

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: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 5:45 pm
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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: 5/29/2013 Time: 5:45 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 FRANCISCAN ST MARGARET-HAMMOND (150004) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-641,707	-59,386	2,074,374	0	1.00
2.00 Subprovider - IPF	0	42,197	0		0	2.00
3.00 Subprovider - IRF	0	0	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	0		0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0	0	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		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0		0	11.00
12.00 CMHC I	0	0	0		0	12.00
200.00 Total	0	-599,510	-59,386	2,074,374	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: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 5:43 pm
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 46320		4.00 County: LAKE		1.00
1.00	Street: 5454 HOMAN AVENUE	State: IN		Zip Code: 46320		County: LAKE		2.00
2.00	City: HAMMOND	State: IN		Zip Code: 46320		County: LAKE		2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	FRANCISCAN ST MARGARET-HAMMOND	150004	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF	FRANCISCAN ST MARGARET - HAMMOND PSY	155004	23844	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA	FRANCISCAN ST MARGARET - HAMMOND HHA	157145	23844		04/11/1985	N	P	N	12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									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	FRANCISCAN ST MARGARET - HAMMOND HMD	147302	23844		04/11/1985				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.					1		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.	1,952	588	2,520	1,927	1,490	142	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

		Urban/Rural S		Date of Geogr		
		1.00		2.00		
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.			1		26.00
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.			1		27.00
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.			0		35.00

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

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

			Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
			1.00	2.00	3.00	

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

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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N		0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	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.		2			118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	28,808,214	0	0	
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FRANCISCAN ALLIANCE, INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 1515 DRAGON TRAIL	PO Box:			
143.00	City: MI SHAWAKA	State:		Zip Code: 46546	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		N		
				1.00	
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		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		
		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

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 5:43 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
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	04/22/2013	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	Y			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N	Legal Oper.		
		1.00	2.00		
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.		Y		13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N		14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y		15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2012	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 5:43 pm	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			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.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	NANCY		RI LEY	41.00
42.00	Enter the employer/company name of the cost report preparer.	FSM - HAMMOND			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	219-932-2300 EXT 33175		NANCY.RI LEY@FRANCISCANALLI AN CE.ORG	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 5:43 pm
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		Part B		
		Date		
		4.00		
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	03/31/2012		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.		REGIONAL REIMBURSEMENT MGR	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: 150004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 5:43 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 / T r i p s	
					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	165	58,953	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)		165	58,953	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,300	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 NEWBORN INTENSIVE CARE UNIT	35.00	0	0	0.00	0	12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		185	66,253	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	46	16,790		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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)		231				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 / T r i p s			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)	20,666	6,300	36,136			1.00
2.00 HMO	1,378	1,490				2.00
3.00 HMO IPF Subprovider	70	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	20,666	6,300	36,136			7.00
8.00 INTENSIVE CARE UNIT	2,374	726	4,167			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 NEWBORN INTENSIVE CARE UNIT	0	0	0			12.00
13.00 NURSERY		102	587			13.00
14.00 Total (see instructions)	23,040	7,128	40,890	4.51	1,088.71	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	1,232	0	9,673	0.00	45.32	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY		0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	21,381	0	29,547	0.00	43.59	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						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: 150004

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 5:43 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)				4.51	1,177.62	27.00
28.00	Observation Bed Days		942	3,903			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	3,813	1,579	7,290	1.00
2.00	HMO			33			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	NEWBORN INTENSIVE CARE UNIT						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,813	1,579	7,290	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	204	605	2,215	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						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						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						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: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/29/2013 5:43 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	72,896,288	0	72,896,288	2,458,870.00	29.65	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	447,648	447,648	9,416.88	47.54	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		7,271,705	71,368	7,343,073	249,173.46	29.47	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		1,022,159	0	1,022,159	12,320.46	82.96	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		279,250	0	279,250	1,758.00	158.85	13.00
14.00	Home office salaries & wage-related costs		7,692,116	0	7,692,116	145,745.00	52.78	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		27,873,910	0	27,873,910			17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		3,115,754	0	3,115,754			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		0	0	0			21.00
22.00	Physician Part A - Administrative		0	0	0			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		0	0	0			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	1,830,484	0	1,830,484	77,170.00	23.72	26.00
27.00	Administrative & General	5.00	5,872,865	0	5,872,865	276,479.00	21.24	27.00
28.00	Administrative & General under contract (see inst.)		629,161	0	629,161	34,056.00	18.47	28.00
29.00	Maintenance & Repairs	6.00	1,657,630	0	1,657,630	51,493.00	32.19	29.00
30.00	Operation of Plant	7.00	306,292	0	306,292	10,586.00	28.93	30.00
31.00	Laundry & Linen Service	8.00	0	0	0	62,011.00	0.00	31.00
32.00	Housekeeping	9.00	1,645,308	0	1,645,308	129,606.00	12.69	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	883,181	-495,140	388,041	33,956.00	11.43	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	495,140	495,140	43,328.00	11.43	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	3,501,466	0	3,501,466	99,700.00	35.12	38.00
39.00	Central Services and Supply	14.00	483,129	0	483,129	28,394.00	17.02	39.00
40.00	Pharmacy	15.00	2,506,255	-177,041	2,329,214	60,689.00	38.38	40.00
41.00	Medical Records & Medical Records Library	16.00	1,723,928	0	1,723,928	84,765.00	20.34	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150004

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

Worksheet S-3
Part II
Date/Time Prepared:
5/29/2013 5:43 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	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: 150004

