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		7,854,677	2.00
3.00	PPS payments		8,401,616	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		8,401,616	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,917,877	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		6,483,739	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		6,483,739	30.00
31.00	Primary payer payments		3,820	31.00
32.00	Subtotal (line 30 minus line 31)		6,479,919	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)		315,809	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		221,066	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		210,859	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		6,700,985	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)		6,700,985	40.00
41.00	Interim payments		6,830,276	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)		-129,291	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		8,507	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: 140052

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Title XVIII

Hospital

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		12,893,993		6,114,450	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		747,819		365,469	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	01/14/2013	642,719		300,060	3.01
3.02			0	08/16/2012	50,297	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	09/03/2012	805,698		0	3.50
3.51		12/17/2012	343,773		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)		-506,752		350,357	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)		13,135,060		6,830,276	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		149,279		129,291	6.02
7.00	Total Medicare program liability (see instructions)		12,985,781		6,700,985	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: 140052
Component CCN: 14T052

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Title XVIII

Subprovider -
IRF

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					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		3,979,367			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	08/16/2012	41,467			0 3.01
3.02		12/17/2012	15,245			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)		56,712			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)		4,036,079			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		0			0 6.01
6.02	SETTLEMENT TO PROGRAM		46,101			0 6.02
7.00	Total Medicare program liability (see instructions)		3,989,978			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					0 8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140052
Component CCN: 145314

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

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Title XVIII

Skilled Nursing Facility

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					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		1,272,651			0 2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0			0 3.01
3.02			0			0 3.02
3.03			0			0 3.03
3.04			0			0 3.04
3.05			0			0 3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0			0 3.50
3.51			0			0 3.51
3.52			0			0 3.52
3.53			0			0 3.53
3.54			0			0 3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0			0 3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		1,272,651			0 4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					0 5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0			0 5.01
5.02			0			0 5.02
5.03			0			0 5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0			0 5.50
5.51			0			0 5.51
5.52			0			0 5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0			0 5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					0 6.00
6.01	SETTLEMENT TO PROVIDER		5,384			0 6.01
6.02	SETTLEMENT TO PROGRAM		0			0 6.02
7.00	Total Medicare program liability (see instructions)		1,278,035			0 7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					0 8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 3:41 pm
		Component CCN: 14T052	Title XVIIII	Subprovider - IRF
				PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			3,935,299 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0303 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			142,296 3.00
4.00	Outlier Payments			7,045 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			11.699454 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,084,640 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,084,640 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			4,084,640 19.00
20.00	Deductibles			78,584 20.00
21.00	Subtotal (line 19 minus line 20)			4,006,056 21.00
22.00	Coinsurance			22,253 22.00
23.00	Subtotal (line 21 minus line 22)			3,983,803 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			8,822 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			6,175 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			3,396 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,989,978 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,989,978 32.00
33.00	Interim payments			4,036,079 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-46,101 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			7,045 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140052 Component CCN: 145314	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VI Date/Time Prepared: 5/30/2013 3:41 pm
		Title XVIII	Skilled Nursing Facility	PPS
				1.00
PART VI - CALCULATION OF REIMBURSEMENT SETTLEMENT - ALL OTHER HEALTH SERVICES FOR TITLE XVIII PART A PPS SNF SERVICES				
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)				
1.00	Resource Utilization Group Payment (RUGS)		1,400,389	1.00
2.00	Routine service other pass through costs		0	2.00
3.00	Ancillary service other pass through costs		0	3.00
4.00	Subtotal (sum of lines 1 through 3)		1,400,389	4.00
COMPUTATION OF NET COST OF COVERED SERVICES				
5.00	Medical and other services (Do not use this line as vaccine costs are included in line 1 of W/S E, Part B. This line is now shaded.)			5.00
6.00	Deductible		0	6.00
7.00	Coinsurance		127,738	7.00
8.00	Allowable bad debts (see instructions)		7,692	8.00
9.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	9.00
10.00	Allowable reimbursable bad debts (see instructions)		5,384	10.00
11.00	Utilization review		0	11.00
12.00	Subtotal (Sum of lines 4, 5 minus 6 & 7 plus 10 and 11)(see Instructions)		1,278,035	12.00
13.00	Inpatient primary payer payments		0	13.00
14.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	14.00
14.99	Recovery of Accelerated Depreciation		0	14.99
15.00	Subtotal (line 12 minus 13 ± lines 14)		1,278,035	15.00
16.00	Interim payments		1,272,651	16.00
17.00	Tentative settlement (for contractor use only)		0	17.00
18.00	Balance due provider/program (line 15 minus the sum of lines 16 and 17)		5,384	18.00
19.00	Protested amounts (nonallowable cost report items) in accordance with CMS 19 Pub. 15-2, section 115.2		0	19.00

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

Provider CCN: 140052

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

Worksheet G

Date/Time Prepared:
5/30/2013 3:41 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	7,118,694	0	0	0	1.00
2.00	Temporary investments	3,569,306	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	25,715,668	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,595,000	0	0	0	6.00
7.00	Inventory	1,697,388	0	0	0	7.00
8.00	Prepaid expenses	382,392	0	0	0	8.00
9.00	Other current assets	1,806,411	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	26,694,859	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,883,217	0	0	0	12.00
13.00	Land improvements	9,821,589	0	0	0	13.00
14.00	Accumulated depreciation	-5,798,040	0	0	0	14.00
15.00	Buildings	50,455,664	0	0	0	15.00
16.00	Accumulated depreciation	-42,092,645	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	7,444,079	0	0	0	19.00
20.00	Accumulated depreciation	-5,611,638	0	0	0	20.00
21.00	Automobiles and trucks	295,260	0	0	0	21.00
22.00	Accumulated depreciation	-227,353	0	0	0	22.00
23.00	Major movable equipment	31,494,072	0	0	0	23.00
24.00	Accumulated depreciation	-23,289,780	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)	26,374,425	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	1,492,231	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	5,271,636	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,763,867	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	59,833,151	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	7,879,172	0	0	0	37.00
38.00	Salaries, wages, and fees payable	3,105,752	0	0	0	38.00
39.00	Payroll taxes payable	146,430	0	0	0	39.00
40.00	Notes and loans payable (short term)	4,051,965	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	2,085,486	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	17,268,805	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	9,574,319	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	31,058,873	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	40,633,192	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	57,901,997	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	1,931,154				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)	1,931,154	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	59,833,151	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140052

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

Worksheet G-1

Date/Time Prepared:
5/30/2013 3:41 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		3,883,470		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		5,936,236			2.00
3.00	Total (sum of line 1 and line 2)		9,819,706		0	3.00
4.00	INCREASE IN TEMP REST NET ASSETS	160,204		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		160,204		0	10.00
11.00	Subtotal (line 3 plus line 10)		9,979,910		0	11.00
12.00	NET LOSS ON DEFINED BENEFIT PLAN	5,073,756		0		12.00
13.00	NET CAPITAL DISTRIBUTIONS	2,975,000		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		8,048,756		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		1,931,154		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	INCREASE IN TEMP REST NET ASSETS		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	NET LOSS ON DEFINED BENEFIT PLAN		0			12.00
13.00	NET CAPITAL DISTRIBUTIONS		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: 140052

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	6,342,945		6,342,945	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	3,002,607		3,002,607	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	3,126,050		3,126,050	7.00
8.00	NURSING FACILITY	56,822		56,822	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	12,528,424		12,528,424	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	2,294,347		2,294,347	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	2,294,347		2,294,347	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	14,822,771		14,822,771	17.00
18.00	Ancillary services	116,892,339	203,636,816	320,529,155	18.00
19.00	Outpatient services	8,493,192	39,254,488	47,747,680	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		6,212,058	6,212,058	22.00
23.00	AMBULANCE SERVICES	67,231	368	67,599	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	6,395,597	6,395,597	26.00
27.00	OTHER (SPECIFY)	12,652	1,885,624	1,898,276	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	140,288,185	257,384,951	397,673,136	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		75,270,886		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		75,270,886		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140052