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

Worksheet S-3
Part III
Date/Time Prepared:
5/29/2013 5:43 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)	73,525,449	-447,648	73,077,801	2,483,509.12	29.43	1.00
2.00	Excluded area salaries (see instructions)	7,271,705	71,368	7,343,073	249,173.46	29.47	2.00
3.00	Subtotal salaries (line 1 minus line 2)	66,253,744	-519,016	65,734,728	2,234,335.66	29.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,993,525	0	8,993,525	159,823.46	56.27	4.00
5.00	Subtotal wage-related costs (see inst.)	27,873,910	0	27,873,910	0.00	42.40	5.00
6.00	Total (sum of lines 3 thru 5)	103,121,179	-519,016	102,602,163	2,394,159.12	42.86	6.00
7.00	Total overhead cost (see instructions)	21,039,699	-177,041	20,862,658	992,233.00	21.03	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/29/2013 5:43 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)		9,177,890	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees		0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan		0	6.00
7.00	Employee Managed Care Program Administration Fees		0	7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)		17,007,988	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		250,727	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		-3,194,149	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)		60,580	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		278,992	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		6,388,306	17.00
18.00	Medicare Taxes - Employers Portion Only		0	18.00
19.00	Unemployment Insurance		95,803	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		64,727	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		30,130,864	24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)		858,801	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/29/2013 5:43 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF			0 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			0 10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			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 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 150004 Component CCN: 157145		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/29/2013 5:43 pm	
				Home Health Agency I		PPS	
				1.00			
0.00	County	LAKE				0.00	
		Title V	Title XVIII	Title XIX	Other	Total	
		1.00	2.00	3.00	4.00	5.00	
HOME HEALTH AGENCY STATISTICAL DATA							
1.00	Home Health Aide Hours	0	0	0	0	0	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	834.00	0.00	8,744.00	9,578.00	2.00
		Number of Employees (Full Time Equivalent)					
		Enter the number of hours in your normal work week			Staff	Contract	Total
		0			1.00	2.00	3.00
HOME HEALTH AGENCY - NUMBER OF EMPLOYEES							
3.00	Administrator and Assistant Administrator(s)	0.00			15.89	0.00	3.00
4.00	Director(s) and Assistant Director(s)				0.00	0.00	4.00
5.00	Other Administrative Personnel				0.00	0.00	5.00
6.00	Direct Nursing Service				18.43	0.00	6.00
7.00	Nursing Supervisor				0.00	0.00	7.00
8.00	Physical Therapy Service				5.31	0.00	8.00
9.00	Physical Therapy Supervisor				0.00	0.00	9.00
10.00	Occupational Therapy Service				0.00	0.00	10.00
11.00	Occupational Therapy Supervisor				1.22	0.00	11.00
12.00	Speech Pathology Service				0.03	0.00	12.00
13.00	Speech Pathology Supervisor				0.00	0.00	13.00
14.00	Medical Social Service				0.04	0.00	14.00
15.00	Medical Social Service Supervisor				0.00	0.00	15.00
16.00	Home Health Aide				2.67	0.00	16.00
17.00	Home Health Aide Supervisor				0.00	0.00	17.00
18.00	Other (specify)				0.00	0.00	18.00
HOME HEALTH AGENCY CBSA CODES							
19.00	Enter in column 1 the number of CBSAs where you provided services during the cost reporting period.				2		19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	23844					20.00
20.01		16974					20.01
		Full Episodes		LUPA Episodes	PEP Only Episodes	Total (cols. 1-4)	
		Without Outliers	With Outliers				
		1.00	2.00	3.00	4.00	5.00	
PPS ACTIVITY DATA							
21.00	Skilled Nursing Visits	10,954	136	363	59	11,512	21.00
22.00	Skilled Nursing Visit Charges	2,218,503	27,880	73,786	11,704	2,331,873	22.00
23.00	Physical Therapy Visits	5,657	6	33	49	5,745	23.00
24.00	Physical Therapy Visit Charges	1,147,598	1,230	6,765	9,841	1,165,434	24.00
25.00	Occupational Therapy Visits	1,344	5	4	1	1,354	25.00
26.00	Occupational Therapy Visit Charges	273,259	1,025	803	205	275,292	26.00
27.00	Speech Pathology Visits	124	0	1	0	125	27.00
28.00	Speech Pathology Visit Charges	24,876	0	188	0	25,064	28.00
29.00	Medical Social Service Visits	40	0	0	0	40	29.00
30.00	Medical Social Service Visit Charges	10,420	0	0	0	10,420	30.00
31.00	Home Health Aide Visits	2,564	24	6	11	2,605	31.00
32.00	Home Health Aide Visit Charges	315,462	3,000	728	1,298	320,488	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	20,683	171	407	120	21,381	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	3,990,118	33,135	82,270	23,048	4,128,571	35.00
36.00	Total Number of Episodes (standard/non outlier)	1,116		147	10	1,273	36.00
37.00	Total Number of Outlier Episodes		7		0	7	37.00
38.00	Total Non-Routine Medical Supply Charges	93,527	1,569	7,974	23	103,093	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/29/2013 5:43 pm
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				1.00	
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.348998		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		15,481,364		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?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		18,198,042		5.00
6.00	Medicaid charges		73,676,088		6.00
7.00	Medicaid cost (line 1 times line 6)		25,712,807		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0		9.00
10.00	Stand-alone SCHIP charges		0		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00
		Uninsured patients	Insured patients	Total (col. 1 + col. 2)	