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

Worksheet G-3

Date/Time Prepared:
5/30/2013 3:41 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	397,673,136	1.00
2.00	Less contractual allowances and discounts on patients' accounts	322,932,466	2.00
3.00	Net patient revenues (line 1 minus line 2)	74,740,670	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	75,270,886	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-530,216	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	3,136,077	6.00
7.00	Income from investments	238,221	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	30,437	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	445,527	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	10,743	17.00
18.00	Revenue from sale of medical records and abstracts	1,833	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	491,974	22.00
23.00	Governmental appropriations	0	23.00
24.00	SAINT CLARE'S VILLA	1,441,021	24.00
24.01	EQUIPMENT SALES	14,614	24.01
24.02	OTHER MISCELLANEOUS REVENUE	306,013	24.02
24.03	MANAGEMENT FEE	366,433	24.03
25.00	Total other income (sum of lines 6-24)	6,482,893	25.00
26.00	Total (line 5 plus line 25)	5,952,677	26.00
27.00	NEWSPAPER	16,441	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	16,441	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,936,236	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 140052

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

Worksheet H

HHA CCN: 147113

Date/Time Prepared: 5/30/2013 3:41 pm

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			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	270,272	19,686	4,717	1,055	31,228	326,958	5.00
HHA REIMBURSABLE SERVICES							
6.00	657,080	48,751	54,811	0	34,562	795,204	6.00
7.00	284,716	21,124	20,664	0	0	326,504	7.00
8.00	191,816	14,231	14,538	0	0	220,585	8.00
9.00	12,494	927	1,631	0	0	15,052	9.00
10.00	0	0	0	0	0	0	10.00
11.00	20,231	1,501	5,478	0	0	27,210	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	1,436,609	106,220	101,839	1,055	65,790	1,711,513	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	326,958	0	326,958			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	795,204	0	795,204			6.00
7.00	0	326,504	0	326,504			7.00
8.00	0	220,585	0	220,585			8.00
9.00	0	15,052	0	15,052			9.00
10.00	0	0	0	0			10.00
11.00	0	27,210	0	27,210			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	1,711,513	0	1,711,513			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: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/30/2013 3:41 pm
		HHA CCN: 147113	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	326,958	0	0	0	326,958	5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	795,204	0	0	0	795,204	6.00	
7.00	Physical Therapy	326,504	0	0	0	326,504	7.00	
8.00	Occupational Therapy	220,585	0	0	0	220,585	8.00	
9.00	Speech Pathology	15,052	0	0	0	15,052	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Home Health Aide	27,210	0	0	0	27,210	11.00	
12.00	Supplies (see instructions)	0	0	0	0	0	12.00	
13.00	Drugs	0	0	0	0	0	13.00	
14.00	DME	0	0	0	0	0	14.00	
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00	
16.00	Respiratory Therapy	0	0	0	0	0	16.00	
17.00	Private Duty Nursing	0	0	0	0	0	17.00	
18.00	Clinic	0	0	0	0	0	18.00	
19.00	Health Promotion Activities	0	0	0	0	0	19.00	
20.00	Day Care Program	0	0	0	0	0	20.00	
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00	
22.00	Homemaker Service	0	0	0	0	0	22.00	
23.00	All Others (specify)	0	0	0	0	0	23.00	
24.00	Total (sum of lines 1-23)	1,711,513	0	0	0	1,711,513	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	326,958					5.00	
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	187,785	982,989				6.00	
7.00	Physical Therapy	77,103	403,607				7.00	
8.00	Occupational Therapy	52,090	272,675				8.00	
9.00	Speech Pathology	3,554	18,606				9.00	
10.00	Medical Social Services	0	0				10.00	
11.00	Home Health Aide	6,426	33,636				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)		1,711,513				24.00	

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 140052 HHA CCN: 147113	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part II Date/Time Prepared: 5/30/2013 3:41 pm PPS
			Home Health Agency I	

	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						3.00
GENERAL SERVICE COST CENTERS								
1.00	Capital Related - Bldg. & Fixtures	4,259			0		1.00	
2.00	Capital Related - Movable Equipment		4,259		0		2.00	
3.00	Plant Operation & Maintenance	0	0	4,259	0		3.00	
4.00	Transportation (see instructions)	0	0	0	0		4.00	
5.00	Administrative and General	1,946	1,946	1,946	0	-326,958	1,384,555	5.00
HHA REIMBURSABLE SERVICES								
6.00	Skilled Nursing Care	1,256	1,256	1,256	0	0	795,204	6.00
7.00	Physical Therapy	452	452	452	0	0	326,504	7.00
8.00	Occupational Therapy	325	325	325	0	0	220,585	8.00
9.00	Speech Pathology	16	16	16	0	0	15,052	9.00
10.00	Medical Social Services	0	0	0	0	0	0	10.00
11.00	Home Health Aide	264	264	264	0	0	27,210	11.00
12.00	Supplies (see instructions)	0	0	0	0	0	0	12.00
13.00	Drugs	0	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES								
15.00	Home Dialysis Aide Services	0	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	4,259	4,259	4,259	0	-326,958	1,384,555	24.00
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		326,958	25.00
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.236147	26.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140052

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 147113

To 12/31/2012

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS					BLDG & FIXT	1.04
		BLDG & FIXT						
		1.00	1.01	1.02	1.03	1.04		
1.00 Administrative and General	0	0	2,901	0	0	0	1.00	
2.00 Skilled Nursing Care	982,989	0	1,871	0	0	0	2.00	
3.00 Physical Therapy	403,607	0	673	0	0	0	3.00	
4.00 Occupational Therapy	272,675	0	484	0	0	0	4.00	
5.00 Speech Pathology	18,606	0	24	0	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	33,636	0	393	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)	1,711,513	0	6,346	0	0	0	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

Cost Center Description	CAPITAL RELATED COSTS						PURCHASING RECEIVING AND STORES	5.02
	MVBLE EQUIP			EMPLOYEE BENEFITS	NONPATIENT TELEPHONES			
	2.00	2.01	2.02					
1.00 Administrative and General	0	3,837	0	41,676	2,233	980	1.00	
2.00 Skilled Nursing Care	0	2,476	0	101,320	4,094	8,441	2.00	
3.00 Physical Therapy	0	891	0	43,903	1,489	0	3.00	
4.00 Occupational Therapy	0	641	0	29,578	1,117	0	4.00	
5.00 Speech Pathology	0	32	0	1,927	0	0	5.00	
6.00 Medical Social Services	0	0	0	0	0	0	6.00	
7.00 Home Health Aide	0	520	0	3,120	372	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	8,397	0	221,524	9,305	9,421	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00	

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140052

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 147113

To 12/31/2012

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Home Health Agency I

PPS

Cost Center Description		ADM ITTING	CASHI ERI NG/ACC OUNTS RECEI VABLE	Subtotal	OTHER ADM NI STRATI VE AND GENERAL	OPERATION OF PLANT	LAUNDRY & LI NEN SERVI CE	
		5. 03	5. 04	5A. 04	5. 05	7. 00	8. 00	
1.00	Administrative and General	0	0	51,627	10,685	21,843	0	1.00
2.00	Skilled Nursing Care	8,034	14,707	1,123,932	232,616	14,098	0	2.00
3.00	Physical Therapy	4,582	8,389	463,534	95,936	5,073	0	3.00
4.00	Occupational Therapy	2,125	3,891	310,511	64,265	3,648	0	4.00
5.00	Speech Pathology	109	200	20,898	4,325	180	0	5.00
6.00	Medical Social Services	674	1,235	1,909	395	0	0	6.00
7.00	Home Health Aide	304	557	38,902	8,051	2,963	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)	15,828	28,979	2,011,313	416,273	47,805	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00
Cost Center Description		HOUSEKEEPING	DI ETARY	CAFETERIA	NURSI NG ADM NI STRATI ON	CENTRAL SERVI CES & SUPPLY	PHARMACY	
		9. 00	10. 00	11. 00	13. 00	14. 00	15. 00	
1.00	Administrative and General	8,772	0	18,532	0	0	0	1.00
2.00	Skilled Nursing Care	5,662	0	35,638	55,834	6,824	0	2.00
3.00	Physical Therapy	2,037	0	14,520	0	0	0	3.00
4.00	Occupational Therapy	1,465	0	10,277	0	0	0	4.00
5.00	Speech Pathology	72	0	530	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	1,190	0	2,586	4,135	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	19,198	0	82,083	59,969	6,824	0	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 140052

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 147113

To 12/31/2012

Part I
Date/Time Prepared: 5/30/2013 3:41 pm

Home Health Agency I

PPS

Cost Center Description		MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)		
		16.00	17.00	24.00	25.00	26.00	27.00		
1.00	Administrative and General	0	0	111,459	0	111,459		1.00	
2.00	Skilled Nursing Care	0	0	1,474,604	0	1,474,604	64,912	2.00	
3.00	Physical Therapy	0	0	581,100	0	581,100	25,580	3.00	
4.00	Occupational Therapy	0	0	390,166	0	390,166	17,175	4.00	
5.00	Speech Pathology	0	0	26,005	0	26,005	1,145	5.00	
6.00	Medical Social Services	0	0	2,304	0	2,304	101	6.00	
7.00	Home Health Aide	0	0	57,827	0	57,827	2,546	7.00	
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00	
9.00	Drugs	0	0	0	0	0	0	9.00	
10.00	DME	0	0	0	0	0	0	10.00	
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00	Clinic	0	0	0	0	0	0	14.00	
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00	Day Care Program	0	0	0	0	0	0	16.00	
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00	Homemaker Service	0	0	0	0	0	0	18.00	
19.00	All Others (specify)	0	0	0	0	0	0	19.00	
20.00	Total (sum of lines 1-19) (2)	0	0	2,643,465	0	2,643,465	111,459	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.						0.044020	21.00	
Cost Center Description		Total HHA Costs							
		28.00							
1.00	Administrative and General							1.00	
2.00	Skilled Nursing Care	1,539,516						2.00	
3.00	Physical Therapy	606,680						3.00	
4.00	Occupational Therapy	407,341						4.00	
5.00	Speech Pathology	27,150						5.00	
6.00	Medical Social Services	2,405						6.00	
7.00	Home Health Aide	60,373						7.00	
8.00	Supplies (see instructions)	0						8.00	
9.00	Drugs	0						9.00	
10.00	DME	0						10.00	
11.00	Home Dialysis Aide Services	0						11.00	
12.00	Respiratory Therapy	0						12.00	
13.00	Private Duty Nursing	0						13.00	
14.00	Clinic	0						14.00	
15.00	Health Promotion Activities	0						15.00	
16.00	Day Care Program	0						16.00	
17.00	Home Delivered Meals Program	0						17.00	
18.00	Homemaker Service	0						18.00	
19.00	All Others (specify)	0						19.00	
20.00	Total (sum of lines 1-19) (2)	2,643,465						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: 140052
HHA CCN: 147113

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

Worksheet H-2
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS						MVBLE EQUIP (SQUARE FEET)	
	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)			
	1.00	1.01	1.02	1.03	1.04	2.00		
1.00 Administrative and General	0	1,946	0	0	0	0	0	1.00
2.00 Skilled Nursing Care	0	1,256	0	0	0	0	0	2.00
3.00 Physical Therapy	0	452	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	325	0	0	0	0	0	4.00
5.00 Speech Pathology	0	16	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	264	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	4,259	0	0	0	0	0	20.00
21.00 Total cost to be allocated	0	6,346	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.000000	1.490021	0.000000	0.000000	0.000000	0.000000	0.000000	22.00
Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF LINES)	PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMINISTRATIVE (GROSS CHARGES)		
	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)						
	2.01	2.02						4.00
1.00 Administrative and General	1,946	0	270,272	6	4,999	0	1.00	
2.00 Skilled Nursing Care	1,256	0	657,080	11	43,053	3,152,743	2.00	
3.00 Physical Therapy	452	0	284,716	4	0	1,798,195	3.00	
4.00 Occupational Therapy	325	0	191,816	3	0	834,140	4.00	
5.00 Speech Pathology	16	0	12,494	0	0	42,953	5.00	
6.00 Medical Social Services	0	0	0	0	0	264,702	6.00	
7.00 Home Health Aide	264	0	20,231	1	0	119,325	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)	4,259	0	1,436,609	25	48,052	6,212,058	20.00	
21.00 Total cost to be allocated	8,397	0	221,524	9,305	9,421	15,828	21.00	
22.00 Unit cost multiplier	1.971590	0.000000	0.154199	372.200000	0.196058	0.002548	22.00	

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 140052

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 147113

To 12/31/2012

Part II
Date/Time Prepared: 5/30/2013 3:41 pm

Home Health Agency I

PPS

Cost Center Description		CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.04	5A.05	5.05	7.00	8.00	9.00	
1.00	Administrative and General	0	0	51,627	1,946	0	1,946	1.00
2.00	Skilled Nursing Care	3,152,743	0	1,123,932	1,256	0	1,256	2.00
3.00	Physical Therapy	1,798,195	0	463,534	452	0	452	3.00
4.00	Occupational Therapy	834,140	0	310,511	325	0	325	4.00
5.00	Speech Pathology	42,953	0	20,898	16	0	16	5.00
6.00	Medical Social Services	264,702	0	1,909	0	0	0	6.00
7.00	Home Health Aide	119,325	0	38,902	264	0	264	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	6,212,058		2,011,313	4,259	0	4,259	20.00
21.00	Total cost to be allocated	28,979		416,273	47,805	0	19,198	21.00
22.00	Unit cost multiplier	0.004665		0.206966	11.224466	0.000000	4.507631	22.00

Cost Center Description		DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		10.00	11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	0	559	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	1,075	2,154,725	36,599	0	0	2.00
3.00	Physical Therapy	0	438	0	0	0	0	3.00
4.00	Occupational Therapy	0	310	0	0	0	0	4.00
5.00	Speech Pathology	0	16	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	78	159,597	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	48,052	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	0	2,476	2,314,322	36,599	48,052	0	20.00
21.00	Total cost to be allocated	0	82,083	59,969	6,824	0	0	21.00
22.00	Unit cost multiplier	0.000000	33.151454	0.025912	0.186453	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 140052 HHA CCN: 147113	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/30/2013 3:41 pm PPS
		Home Health Agency I	

Cost Center Description		SOCIAL SERVICE		
		(TIME SPENT)		
		17.00		
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: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/30/2013 3:41 pm
		HHA CCN: 147113	Title XVIII	Home Health Agency I PPS

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	1,539,516		1,539,516	11,115	138.51	1.00
2.00	Physical Therapy	3.00	606,680	0	606,680	5,853	103.65	2.00
3.00	Occupational Therapy	4.00	407,341	0	407,341	2,377	171.37	3.00
4.00	Speech Pathology	5.00	27,150	0	27,150	178	152.53	4.00
5.00	Medical Social Services	6.00	2,405		2,405	539	4.46	5.00
6.00	Home Health Aide	7.00	60,373		60,373	1,306	46.23	6.00
7.00	Total (sum of lines 1-6)		2,643,465	0	2,643,465	21,368		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care		41180	3,370	3,829		8.00
9.00	Physical Therapy		41180	2,596	1,691		9.00
10.00	Occupational Therapy		41180	1,076	585		10.00
11.00	Speech Pathology		41180	67	37		11.00
12.00	Medical Social Services		41180	187	165		12.00
13.00	Home Health Aide		41180	449	663		13.00
14.00	Total (sum of lines 8-13)			7,745	6,970		14.00