		1.00	2.00	3.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	11,151,000	14,964,800	26,115,800	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,891,677	5,222,685	9,114,362	21.00
22.00	Partial payment by patients approved for charity care	95,000	1,081,200	1,176,200	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,796,677	4,141,485	7,938,162	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?		Y		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)		11,733,186		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		910,541		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		10,822,645		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		3,777,081		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		11,715,243		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		11,715,243		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/29/2013 5:43 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		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT		6,057,395	6,057,395	-2,366,487	3,690,908		1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP		0	0	2,886,490	2,886,490		2.00
3.00 00300 OTHER CAP REL COSTS		0	0	0	0		3.00
4.00 00400 EMPLOYEE BENEFITS	1,830,484	29,950,113	31,780,597	-503	31,780,094		4.00
5.01 00510 COMMUNICATIONS	397,911	766,124	1,164,035	0	1,164,035		5.01
5.02 00511 DATA PROCESSING	75,412	-10,864,223	-10,788,811	0	-10,788,811		5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	328,267	507,708	835,975	0	835,975		5.03
5.04 00513 ADMINITTING	800,719	25,982	826,701	0	826,701		5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	4,270,556	23,628,607	27,899,163	2,416,522	30,315,685		5.05
6.00 00600 MAINTENANCE & REPAIRS	1,657,630	1,902,472	3,560,102	0	3,560,102		6.00
7.00 00700 OPERATION OF PLANT	306,292	2,989,404	3,295,696	0	3,295,696		7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	666,687	666,687	0	666,687		8.00
9.00 00900 HOUSEKEEPING	1,645,308	402,618	2,047,926	0	2,047,926		9.00
10.00 01000 DIETARY	883,181	1,504,034	2,387,215	-1,337,393	1,049,822		10.00
11.00 01100 CAFETERIA	0	0	0	1,337,393	1,337,393		11.00
13.00 01300 NURSING ADMINISTRATION	3,501,466	790,825	4,292,291	-38,634	4,253,657		13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	483,129	1,787,536	2,270,665	-626,728	1,643,937		14.00
15.00 01500 PHARMACY	2,506,255	7,398,073	9,904,328	-3,598,233	6,306,095		15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	1,723,928	866,664	2,590,592	0	2,590,592		16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0		17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,698	1,698	447,648	449,346		22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0		23.00
23.01 02301 PARAMED ED PRGM - LAB	78,389	10,945	89,334	84,482	173,816		23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	65,198	388	65,586	202,649	268,235		23.02
23.03 02303 PARAMED ED PRGM - RESP THER	62,956	1,654	64,610	0	64,610		23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	426,719	14,156	440,875	74,527	515,402		23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	14,831,317	1,960,175	16,791,492	-2,240,432	14,551,060		30.00
31.00 03100 INTENSIVE CARE UNIT	2,814,469	257,389	3,071,858	-118,197	2,953,661		31.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0		35.00
40.00 04000 SUBPROVIDER - I/PF	2,626,826	14,928,304	17,555,130	0	17,555,130		40.00
43.00 04300 NURSERY	0	0	0	1,351,083	1,351,083		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	1,390,346	2,980,308	4,370,654	-1,958,716	2,411,938		50.00
50.01 05001 OPEN HEART SURGERY	138,992	452,999	591,991	-307,334	284,657		50.01
50.02 05002 OUTPATIENT SURGERY	1,262,937	364,811	1,627,748	-214,227	1,413,521		50.02
51.00 05100 RECOVERY ROOM	422,569	17,494	440,063	-4,923	435,140		51.00
53.00 05300 ANESTHESIOLOGY	5,962,887	707,788	6,670,675	-94,520	6,576,155		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,329,287	290,887	1,620,174	-320,327	1,299,847		54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	614,178	2,232,362	2,846,540	-688,666	2,157,874		54.01
54.02 05402 ULTRASOUND	453,443	217,941	671,384	2,057	673,441		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0		55.00
55.01 05501 COMPUTED TOMOGRAPHY	481,357	410,053	891,410	-11,515	879,895		55.01
57.00 05700 CT SCAN	0	0	0	0	0		57.00
58.00 05800 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	7,017,083	7,017,083	-84,482	6,932,601		60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0		60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	784,155	784,155	140,897	925,052		63.00
63.01 06301 NUCLEAR MEDICINE	257,383	228,633	486,016	44,272	530,288		63.01
65.00 06500 RESPIRATORY THERAPY	1,657,878	345,535	2,003,413	105,051	2,108,464		65.00
66.00 06600 PHYSICAL THERAPY	1,652,558	1,546,882	3,199,440	-1,289,450	1,909,990		66.00
67.00 06700 OCCUPATIONAL THERAPY	186,463	190,410	376,873	696,802	1,073,675		67.00
68.00 06800 SPEECH PATHOLOGY	116,447	105,325	221,772	343,866	565,638		68.00
69.00 06900 ELECTROCARDIOLOGY	358,040	267,982	626,022	-1,479	624,543		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	304,022	37,769	341,791	-2,538	339,253		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,753,522	2,753,522		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	4,286,058	4,286,058		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	3,381,524	3,381,524		73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0		76.00
76.01 03021 ORTHOPEDICS	69,477	40,170	109,647	-32,867	76,780		76.01
76.02 03022 CARDIOVASCULAR SERVICES	897,554	2,256,433	3,153,987	-1,905,381	1,248,606		76.02
76.03 03023 CARDIAC REHAB	392,624	13,434	406,058	2,771	408,829		76.03
76.04 03024 RADIATION ONCOLOGY	711,690	201,031	912,721	-3,200	909,521		76.04
76.05 03025 MRI	137,243	110,264	247,507	-1,137	246,370		76.05
76.06 03026 BARIATRIC CENTER	0	0	0	0	0		76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,253,598	2,253,598	0	2,253,598		76.07
76.08 03028 WOUND CARE	406,188	99,257	505,445	-70,202	435,243		76.08
76.09 03029 RENAL DIALYSIS	0	0	0	634,784	634,784		76.09