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

Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies	8.00	0	0	0	0.000000	15.00
16.00	Cost of Drugs	9.00	0	0	128,161	0.000000	16.00

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

PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,370	3,829		466,779	530,355	1.00
2.00	Physical Therapy	2,596	1,691		269,075	175,272	2.00
3.00	Occupational Therapy	1,076	585		184,394	100,251	3.00
4.00	Speech Pathology	67	37		10,220	5,644	4.00
5.00	Medical Social Services	187	165		834	736	5.00
6.00	Home Health Aide	449	663		20,757	30,650	6.00
7.00	Total (sum of lines 1-6)	7,745	6,970		952,059	842,908	7.00

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
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140052 HHA CCN: 147113		Period: From 01/01/2012 To 12/31/2012		Worksheet H-3 Part I Date/Time Prepared: 5/30/2013 3:41 pm	
				Title XVIII		Home Health Agency I	
Cost Center Description	Program Covered Charges			Cost of Services			
	Part A	Part B			Part A	Part B	
		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
	6.00	7.00	8.00	9.00	10.00	11.00	
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		56,510	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	997,134					1.00
2.00	Physical Therapy	444,347					2.00
3.00	Occupational Therapy	284,645					3.00
4.00	Speech Pathology	15,864					4.00
5.00	Medical Social Services	1,570					5.00
6.00	Home Health Aide	51,407					6.00
7.00	Total (sum of lines 1-6)	1,794,967					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
9.00	Physical Therapy						9.00
10.00	Occupational Therapy						10.00
11.00	Speech Pathology						11.00
12.00	Medical Social Services						12.00
13.00	Home Health Aide						13.00
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 140052 HHA CCN: 147113	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/30/2013 3:41 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	0.127580	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.118830	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.198160	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.267689	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.196276	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 140052 HHA CCN: 147113	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 3:41 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	2,222,146	1,954,931	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)	2,222,146	1,954,931	0	6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)	2,222,146	1,954,931	0	7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)	0	0	0	8.00
9.00	Primary payer amounts	0	0	0	9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,210,178	946,890	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		15,985	24,077	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		19,091	27,429	13.00
14.00	Total PPS Reimbursement - PEP Episodes		12,907	18,586	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		0	0	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		0	0	17.00
18.00	DME Payments		0	0	18.00
19.00	Oxygen Payments		0	0	19.00
20.00	Prosthetic and Orthotic Payments		0	0	20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)			0	21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)		1,258,161	1,016,982	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		1,258,161	1,016,982	24.00
25.00	Coinsurance billed to program patients (from your records)			0	25.00
26.00	Net cost (line 24 minus line 25)		1,258,161	1,016,982	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: 140052 HHA CCN: 147113	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/30/2013 3:41 pm		
		Title XVIII	Home Health Agency I	PPS		
				Part A Services	Part B Services	
				1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)			1,258,161	1,016,982	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)			1,258,161	1,016,982	31.00
32.00	Interim payments (see instructions)			1,258,161	1,016,982	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: 140052

Period: From 01/01/2012

Worksheet H-5

HHA CCN: 147113

To 12/31/2012

Date/Time Prepared: 5/30/2013 3:41 pm

Home Health Agency I

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		1,249,013		994,338	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		9,148		22,644	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,258,161		1,016,982	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)		1,258,161		1,016,982	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 140052 HHA CCN: 147113	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/30/2013 3:41 pm PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K

Hospice CCN: 141573

To 12/31/2012

Date/Time Prepared: 5/30/2013 3:41 pm

		Hospice I					
		Salaries (from Wkst. K-1)	Employee Benefits (from Wkst. K-2)	Transportation (see inst.)	Contracted Services (from Wkst. K-3)	Other	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.			0		0	1.00
2.00	Capital Related Costs-Movable Equip.			0		0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	15,891	1,116	529	0	0	5.00
6.00	Administrative and General	144,896	9,567	950	0	78,359	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	76,655	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	59	9.00
10.00	Nursing Care	240,981	16,929	17,057	0	-15,886	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	10,868	763	150	0	-681	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	26,745	1,879	1,136	0	-1,719	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	3,079	216	29	0	-192	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	82,998	5,830	11,978	0	-5,824	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	198,050	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	179,544	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	473	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	14,487	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	366,758	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	525,458	36,300	31,829	0	890,083	39.00

ANALYSIS OF PROVIDER-BASED HOSPICE COSTS

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K

Hospice CCN: 141573

To 12/31/2012

Date/Time Prepared: 5/30/2013 3:41 pm

		Hospice I					
		Total (col. 1-5)	Reclassification	Subtotal (col. 6 ± col. 7)	Adjustments	Total (col. 8 ± col. 9)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0	0	0	0	1.00
2.00	Capital Related Costs-Movable Equip.	0	0	0	0	0	2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	17,536	0	17,536	0	17,536	5.00
6.00	Administrative and General	233,772	0	233,772	0	233,772	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	76,655	0	76,655	0	76,655	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	59	0	59	0	59	9.00
10.00	Nursing Care	259,081	0	259,081	0	259,081	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	11,100	0	11,100	0	11,100	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	28,041	0	28,041	0	28,041	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	3,132	0	3,132	0	3,132	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	94,982	0	94,982	0	94,982	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	198,050	0	198,050	0	198,050	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	179,544	0	179,544	0	179,544	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	473	0	473	0	473	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	14,487	0	14,487	0	14,487	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	366,758	0	366,758	0	366,758	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,483,670	0	1,483,670	0	1,483,670	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 141573

To 12/31/2012

Date/Time Prepared: 5/30/2013 3:41 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	15,891	0	0	5.00
6.00	Administrative and General	0	0	0	109,321	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	240,981	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	26,745	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	42,636	109,321	240,981	39.00

HOSPICE COMPENSATION ANALYSIS SALARIES AND WAGES

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K-1

Hospice CCN: 141573

To 12/31/2012

Date/Time Prepared: 5/30/2013 3:41 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	15,891	5.00
6.00	Administrative and General		0	35,575	144,896	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	240,981	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	10,868	0	0	10,868	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	26,745	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	3,079	3,079	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		82,998	0	82,998	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	10,868	82,998	38,654	525,458	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K-2

Hospice CCN: 141573

To 12/31/2012

Date/Time Prepared: 5/30/2013 3:41 pm

		Hospice I					
		Administrator	Director	Social Services	Supervisors	Nurses	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.						1.00
2.00	Capital Related Costs-Movable Equip.						2.00
3.00	Plant Operation and Maintenance	0	0	0	0	0	3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	0	0	1,116	0	0	5.00
6.00	Administrative and General	0	0	0	7,068	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	0	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	0	0	0	0	0	9.00
10.00	Nursing Care	0	0	0	0	16,929	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	0	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	0	0	1,879	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	0	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	0	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy						22.00
23.00	Analgesics						23.00
24.00	Sedatives / Hypnotics						24.00
25.00	Other - Specify						25.00
26.00	Durable Medical Equipment/Oxygen						26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	0	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	0	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	0	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	0	0	2,995	7,068	16,929	39.00

HOSPICE COMPENSATION ANALYSIS EMPLOYEE BENEFITS (PAYROLL RELATED)

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K-2

Hospice CCN: 141573

To 12/31/2012

Date/Time Prepared: 5/30/2013 3:41 pm

		Hospice I				
		Total Therapists	Aides	All-Other	Total (1)	
		6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.					1.00
2.00	Capital Related Costs-Movable Equip.					2.00
3.00	Plant Operation and Maintenance		0	0	0	3.00
4.00	Transportation - Staff		0	0	0	4.00
5.00	Volunteer Service Coordination		0	0	1,116	5.00
6.00	Administrative and General		0	2,499	9,567	6.00
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care		0	0	0	7.00
8.00	Inpatient - Respite Care		0	0	0	8.00
VISITING SERVICES						
9.00	Physician Services		0	0	0	9.00
10.00	Nursing Care		0	0	16,929	10.00
11.00	Nursing Care-Continuous Home Care		0	0	0	11.00
12.00	Physical Therapy	763	0	0	763	12.00
13.00	Occupational Therapy	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	14.00
15.00	Medical Social Services		0	0	1,879	15.00
16.00	Spiritual Counseling		0	0	0	16.00
17.00	Dietary Counseling		0	216	216	17.00
18.00	Counseling - Other		0	0	0	18.00
19.00	Home Health Aide and Homemaker		5,830	0	5,830	19.00
20.00	HH Aide & Homemaker - Cont. Home Care		0	0	0	20.00
21.00	Other		0	0	0	21.00
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy					22.00
23.00	Analgesics					23.00
24.00	Sedatives / Hypnotics					24.00
25.00	Other - Specify					25.00
26.00	Durable Medical Equipment/Oxygen					26.00
27.00	Patient Transportation		0	0	0	27.00
28.00	Imaging Services		0	0	0	28.00
29.00	Labs and Diagnostics		0	0	0	29.00
30.00	Medical Supplies		0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)		0	0	0	31.00
32.00	Radiation Therapy		0	0	0	32.00
33.00	Chemotherapy		0	0	0	33.00
34.00	Other		0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs		0	0	0	35.00
36.00	Volunteer Program Costs		0	0	0	36.00
37.00	Fundraising		0	0	0	37.00
38.00	Other Program Costs		0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	763	5,830	2,715	36,300	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST

Provider CCN: 140052
 Hospice CCN: 141573

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

Worksheet K-4
 Part I
 Date/Time Prepared:
 5/30/2013 3:41 pm

		CAPITAL RELATED COST				Hospice I	
		NET EXPENSES FOR COST ALLOCATION	BUILDINGS & FIXTURES	MOVABLE EQUIPMENT	PLANT OPERATION & MAINT.	TRANSPORTATION	
			1.00	2.00			
GENERAL SERVICE COST CENTERS							
1.00	Capital Related Costs-Bldg and Fixt.	0	0				1.00
2.00	Capital Related Costs-Movable Equip.	0		0			2.00
3.00	Plant Operation and Maintenance	0	0	0	0		3.00
4.00	Transportation - Staff	0	0	0	0	0	4.00
5.00	Volunteer Service Coordination	17,536	0	0	0	0	5.00
6.00	Administrative and General	233,772	0	0	0	0	6.00
INPATIENT CARE SERVICE							
7.00	Inpatient - General Care	76,655	0	0	0	0	7.00
8.00	Inpatient - Respite Care	0	0	0	0	0	8.00
VISITING SERVICES							
9.00	Physician Services	59	0	0	0	0	9.00
10.00	Nursing Care	259,081	0	0	0	0	10.00
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0	11.00
12.00	Physical Therapy	11,100	0	0	0	0	12.00
13.00	Occupational Therapy	0	0	0	0	0	13.00
14.00	Speech/ Language Pathology	0	0	0	0	0	14.00
15.00	Medical Social Services	28,041	0	0	0	0	15.00
16.00	Spiritual Counseling	0	0	0	0	0	16.00
17.00	Dietary Counseling	3,132	0	0	0	0	17.00
18.00	Counseling - Other	0	0	0	0	0	18.00
19.00	Home Health Aide and Homemaker	94,982	0	0	0	0	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	20.00
21.00	Other	0	0	0	0	0	21.00
OTHER HOSPICE SERVICE COSTS							
22.00	Drugs, Biological and Infusion Therapy	198,050	0	0	0	0	22.00
23.00	Analgesics	0	0	0	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	0	0	0	24.00
25.00	Other - Specify	0	0	0	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	179,544	0	0	0	0	26.00
27.00	Patient Transportation	0	0	0	0	0	27.00
28.00	Imaging Services	473	0	0	0	0	28.00
29.00	Labs and Diagnostics	0	0	0	0	0	29.00
30.00	Medical Supplies	14,487	0	0	0	0	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	31.00
32.00	Radiation Therapy	0	0	0	0	0	32.00
33.00	Chemotherapy	0	0	0	0	0	33.00
34.00	Other	366,758	0	0	0	0	34.00
HOSPICE NONREIMBURSABLE SERVICE							
35.00	Bereavement Program Costs	0	0	0	0	0	35.00
36.00	Volunteer Program Costs	0	0	0	0	0	36.00
37.00	Fundraising	0	0	0	0	0	37.00
38.00	Other Program Costs	0	0	0	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	1,483,670	0	0	0	0	39.00

COST ALLOCATION - HOSPICE GENERAL SERVICE COST		Provider CCN: 140052	Period: From 01/01/2012	Worksheet K-4
		Hospice CCN: 141573	To 12/31/2012	Part I Date/Time Prepared: 5/30/2013 3:41 pm
		Hospice I		
	VOLUNTEER SERVICES COORDINATOR	SUBTOTAL (col s. 0 - 5)	ADMINISTRATIVE & GENERAL	TOTAL (col. 5A ± col. 6)
	5.00	5A	6.00	7.00
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.			1.00
2.00	Capital Related Costs-Movable Equip.			2.00
3.00	Plant Operation and Maintenance			3.00
4.00	Transportation - Staff			4.00
5.00	Volunteer Service Coordination	17,536		5.00
6.00	Administrative and General	17,536	251,308	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	76,655	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	59	9.00
10.00	Nursing Care	0	259,081	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	11,100	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	28,041	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	3,132	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	94,982	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	198,050	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	179,544	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	473	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	14,487	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	366,758	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Total (sum of lines 1 thru 38)	17,536	1,483,670	39.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052
 Hospice CCN: 141573

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/30/2013 3:41 pm

	Hospice I					
	CAPITAL RELATED COST		PLANT OPERATION & MAINT. (SQ. FT.)	TRANSPORTATION (MILEAGE)	VOLUNTEER SERVICES COORDINATOR (HOURS)	
	BUILDINGS & FIXTURES (SQ. FT.)	MOVABLE EQUIPMENT (\$ VALUE)				
1.00	2.00	3.00	4.00	5.00		
GENERAL SERVICE COST CENTERS						
1.00	Capital Related Costs-Bldg and Fixt.	350				1.00
2.00	Capital Related Costs-Movable Equip.	0	350			2.00
3.00	Plant Operation and Maintenance	0	0	350		3.00
4.00	Transportation - Staff	0	0	0	31,829	4.00
5.00	Volunteer Service Coordination	0	0	0	529	2,594
6.00	Administrative and General	100	100	100	950	2,594
INPATIENT CARE SERVICE						
7.00	Inpatient - General Care	0	0	0	0	0
8.00	Inpatient - Respite Care	0	0	0	0	0
VISITING SERVICES						
9.00	Physician Services	0	0	0	0	0
10.00	Nursing Care	100	100	100	17,057	0
11.00	Nursing Care-Continuous Home Care	0	0	0	0	0
12.00	Physical Therapy	0	0	0	150	0
13.00	Occupational Therapy	0	0	0	0	0
14.00	Speech/ Language Pathology	0	0	0	0	0
15.00	Medical Social Services	50	50	50	1,136	0
16.00	Spiritual Counseling	0	0	0	0	0
17.00	Dietary Counseling	0	0	0	29	0
18.00	Counseling - Other	0	0	0	0	0
19.00	Home Health Aide and Homemaker	100	100	100	11,978	0
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0
21.00	Other	0	0	0	0	0
OTHER HOSPICE SERVICE COSTS						
22.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0
23.00	Analgesics	0	0	0	0	0
24.00	Sedatives / Hypnotics	0	0	0	0	0
25.00	Other - Specify	0	0	0	0	0
26.00	Durable Medical Equipment/Oxygen	0	0	0	0	0
27.00	Patient Transportation	0	0	0	0	0
28.00	Imaging Services	0	0	0	0	0
29.00	Labs and Diagnostics	0	0	0	0	0
30.00	Medical Supplies	0	0	0	0	0
31.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0
32.00	Radiation Therapy	0	0	0	0	0
33.00	Chemotherapy	0	0	0	0	0
34.00	Other	0	0	0	0	0
HOSPICE NONREIMBURSABLE SERVICE						
35.00	Bereavement Program Costs	0	0	0	0	0
36.00	Volunteer Program Costs	0	0	0	0	0
37.00	Fundraising	0	0	0	0	0
38.00	Other Program Costs	0	0	0	0	0
39.00	Cost to be Allocated (per Wkst. K-4, Part I)	0	0	0	0	17,536
40.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000	6.760216