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES				Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet A	
						Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
	1.00	2.00	3.00	4.00	5.00		
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	8,364,696	2,909,462	11,274,158	-870,801	10,403,357	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
OTHER REIMBURSABLE COST CENTERS							
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	2,816,793	613,637	3,430,430	-67,501	3,362,929	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE		6,711,877	6,711,877	-2,936,525	3,775,352	113.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)		71,701,464	118,962,308	190,663,772	-2,936,525	190,663,772
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	41,236	85,812	127,048	0	127,048	190.00	
190.01 19001 CONVENT	0	11,578	11,578	0	11,578	190.01	
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02	
190.03 19003 MEDICAL ARTS BUILDING	593	81,523	82,116	0	82,116	190.03	
190.04 19004 WOMEN'S HEALTH CENTER	86,581	8,698	95,279	0	95,279	190.04	
190.05 19005 DEVELOPMENT	0	220	220	0	220	190.05	
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06	
190.07 19007 IMAGE RECOVERY	0	230	230	0	230	190.07	
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08	
190.09 19009 MDWISE	84,728	4,497,204	4,581,932	0	4,581,932	190.09	
190.10 19010 CATHERINE MCAULEY CLINIC	368,737	94,206	462,943	0	462,943	190.10	
190.11 19011 CENTER OF HOPE	17,288	164	17,452	0	17,452	190.11	
190.12 19012 SELECT	0	0	0	0	0	190.12	
190.13 19013 PERCINI AS	0	0	0	0	0	190.13	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	364,011	577,238	941,249	0	941,249	192.00	
192.01 19201 WORKING WELL	231,650	122,871	354,521	0	354,521	192.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.01 07951 REHAB	0	0	0	0	0	194.01	
200.00	TOTAL (SUM OF LINES 118-199)		72,896,288	124,442,052	197,338,340	0	197,338,340
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	1,263,571	4,954,479					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP	0	2,886,490					2.00
3.00 00300 OTHER CAP REL COSTS	0	0					3.00
4.00 00400 EMPLOYEE BENEFITS	1,187,293	32,967,387					4.00
5.01 00510 COMMUNICATIONS	-34,369	1,129,666					5.01
5.02 00511 DATA PROCESSING	11,906,135	1,117,324					5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	-1,829,258	-993,283					5.03
5.04 00513 ADMITTING	942,086	1,768,787					5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL	-13,047,717	17,267,968					5.05
6.00 00600 MAINTENANCE & REPAIRS	-1,958	3,558,144					6.00
7.00 00700 OPERATION OF PLANT	0	3,295,696					7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	666,687					8.00
9.00 00900 HOUSEKEEPING	-235,636	1,812,290					9.00
10.00 01000 DIETARY	-458,642	591,180					10.00
11.00 01100 CAFETERIA	-817,920	519,473					11.00
13.00 01300 NURSING ADMINISTRATION	-67,633	4,186,024					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	-608,800	1,035,137					14.00
15.00 01500 PHARMACY	-2,133,773	4,172,322					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	-1,050	2,589,542					16.00
17.00 01700 SOCIAL SERVICE	0	0					17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	449,346					22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0					23.00
23.01 02301 PARAMED ED PRGM - LAB	0	173,816					23.01
23.02 02302 PARAMED ED PRGM - RADIOLOGY	0	268,235					23.02
23.03 02303 PARAMED ED PRGM - RESP THER	0	64,610					23.03
23.04 02304 PARAMED ED PRGM-PHARMACY	0	515,402					23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	-408	14,550,652					30.00
31.00 03100 INTENSIVE CARE UNIT	0	2,953,661					31.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0					35.00
40.00 04000 SUBPROVIDER - IPF	-12,937,080	4,618,050					40.00
43.00 04300 NURSERY	0	1,351,083					43.00
44.00 04400 SKILLED NURSING FACILITY	0	0					44.00
45.00 04500 NURSING FACILITY	0	0					45.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet A Date/Time Prepared: 5/29/2013 5:43 pm
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-508,418	1,903,520	50.00
50.01	05001 OPEN HEART SURGERY	-27,812	256,845	50.01
50.02	05002 OUTPATIENT SURGERY	0	1,413,521	50.02
51.00	05100 RECOVERY ROOM	0	435,140	51.00
53.00	05300 ANESTHESIOLOGY	-226,856	6,349,299	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-55,750	1,244,097	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	2,157,874	54.01
54.02	05402 ULTRASOUND	-6,982	666,459	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	-72,750	807,145	55.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	-1,892,021	5,040,580	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
63.00	06300 BLOOD STORAGE, PROCESSING & TRANS.	-299	924,753	63.00
63.01	06301 NUCLEAR MEDICINE	0	530,288	63.01
65.00	06500 RESPIRATORY THERAPY	-25,802	2,082,662	65.00
66.00	06600 PHYSICAL THERAPY	-174,987	1,735,003	66.00
67.00	06700 OCCUPATIONAL THERAPY	229	1,073,904	67.00
68.00	06800 SPEECH PATHOLOGY	0	565,638	68.00
69.00	06900 ELECTROCARDIOLOGY	-207,482	417,061	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-3,023	336,230	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,753,522	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,286,058	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	3,381,524	73.00
76.00	03020 PAIN CLINIC	0	0	76.00
76.01	03021 ORTHOPEDICS	0	76,780	76.01
76.02	03022 CARDIOVASCULAR SERVICES	-141,475	1,107,131	76.02
76.03	03023 CARDIAC REHAB	-645	408,184	76.03
76.04	03024 RADIATION ONCOLOGY	-150	909,371	76.04
76.05	03025 MRI	-31,907	214,463	76.05
76.06	03026 BARIATRIC CENTER	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	-1,956,639	296,959	76.07
76.08	03028 WOUND CARE	-1,711	433,532	76.08
76.09	03029 RENAL DIALYSIS	0	634,784	76.09
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
90.01	09001 OCC HEALTH CLINIC	0	0	90.01
91.00	09100 EMERGENCY	-747,292	9,656,065	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	-75,094	3,287,835	101.00
SPECIAL PURPOSE COST CENTERS				
113.00	11300 INTEREST EXPENSE	-3,775,352	0	113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-26,807,377	163,856,395	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	127,048	190.00
190.01	19001 CONVENT	0	11,578	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	82,116	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	95,279	190.04
190.05	19005 DEVELOPMENT	0	220	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	230	190.07
190.08	19008 FAMILY SERVICES	0	0	190.08
190.09	19009 MDWISE	0	4,581,932	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	462,943	190.10
190.11	19011 CENTER OF HOPE	0	17,452	190.11
190.12	19012 SELECT	0	0	190.12
190.13	19013 PERCINI AS	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	941,249	192.00
192.01	19201 WORKING WELL	0	354,521	192.01
193.00	19300 NONPAID WORKERS	0	0	193.00
194.01	07951 REHAB	0	0	194.01
200.00	TOTAL (SUM OF LINES 118-199)	-26,807,377	170,530,963	200.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6
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		Increases				
Cost Center		Line #	Salary	Other		
2.00		3.00	4.00	5.00		
A - CAPITAL						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,886,490	1.00	
	TOTALS		0	2,886,490		
B - CAFETERIA						
1.00	CAFETERIA	11.00	495,140	842,253	1.00	
	TOTALS		495,140	842,253		
C - INSURANCE						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	146,164	1.00	
2.00	OTHER ADMINISTRATIVE AND GENERAL	5.05	0	1,801,046	2.00	
	TOTALS		0	1,947,210		
D - CHARGEABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	7,039,580	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
23.00		0.00	0	0	23.00	
24.00		0.00	0	0	24.00	
25.00		0.00	0	0	25.00	
26.00		0.00	0	0	26.00	
27.00		0.00	0	0	27.00	
28.00		0.00	0	0	28.00	
29.00		0.00	0	0	29.00	
30.00		0.00	0	0	30.00	
	TOTALS		0	7,039,580		
E - PHARMACY						
1.00	DRUGS CHARGED TO PATIENTS	73.00	105,673	3,275,851	1.00	
2.00	BLOOD STORING, PROCESSING & TRANS.	63.00		140,897	2.00	
	TOTALS		105,673	3,416,748		
F - RADIOLOGY ADMIN						
1.00	NUCLEAR MEDICINE	63.01	4,652	0	1.00	
2.00	ULTRASOUND	54.02	32,437	0	2.00	
3.00	NUCLEAR MEDICINE	63.01	42,595	0	3.00	
4.00	RADIOLOGY SPECIAL PROCEDURES	54.01	16,236	0	4.00	
5.00	MRI	76.05	6,114	0	5.00	
6.00	ULTRASOUND	54.02	9,985	0	6.00	
	TOTALS		112,019	0		
G - MEDICAL EDUCATION						
1.00	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	0	447,648	1.00	
	TOTALS		0	447,648		
H - THERAPY						
1.00	OCCUPATIONAL THERAPY	67.00	259,366	386,956	1.00	
2.00	SPEECH PATHOLOGY	68.00	109,078	234,794	2.00	
	TOTALS		368,444	621,750		
I - PARAMED EDUCATION						
1.00	PARAMED PRGM - LAB	23.01		84,482	1.00	
2.00	PARAMED PRGM - RADIOLOGY	23.02		202,649	2.00	
3.00	PARAMED PRGM-PHARMACY	23.04	71,368	3,159	3.00	
	TOTALS		71,368	290,290		
J - PROFESSIONAL SUPPORT SERVICES						
1.00	RESPIRATORY THERAPY	65.00	181,129	3,430	1.00	
2.00	OCCUPATIONAL THERAPY	67.00	53,707	1,017	2.00	
3.00	SPEECH PATHOLOGY	68.00	12,784	242	3.00	

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
4.00	CARDIAC REHAB	76.03	3,453	65	4.00
	TOTALS		251,073	4,754	
K - RENT					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	18,000	1.00
	TOTALS		0	18,000	
L - NURSERY					
1.00	NURSERY	43.00	1,148,311	202,772	1.00
	TOTALS		1,148,311	202,772	
M - RENAL DIALYSIS					
1.00	RENAL DIALYSIS	76.09	482,566	152,218	1.00
	TOTALS		482,566	152,218	
N - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO	72.00	0	4,286,058	1.00
	PATIENTS				
	TOTALS		0	4,286,058	
O - INTEREST					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	355,839	1.00
	TOTALS		0	355,839	
P - MISCELLANEOUS A&G					
1.00	OTHER ADMINISTRATIVE AND	5.05	0	615,476	1.00
	GENERAL				
	TOTALS		0	615,476	
500.00	Grand Total: Increases		3,034,594	23,127,086	500.00

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6
Date/Time Prepared:
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		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - CAPITAL							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	2,886,490	9		1.00
	TOTALS		0	2,886,490			
B - CAFETERIA							
1.00	DIETARY	10.00	495,140	842,253	0		1.00
	TOTALS		495,140	842,253			
C - INSURANCE							
1.00	INTEREST EXPENSE	113.00	0	1,947,210	12		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	1,947,210			
D - CHARGEABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	503	0		1.00
2.00	NURSING ADMINISTRATION	13.00	0	38,634	0		2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	626,728	0		3.00
4.00	PHARMACY	15.00	0	1,285	0		4.00
5.00	ADULTS & PEDIATRICS	30.00	0	254,565	0		5.00
6.00	INTENSIVE CARE UNIT	31.00	0	118,197	0		6.00
7.00	OPERATING ROOM	50.00	0	1,958,716	0		7.00
8.00	OPEN HEART SURGERY	50.01	0	307,334	0		8.00
9.00	OUTPATIENT SURGERY	50.02	0	214,227	0		9.00
10.00	RECOVERY ROOM	51.00	0	4,923	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	94,520	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	5,659	0		12.00
13.00	RADIOLOGY SPECIAL PROCEDURES	54.01	0	704,902	0		13.00
14.00	ULTRASOUND	54.02	0	40,365	0		14.00
15.00	COMPUTED TOMOGRAPHY	55.01	0	11,515	0		15.00
16.00	NUCLEAR MEDICINE	63.01	0	2,975	0		16.00
17.00	RESPIRATORY THERAPY	65.00	0	79,508	0		17.00
18.00	PHYSICAL THERAPY	66.00	0	43,429	0		18.00
19.00	OCCUPATIONAL THERAPY	67.00	0	4,244	0		19.00
20.00	SPEECH PATHOLOGY	68.00	0	13,032	0		20.00
21.00	ELECTROCARDIOLOGY	69.00	0	1,479	0		21.00
22.00	ELECTROENCEPHALOGRAPHY	70.00	0	2,538	0		22.00
23.00	ORTHOPEDICS	76.01	0	32,867	0		23.00
24.00	CARDIOVASCULAR SERVICES	76.02	0	1,905,381	0		24.00
25.00	CARDIAC REHAB	76.03	0	747	0		25.00
26.00	RADIATION ONCOLOGY	76.04	0	3,200	0		26.00
27.00	MRI	76.05	0	7,251	0		27.00
28.00	WOUND CARE	76.08	0	70,202	0		28.00
29.00	EMERGENCY	91.00	0	423,153	0		29.00
30.00	HOME HEALTH AGENCY	101.00	0	67,501	0		30.00
	TOTALS		0	7,039,580			
E - PHARMACY							
1.00	PHARMACY	15.00	105,673	3,416,748	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		105,673	3,416,748			
F - RADIOLOGY ADMIN							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	112,019	0	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
	TOTALS		112,019	0			
G - MEDICAL EDUCATION							
1.00	EMERGENCY	91.00	0	447,648	0		1.00
	TOTALS		0	447,648			
H - THERAPY							
1.00	PHYSICAL THERAPY	66.00	368,444	621,750	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		368,444	621,750			
I - PARAMED EDUCATION							
1.00	LABORATORY	60.00	0	84,482	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	202,649	0		2.00
3.00	PHARMACY	15.00	71,368	3,159	0		3.00
	TOTALS		71,368	290,290			
J - PROFESSIONAL SUPPORT SERVICES							
1.00	PHYSICAL THERAPY	66.00	251,073	4,754	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		251,073	4,754			