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140052
 Hospice CCN: 141573

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

Worksheet K-4
 Part II
 Date/Time Prepared:
 5/30/2013 3:41 pm

		RECONCILIATION	ADMINISTRATIVE & GENERAL (ACC. COST)	Hospice I
		6A	6.00	
GENERAL SERVICE COST CENTERS				
1.00	Capital Related Costs-Bldg and Fixt.	0		1.00
2.00	Capital Related Costs-Movable Equip.	0		2.00
3.00	Plant Operation and Maintenance	0		3.00
4.00	Transportation - Staff	0		4.00
5.00	Volunteer Service Coordination			5.00
6.00	Administrative and General	-251,308	1,232,362	6.00
INPATIENT CARE SERVICE				
7.00	Inpatient - General Care	0	76,655	7.00
8.00	Inpatient - Respite Care	0	0	8.00
VISITING SERVICES				
9.00	Physician Services	0	59	9.00
10.00	Nursing Care	0	259,081	10.00
11.00	Nursing Care-Continuous Home Care	0	0	11.00
12.00	Physical Therapy	0	11,100	12.00
13.00	Occupational Therapy	0	0	13.00
14.00	Speech/ Language Pathology	0	0	14.00
15.00	Medical Social Services	0	28,041	15.00
16.00	Spiritual Counseling	0	0	16.00
17.00	Dietary Counseling	0	3,132	17.00
18.00	Counseling - Other	0	0	18.00
19.00	Home Health Aide and Homemaker	0	94,982	19.00
20.00	HH Aide & Homemaker - Cont. Home Care	0	0	20.00
21.00	Other	0	0	21.00
OTHER HOSPICE SERVICE COSTS				
22.00	Drugs, Biological and Infusion Therapy	0	198,050	22.00
23.00	Analgesics	0	0	23.00
24.00	Sedatives / Hypnotics	0	0	24.00
25.00	Other - Specify	0	0	25.00
26.00	Durable Medical Equipment/Oxygen	0	179,544	26.00
27.00	Patient Transportation	0	0	27.00
28.00	Imaging Services	0	473	28.00
29.00	Labs and Diagnostics	0	0	29.00
30.00	Medical Supplies	0	14,487	30.00
31.00	Outpatient Services (including E/R Dept.)	0	0	31.00
32.00	Radiation Therapy	0	0	32.00
33.00	Chemotherapy	0	0	33.00
34.00	Other	0	366,758	34.00
HOSPICE NONREIMBURSABLE SERVICE				
35.00	Bereavement Program Costs	0	0	35.00
36.00	Volunteer Program Costs	0	0	36.00
37.00	Fundraising	0	0	37.00
38.00	Other Program Costs	0	0	38.00
39.00	Cost to be Allocated (per Wkst. K-4, Part I)		251,308	39.00
40.00	Unit Cost Multiplier		0.203924	40.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 141573

To 12/31/2012

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Hospice I

Cost Center Description	Hospice Trial Balance (1)	CAPITAL RELATED COSTS				
		BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	BLDG & FIXT	
		1.00	1.01	1.02	1.03	
1.00 Administrative and General	0	0	149	0	0	1.00
2.00 Inpatient - General Care	92,287	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	71	0	0	0	0	4.00
5.00 Nursing Care	311,914	0	149	0	0	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	13,364	0	0	0	0	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	33,759	0	74	0	0	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	3,771	0	0	0	0	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	114,351	0	149	0	0	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	238,437	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	216,157	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	569	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	17,441	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	441,549	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	1,483,670	0	521	0	0	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K-5

Hospice CCN: 141573

To 12/31/2012

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Hospice I

Cost Center Description	CAPITAL RELATED COSTS				EMPLOYEE BENEFITS	
	BLDG & FIXT	MVBLE EQUIP	MVBLE EQUIP	MVBLE EQUIP		
	1.04	2.00	2.01	2.02		
1.00 Administrative and General	0	0	197	0	24,793	1.00
2.00 Inpatient - General Care	0	0	0	0	0	2.00
3.00 Inpatient - Respite Care	0	0	0	0	0	3.00
4.00 Physician Services	0	0	0	0	0	4.00
5.00 Nursing Care	0	0	197	0	37,159	5.00
6.00 Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00 Physical Therapy	0	0	0	0	1,676	7.00
8.00 Occupational Therapy	0	0	0	0	0	8.00
9.00 Speech/ Language Pathology	0	0	0	0	0	9.00
10.00 Medical Social Services	0	0	99	0	4,124	10.00
11.00 Spiritual Counseling	0	0	0	0	0	11.00
12.00 Dietary Counseling	0	0	0	0	475	12.00
13.00 Counseling - Other	0	0	0	0	0	13.00
14.00 Home Health Aide and Homemaker	0	0	197	0	12,798	14.00
15.00 HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00 Other	0	0	0	0	0	16.00
17.00 Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00 Analgesics	0	0	0	0	0	18.00
19.00 Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00 Other - Specify	0	0	0	0	0	20.00
21.00 Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00 Patient Transportation	0	0	0	0	0	22.00
23.00 Imaging Services	0	0	0	0	0	23.00
24.00 Labs and Diagnostics	0	0	0	0	0	24.00
25.00 Medical Supplies	0	0	0	0	0	25.00
26.00 Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00 Radiation Therapy	0	0	0	0	0	27.00
28.00 Chemotherapy	0	0	0	0	0	28.00
29.00 Other	0	0	0	0	0	29.00
30.00 Bereavement Program Costs	0	0	0	0	0	30.00
31.00 Volunteer Program Costs	0	0	0	0	0	31.00
32.00 Fundraising	0	0	0	0	0	32.00
33.00 Other Program Costs	0	0	0	0	0	33.00
34.00 Total (sum of lines 1 thru 33) (2)	0	0	690	0	81,025	34.00
35.00 Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period:

Worksheet K-5

Hospice CCN: 141573

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

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Hospice I				Subtotal	
		NONPATIENT TELEPHONES	PURCHASING RECEIVING AND STORES	ADMITTING	CASHIERING/ACCOUNTS RECEIVABLE		
		5.01	5.02	5.03	5.04	5A.04	
1.00	Administrative and General	0	548	0	0	25,687	1.00
2.00	Inpatient - General Care	0	0	164	299	92,750	2.00
3.00	Inpatient - Respite Care	0	0	28	51	79	3.00
4.00	Physician Services	0	0	0	0	71	4.00
5.00	Nursing Care	745	3,011	4,691	8,590	366,456	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	744	0	0	0	15,784	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	372	0	0	0	38,428	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	4,246	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	744	0	4,062	7,437	139,738	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	238,437	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	216,157	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	569	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	17,441	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	1,801	3,297	446,647	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,605	3,559	10,746	19,674	1,602,490	34.00
35.00	Unit Cost Multiplier (see instructions)					0.000000	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period:

Worksheet K-5

Hospice CCN: 141573

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

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Hospice I					
		OTHER ADMINISTRATIVE AND GENERAL 5.05	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 9.00	DIETARY 10.00	
1.00	Administrative and General	5,316	1,122	0	451	0	1.00
2.00	Inpatient - General Care	19,196	0	0	0	0	2.00
3.00	Inpatient - Respite Care	16	0	0	0	0	3.00
4.00	Physician Services	15	0	0	0	0	4.00
5.00	Nursing Care	75,844	1,123	122	451	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	3,267	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	7,953	561	0	225	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	879	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	28,921	1,123	0	451	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	49,348	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	44,737	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	118	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	3,610	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	92,441	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	331,661	3,929	122	1,578	0	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period:

Worksheet K-5

Hospice CCN: 141573

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

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Hospice I					
		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
1.00	Administrative and General	11,139	0	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	12,763	28,020	1,046	0	605	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	564	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	2,055	0	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	199	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	11,039	18,084	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	37,759	46,104	1,046	0	605	34.00
35.00	Unit Cost Multiplier (see instructions)						35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period:

Worksheet K-5

Hospice CCN: 141573

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

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Hospice I					
		SOCIAL SERVICE	Subtotal (col s. 4A-23)	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal (col s. 24 ± 25)	Allocated Hospice A&G (See Part II)	
		17.00	24.00	25.00	26.00	27.00	
1.00	Administrative and General	0	43,715				1.00
2.00	Inpatient - General Care	0	111,946	0	111,946	2,470	2.00
3.00	Inpatient - Respite Care	0	95	0	95	2	3.00
4.00	Physician Services	0	86	0	86	2	4.00
5.00	Nursing Care	0	486,430	0	486,430	10,731	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	19,615	0	19,615	433	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	49,222	0	49,222	1,086	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	5,324	0	5,324	117	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	199,356	0	199,356	4,398	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	287,785	0	287,785	6,349	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	260,894	0	260,894	5,756	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	687	0	687	15	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	21,051	0	21,051	464	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	539,088	0	539,088	11,892	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	2,025,294	0	2,025,294		34.00
35.00	Unit Cost Multiplier (see instructions)					0.022061	35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS

Provider CCN: 140052

Period:

Worksheet K-5

Hospice CCN: 141573

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

Part I
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Total Hospice Costs (col. 26 ± 27)	Hospice I	
		28.00		
1.00	Administrative and General			1.00
2.00	Inpatient - General Care	114,416		2.00
3.00	Inpatient - Respite Care	97		3.00
4.00	Physician Services	88		4.00
5.00	Nursing Care	497,161		5.00
6.00	Nursing Care-Continuous Home Care	0		6.00
7.00	Physical Therapy	20,048		7.00
8.00	Occupational Therapy	0		8.00
9.00	Speech/ Language Pathology	0		9.00
10.00	Medical Social Services	50,308		10.00
11.00	Spiritual Counseling	0		11.00
12.00	Dietary Counseling	5,441		12.00
13.00	Counseling - Other	0		13.00
14.00	Home Health Aide and Homemaker	203,754		14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0		15.00
16.00	Other	0		16.00
17.00	Drugs, Biological and Infusion Therapy	294,134		17.00
18.00	Analgesics	0		18.00
19.00	Sedatives / Hypnotics	0		19.00
20.00	Other - Specify	0		20.00
21.00	Durable Medical Equipment/Oxygen	266,650		21.00
22.00	Patient Transportation	0		22.00
23.00	Imaging Services	702		23.00
24.00	Labs and Diagnostics	0		24.00
25.00	Medical Supplies	21,515		25.00
26.00	Outpatient Services (including E/R Dept.)	0		26.00
27.00	Radiation Therapy	0		27.00
28.00	Chemotherapy	0		28.00
29.00	Other	550,980		29.00
30.00	Bereavement Program Costs	0		30.00
31.00	Volunteer Program Costs	0		31.00
32.00	Fundraising	0		32.00
33.00	Other Program Costs	0		33.00
34.00	Total (sum of lines 1 thru 33) (2)	2,025,294		34.00
35.00	Unit Cost Multiplier (see instructions)			35.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140052
Hospice CCN: 141573

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAPITAL RELATED COSTS					
		BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	BLDG & FIXT (SQUARE FEET)	
		1.00	1.01	1.02	1.03	1.04	
1.00	Administrative and General	0	100	0	0	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	100	0	0	0	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	0	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	50	0	0	0	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	100	0	0	0	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	350	0	0	0	34.00
35.00	Total cost to be allocated	0	521	0	0	0	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	1.488571	0.000000	0.000000	0.000000	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140052
Hospice CCN: 141573

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NO. OF LINES)	
		MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)			
		2.00	2.01	2.02			
1.00	Administrative and General	0	100	0	160,787	0	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	0	100	0	240,981	2	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	10,868	2	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	50	0	26,745	1	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	3,079	0	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	100	0	82,998	2	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	0	350	0	525,458	7	34.00
35.00	Total cost to be allocated	0	690	0	81,025	2,605	35.00
36.00	Unit Cost Multiplier (see instructions)	0.000000	1.971429	0.000000	0.154199	372.142857	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140052
Hospice CCN: 141573

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Hospice I					
		PURCHASING RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	CASHIERING/ACCOUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.02	5.03	5.04	5A.05	5.05	
1.00	Administrative and General	2,796	0	0	0	25,687	1.00
2.00	Inpatient - General Care	0	64,174	64,174	0	92,750	2.00
3.00	Inpatient - Respite Care	0	10,932	10,932	0	79	3.00
4.00	Physician Services	0	0	0	0	71	4.00
5.00	Nursing Care	15,357	1,841,189	1,841,189	0	366,456	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	15,784	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	0	0	0	0	38,428	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	4,246	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	0	1,594,272	1,594,272	0	139,738	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	238,437	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	216,157	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	569	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	17,441	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	706,840	706,840	0	446,647	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	18,153	4,217,407	4,217,407		1,602,490	34.00
35.00	Total cost to be allocated	3,559	10,746	19,674		331,661	35.00
36.00	Unit Cost Multiplier (see instructions)	0.196056	0.002548	0.004665		0.206966	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140052

Period:

Worksheet K-5

Hospice CCN: 141573

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

Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Hospice I					
		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (PATIENT MEALS)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
1.00	Administrative and General	100	0	100	0	336	1.00
2.00	Inpatient - General Care	0	0	0	0	0	2.00
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00
4.00	Physician Services	0	0	0	0	0	4.00
5.00	Nursing Care	100	158	100	0	385	5.00
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00
7.00	Physical Therapy	0	0	0	0	17	7.00
8.00	Occupational Therapy	0	0	0	0	0	8.00
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00
10.00	Medical Social Services	50	0	50	0	62	10.00
11.00	Spiritual Counseling	0	0	0	0	0	11.00
12.00	Dietary Counseling	0	0	0	0	6	12.00
13.00	Counseling - Other	0	0	0	0	0	13.00
14.00	Home Health Aide and Homemaker	100	0	100	0	333	14.00
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00
16.00	Other	0	0	0	0	0	16.00
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00
18.00	Analgesics	0	0	0	0	0	18.00
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00
20.00	Other - Specify	0	0	0	0	0	20.00
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00
22.00	Patient Transportation	0	0	0	0	0	22.00
23.00	Imaging Services	0	0	0	0	0	23.00
24.00	Labs and Diagnostics	0	0	0	0	0	24.00
25.00	Medical Supplies	0	0	0	0	0	25.00
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00
27.00	Radiation Therapy	0	0	0	0	0	27.00
28.00	Chemotherapy	0	0	0	0	0	28.00
29.00	Other	0	0	0	0	0	29.00
30.00	Bereavement Program Costs	0	0	0	0	0	30.00
31.00	Volunteer Program Costs	0	0	0	0	0	31.00
32.00	Fundraising	0	0	0	0	0	32.00
33.00	Other Program Costs	0	0	0	0	0	33.00
34.00	Total (sum of lines 1 thru 33) (2)	350	158	350	0	1,139	34.00
35.00	Total cost to be allocated	3,929	122	1,578	0	37,759	35.00
36.00	Unit Cost Multiplier (see instructions)	11.225714	0.772152	4.508571	0.000000	33.151010	36.00