RECLASSIFICATIONS

Provider CCN: 150004

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

Worksheet A-6

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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
K - RENT							
1.00	INTEREST EXPENSE	113.00	0	18,000	10		1.00
	TOTALS		0	18,000			
L - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	1,148,311	202,772	0		1.00
	TOTALS		1,148,311	202,772			
M - RENAL DIALYSIS							
1.00	ADULTS & PEDIATRICS	30.00	482,566	152,218	0		1.00
	TOTALS		482,566	152,218			
N - IMPLANTABLE DEVICES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	4,286,058	0		1.00
	TOTALS		0	4,286,058			
O - INTEREST							
1.00	INTEREST EXPENSE	113.00	0	355,839	11		1.00
	TOTALS		0	355,839			
P - MISCELLANEOUS A&G							
1.00	INTEREST EXPENSE	113.00	0	615,476	0		1.00
	TOTALS		0	615,476			
500.00	Grand Total: Decreases		3,034,594	23,127,086			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7
Part I
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,522,936	24,684	0	24,684	0	1.00
2.00	Land Improvements	3,452,186	40,500	0	40,500	0	2.00
3.00	Buildings and Fixtures	45,540,413	1,574,518	0	1,574,518	0	3.00
4.00	Building Improvements	157,134	0	0	0	0	4.00
5.00	Fixed Equipment	135,731,210	2,371,155	0	2,371,155	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	190,403,879	4,010,857	0	4,010,857	0	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	190,403,879	4,010,857	0	4,010,857	0	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	5,547,620	0				1.00
2.00	Land Improvements	3,492,686	0				2.00
3.00	Buildings and Fixtures	47,114,931	0				3.00
4.00	Building Improvements	157,134	0				4.00
5.00	Fixed Equipment	138,102,365	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	194,414,736	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	194,414,736	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2013 5:43 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	6,057,395	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	6,057,395	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	6,057,395				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	6,057,395				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150004

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2013 5:43 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	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	3,170,905	-36,557	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	2,886,490	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	6,057,395	-36,557	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	355,839	146,164	0	1,318,128	4,954,479	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	2,886,490	2.00
3.00	Total (sum of lines 1-2)	355,839	146,164	0	1,318,128	7,840,969	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 5:43 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	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0 1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 2.00
3.00 Investment income - other (chapter 2)	B	-200,076		INTEREST EXPENSE	113.00	0 3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0			0.00	0 4.00
5.00 Refunds and rebates of expenses (chapter 8)	B	-585,129		CENTRAL SERVICES & SUPPLY	14.00	0 5.00
6.00 Rental of provider space by suppliers (chapter 8)	B	-54,557		CAP REL COSTS-BLDG & FIXT	1.00	10 6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	B	-34,369		COMMUNICATIONS	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	-1,101,319				0 10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-30,252		RADIOLOGY-DIAGNOSTIC	54.00	0 11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-4,200,565				0 12.00
13.00 Laundry and linen service		0			0.00	0 13.00
14.00 Cafeteria-employees and guests	B	-797,726		CAFETERIA	11.00	0 14.00
15.00 Rental of quarters to employee and others		0			0.00	0 15.00
16.00 Sale of medical and surgical supplies to other than patients		0			0.00	0 16.00
17.00 Sale of drugs to other than patients		0			0.00	0 17.00
18.00 Sale of medical records and abstracts	B	-1,050		MEDICAL RECORDS & LIBRARY	16.00	0 18.00
19.00 Nursing school (tuition, fees, books, etc.)		0			0.00	0 19.00
20.00 Vending machines	B	-20,194		CAFETERIA	11.00	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			RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)				*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT			0	CAP REL COSTS-BLDG & FIXT	1.00	0 26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP			0	CAP REL COSTS-MVBLE EQUIP	2.00	0 27.00
28.00 Non-physician Anesthetist			0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant			0		0.00	0 29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3			OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3			SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0			0.00	0 32.00
33.00 SELECT MEALS	B	-210,389		DIETARY	10.00	0 33.00
33.01 WELLNESS CENTER REVENUE	B	-1,485		EMPLOYEE BENEFITS	4.00	0 33.01
33.02 DIETARY SUPPLEMENTS	B	-239,887		DIETARY	10.00	0 33.02
33.03 CATERING	B	-62		DIETARY	10.00	0 33.03

ADJUSTMENTS TO EXPENSES

Provider CCN: 150004

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

Worksheet A-8

Date/Time Prepared:
5/29/2013 5:43 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
33.04	PHYSICIAN APPLICATION FEES	B	-24,700	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.04
33.05	CARDIAC DIETETIC INSTRUCTION	B	-6,630	DIETARY	10.00	0 33.05
33.06	MISCELLANEOUS INCOME	B	-87,140	CARDIOVASCULAR SERVICES	76.02	0 33.06
33.07	RENTAL INCOME	B	-13,782	CARDIOVASCULAR SERVICES	76.02	0 33.07
33.08	LOBBYING EXPENSE	A	-41,042	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.08
33.09	PROGRAM FEES	B	-26,423	NURSING ADMINISTRATION	13.00	0 33.09
33.10	LIFELINE	B	-78,762	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.10
33.11	UNNECESSARY BORROWING	A	-973,781	INTEREST EXPENSE	113.00	0 33.11
33.12	SHARED SERVICES - HR	A	-462,295	EMPLOYEE BENEFITS	4.00	0 33.12
33.13	SHARED SERVICES - LAUNDRY	A	-235,636	HOUSEKEEPING	9.00	0 33.13
33.14	SHARED SERVICES - RECEIVING	A	-237,890	PURCHASING, RECEIVING AND STORES	5.03	0 33.14
33.15	SHARED SERVICES - A&G	A	-8,104,542	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.15
33.16	SHARED SERVICES - PR	A	942,086	ADMINISTRATIVE	5.04	0 33.16
33.17	MISCELLANEOUS INCOME	B	-150	RADIATION ONCOLOGY	76.04	0 33.17
33.18	MISCELLANEOUS INCOME	B	-1,958	MAINTENANCE & REPAIRS	6.00	0 33.18
33.19	MISCELLANEOUS INCOME	B	-75,094	HOME HEALTH AGENCY	101.00	0 33.19
33.20	DONATIONS EXPENSE	A	-37,109	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.20
33.21	PRESCRIPTION DRUG	B	-1,197	PHARMACY	15.00	0 33.21
33.22	GOODWILL OFFSET	A	-234,400	CAP REL COSTS-BLDG & FIXT	1.00	14 33.22
33.23	ADVERTISING EXPENSE	A	-760	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.23
33.24	ADVERTISING EXPENSE	A	-240	SUBPROVIDER - IPF	40.00	0 33.24
33.25	MISCELLANEOUS INCOME	B	-510	RADIOLOGY-DIAGNOSTIC	54.00	0 33.25
33.26	PATIENT INTEREST	B	-113,757	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.26
33.27	INTER DEPT BILLING/MISCELLANEOUS INCOME	B	-1,256	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.27
33.28	HAF ASSESSMENT	A	-11,164,422	OTHER ADMINISTRATIVE AND GENERAL	5.05	0 33.28
33.29	PENSION COST	A	1,651,073	EMPLOYEE BENEFITS	4.00	0 33.29
33.30			0		0.00	0 33.30
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-26,807,377			50.00

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2013 5:43 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	1.00	CAP REL COSTS-BLDG & FIXT	ALLOWABLE NEW CAPITAL COSTS	1,552,528	0	1.00
2.00	5.02	DATA PROCESSING	DATA PROCESSING	0	10,704,243	2.00
3.00	5.05	OTHER ADMINISTRATIVE AND GENERAL	ADMINISTRATIVE & GENERAL	11,855,549	5,336,916	3.00
4.00	15.00	PHARMACY	COEP / PHARMACY	504,373	662,244	4.00
4.01	113.00	INTEREST EXPENSE	INTEREST	1,529,696	4,131,191	4.01
4.02	5.03	PURCHASING, RECEIVING AND STORES	PATIENT ACCOUNTING	0	1,591,368	4.02
4.03	5.02	DATA PROCESSING	PURCHASED SERVICES OTHER	0	-22,610,378	4.03
4.04	10.00	DIETARY	NUTRITION SERVICES	0	1,674	4.04
4.05	14.00	CENTRAL SERVICES & SUPPLY	SPD	2,772	26,443	4.05
4.06	15.00	PHARMACY	PHARMACY	548,157	2,521,806	4.06
4.07	30.00	ADULTS & PEDIATRICS	INTERMEDIATE CARE UNIT (IMCU)	0	408	4.07
4.08	40.00	SUBPROVIDER - IPF	CHILD/ADOLESCENT PSYCH	0	4,365,247	4.08
4.09	40.00	SUBPROVIDER - IPF	ADULT INTENSIVE PSYCH	0	9,985,982	4.09
4.10	40.00	SUBPROVIDER - IPF	PSYCH REVENUE	0	7,440	4.10
4.11	50.00	OPERATING ROOM	RECLASSIFICATION SURGERY	1,588	7,110	4.11
4.12	53.00	ANESTHESIOLOGY	ANESTHESIOLOGY	85	2,163	4.12
4.13	54.00	RADIOLOGY-DIAGNOSTIC	RADIOLOGY	3,339	28,327	4.13
4.14	54.02	ULTRASOUND	ULTRASOUND	933	7,915	4.14
4.15	55.01	COMPUTED TOMOGRAPHY	COMPUTED TOMOGRAPHY	31,867	104,617	4.15
4.16	60.00	LABORATORY	CHEMISTRY	303,163	2,059,716	4.16
4.17	60.00	LABORATORY	IMMUNOLOGY	1,021	6,935	4.17
4.18	60.00	LABORATORY	HISTOLOGY	22	148	4.18
4.19	60.00	LABORATORY	HEMATOLOGY	22,036	149,711	4.19
4.20	60.00	LABORATORY	SEROLOGY	303	2,056	4.20
4.21	63.00	BLOOD STORING, PROCESSING & TRANS.	BLOOD BANK	127	426	4.21
4.22	65.00	RESPIRATORY THERAPY	RESPIRATORY CARE	7,588	26,316	4.22
4.23	66.00	PHYSICAL THERAPY	PHYSICAL THERAPY	1,152	3,997	4.23
4.24	66.00	PHYSICAL THERAPY	ACUTE THERAPY	530	1,837	4.24
4.25	67.00	OCCUPATIONAL THERAPY	OCCUPATIONAL THERAPY	1,356	1,127	4.25
4.26	69.00	ELECTROCARDIOLOGY	NON-INVASIVE VASCULAR	31,490	238,972	4.26
4.27	76.03	CARDIAC REHAB	CARDIAC REHAB	520	1,165	4.27
4.28	76.05	MRI	MRI	5,195	37,102	4.28
4.29	76.07	PSYCH ACTIVITY THERAPY	PSYCH THERAPY SERVICES	296,959	2,253,598	4.29
4.30	91.00	EMERGENCY	EMERGENCY ROOM	101,219	768,140	4.30
4.31	40.00	SUBPROVIDER - IPF	PSYCH UNIT OVERHEAD	1,421,829	0	4.31
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			18,225,397	22,425,962	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	B	FRANCISCAN ALLI	100.00	FRANCISCAN ALLI	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 5:43 pm