ALLOCATION OF GENERAL SERVICE COSTS TO HOSPICE COST CENTERS
STATISTICAL BASIS

Provider CCN: 140052
Hospice CCN: 141573

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

Worksheet K-5
Part II
Date/Time Prepared:
5/30/2013 3:41 pm

Cost Center Description		Hospice I					SOCIAL SERVICE (TIME SPENT)	
		NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (PURCHASE REQUIS)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)			
		13.00	14.00	15.00	16.00	17.00		
1.00	Administrative and General	0	0	0	0	0	1.00	
2.00	Inpatient - General Care	0	0	0	0	0	2.00	
3.00	Inpatient - Respite Care	0	0	0	0	0	3.00	
4.00	Physician Services	0	0	0	0	0	4.00	
5.00	Nursing Care	1,081,337	5,608	0	175	0	5.00	
6.00	Nursing Care-Continuous Home Care	0	0	0	0	0	6.00	
7.00	Physical Therapy	0	0	0	0	0	7.00	
8.00	Occupational Therapy	0	0	0	0	0	8.00	
9.00	Speech/ Language Pathology	0	0	0	0	0	9.00	
10.00	Medical Social Services	0	0	0	0	0	10.00	
11.00	Spiritual Counseling	0	0	0	0	0	11.00	
12.00	Dietary Counseling	0	0	0	0	0	12.00	
13.00	Counseling - Other	0	0	0	0	0	13.00	
14.00	Home Health Aide and Homemaker	697,903	0	0	0	0	14.00	
15.00	HH Aide & Homemaker - Cont. Home Care	0	0	0	0	0	15.00	
16.00	Other	0	0	0	0	0	16.00	
17.00	Drugs, Biological and Infusion Therapy	0	0	0	0	0	17.00	
18.00	Analgesics	0	0	0	0	0	18.00	
19.00	Sedatives / Hypnotics	0	0	0	0	0	19.00	
20.00	Other - Specify	0	0	0	0	0	20.00	
21.00	Durable Medical Equipment/Oxygen	0	0	0	0	0	21.00	
22.00	Patient Transportation	0	0	0	0	0	22.00	
23.00	Imaging Services	0	0	0	0	0	23.00	
24.00	Labs and Diagnostics	0	0	0	0	0	24.00	
25.00	Medical Supplies	0	0	0	0	0	25.00	
26.00	Outpatient Services (including E/R Dept.)	0	0	0	0	0	26.00	
27.00	Radiation Therapy	0	0	0	0	0	27.00	
28.00	Chemotherapy	0	0	0	0	0	28.00	
29.00	Other	0	0	0	0	0	29.00	
30.00	Bereavement Program Costs	0	0	0	0	0	30.00	
31.00	Volunteer Program Costs	0	0	0	0	0	31.00	
32.00	Fundraising	0	0	0	0	0	32.00	
33.00	Other Program Costs	0	0	0	0	0	33.00	
34.00	Total (sum of lines 1 thru 33) (2)	1,779,240	5,608	0	175	0	34.00	
35.00	Total cost to be allocated	46,104	1,046	0	605	0	35.00	
36.00	Unit Cost Multiplier (see instructions)	0.025912	0.186519	0.000000	3.457143	0.000000	36.00	

COMPUTATION OF TOTAL HOSPICE SHARED COSTS		Provider CCN: 140052	Period: From 01/01/2012	Worksheet K-5		
		Hospice CCN: 141573	To 12/31/2012	Part III Date/Time Prepared: 5/30/2013 3:41 pm		
Cost Center Description		Wkst. C. Part I, col. 11 line	Cost to Charge Ratio	Total Hospice Charges (Provider Records)	Hospice Shared Ancillary Costs (cols. 1 x 2)	
		0	1.00	2.00	3.00	
ANCILLARY SERVICE COST CENTERS						
1.00	PHYSICAL THERAPY	66.00	0.127580	0	0	1.00
2.00	OCCUPATIONAL THERAPY	67.00	0.118830	0	0	2.00
3.00	SPEECH PATHOLOGY	68.00	0.198160	0	0	3.00
4.00	DRUGS CHARGED TO PATIENTS	73.00	0.196276	0	0	4.00
5.00	DURABLE MEDICAL EQUIP-RENTED	96.00	0.000000	0	0	5.00
6.00	LABORATORY	60.00	0.126279	0	0	6.00
6.01	BLOOD LABORATORY	60.01	0.000000	0	0	6.01
7.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0.267689	0	0	7.00
8.00	OTHER OUTPATIENT SERVICE COST CENTER	93.00				8.00
9.00	RADIOLOGY-THERAPEUTIC	55.00	0.000000	0	0	9.00
10.00	THERAPEUTIC ACTIVITIES	76.00	0.000000	0	0	10.00
10.01	ONCOLOGY	76.01	0.235409	0	0	10.01
10.02	DIABETES CENTER	76.02	0.624903	0	0	10.02
10.03	PSYCHIATRIC/PSYCHOLOGICAL SERVICES	76.03	0.692416	0	0	10.03
10.04	PAIN CLINIC	76.04	0.102587	0	0	10.04
10.05	WOUND CENTER	76.05	0.167693	0	0	10.05
11.00	Totals (sum of lines 1-10)					11.00

CALCULATION OF HOSPICE PER DIEM COST

Provider CCN: 140052

Period: From 01/01/2012

Worksheet K-6

Hospice CCN: 141573

To 12/31/2012

Date/Time Prepared: 5/30/2013 3:41 pm

		Hospice I				
		Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	
1.00	Total cost (see instructions)				2,025,294	1.00
2.00	Total Unduplicated Days (Worksheet S-9, column 6, line 5)				15,464	2.00
3.00	Average cost per diem (line 1 divided by line 2)				130.97	3.00
4.00	Unduplicated Medicare Days (Worksheet S-9, column 1, line 5)	14,497				4.00
5.00	Aggregate Medicare cost (line 3 time line 4)	1,898,672				5.00
6.00	Unduplicated Medicaid Days (Worksheet S-9, column 2, line 5)		707			6.00
7.00	Aggregate Medicaid cost (line 3 time line 60)		92,596			7.00
8.00	Unduplicated SNF Days (Worksheet S-9, column 3, line 5)	0				8.00
9.00	Aggregate SNF cost (line 3 time line 8)	0				9.00
10.00	Unduplicated NF Days (Worksheet S-9, column 4, line 5)		0			10.00
11.00	Aggregate NF cost (line 3 times line 10)		0			11.00
12.00	Other Unduplicated days (Worksheet S-9, column 5, line 5)			260		12.00
13.00	Aggregate cost for other days (line 3 times line 12)			34,052		13.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140052	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 3:41 pm
		Title XVII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		995,135	1.00
2.00	Capital DRG outlier payments		1,086	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		36.71	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		996,221	12.00
		1.00		
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
		1.00		
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00