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

(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: 150004

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

Worksheet A-8-1

Date/Time Prepared: 5/29/2013 5:43 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	1,552,528	14		1.00
2.00	-10,704,243	0		2.00
3.00	6,518,633	0		3.00
4.00	-157,871	0		4.00
4.01	-2,601,495	0		4.01
4.02	-1,591,368	0		4.02
4.03	22,610,378	0		4.03
4.04	-1,674	0		4.04
4.05	-23,671	0		4.05
4.06	-1,973,649	0		4.06
4.07	-408	0		4.07
4.08	-4,365,247	0		4.08
4.09	-9,985,982	0		4.09
4.10	-7,440	0		4.10
4.11	-5,522	0		4.11
4.12	-2,078	0		4.12
4.13	-24,988	0		4.13
4.14	-6,982	0		4.14
4.15	-72,750	0		4.15
4.16	-1,756,553	0		4.16
4.17	-5,914	0		4.17
4.18	-126	0		4.18
4.19	-127,675	0		4.19
4.20	-1,753	0		4.20
4.21	-299	0		4.21
4.22	-18,728	0		4.22
4.23	-2,845	0		4.23
4.24	-1,307	0		4.24
4.25	229	0		4.25
4.26	-207,482	0		4.26
4.27	-645	0		4.27
4.28	-31,907	0		4.28
4.29	-1,956,639	0		4.29
4.30	-666,921	0		4.30
4.31	1,421,829	0		4.31
5.00	-4,200,565			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	HOME OFFICE	6.00
7.00		7.00
8.00		8.00
9.00		9.00
10.00		10.00
100.00		100.00

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

Provider CCN: 150004

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 5:43 pm

	Related Organization(s) and/or Home Office	
	Type of Business	
	6.00	

(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: 150004

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 5:43 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	13.00 NURSING ADMINISTRATION	34,611	15,291	19,320	171,400	138	1.00
2.00	13.00 NURSING ADMINISTRATION	23,410	13,440	9,970	171,400	66	2.00
3.00	15.00 PHARMACY	6,000	0	6,000	171,400	60	3.00
4.00	50.00 OPERATING ROOM	502,896	502,896	0	204,100	0	4.00
5.00	50.01 OPEN HEART SURGERY	54,600	0	54,600	204,100	273	5.00
6.00	53.00 ANESTHESIOLOGY	102,114	102,114	0	200,300	0	6.00
7.00	53.00 ANESTHESIOLOGY	122,664	122,664	0	200,300	0	7.00
8.00	65.00 RESPIRATORY THERAPY	12,760	1,720	11,040	171,400	69	8.00
9.00	66.00 PHYSICAL THERAPY	170,835	170,835	0	171,400	0	9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	10,850	1,150	9,700	171,400	97	10.00
11.00	70.00 ELECTROENCEPHALOGRAPHY	660	0	660	171,400	6	11.00
12.00	76.02 CARDIOVASCULAR SERVICES	57,940	0	57,940	171,400	211	12.00
13.00	76.08 WOUND CARE	6,820	0	6,820	171,400	62	13.00
14.00	91.00 EMERGENCY	140,323	37,123	103,200	171,400	776	14.00
15.00	91.00 EMERGENCY	3,993	3,993	0	171,400	0	15.00
200.00		1,250,476	971,226	279,250		1,758	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	13.00 NURSING ADMINISTRATION	11,372	569	0	0	0	1.00
2.00	13.00 NURSING ADMINISTRATION	5,439	272	0	0	0	2.00
3.00	15.00 PHARMACY	4,944	247	0	0	0	3.00
4.00	50.00 OPERATING ROOM	0	0	0	0	0	4.00
5.00	50.01 OPEN HEART SURGERY	26,788	1,339	0	0	0	5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	0	0	7.00
8.00	65.00 RESPIRATORY THERAPY	5,686	284	0	0	0	8.00
9.00	66.00 PHYSICAL THERAPY	0	0	0	0	0	9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	7,993	400	0	0	0	10.00
11.00	70.00 ELECTROENCEPHALOGRAPHY	494	25	0	0	0	11.00
12.00	76.02 CARDIOVASCULAR SERVICES	17,387	869	0	0	0	12.00
13.00	76.08 WOUND CARE	5,109	255	0	0	0	13.00
14.00	91.00 EMERGENCY	63,945	3,197	0	0	0	14.00
15.00	91.00 EMERGENCY	0	0	0	0	0	15.00
200.00		149,157	7,457	0	0	0	200.00
Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
1.00	2.00	15.00	16.00	17.00	18.00		
1.00	13.00 NURSING ADMINISTRATION	0	11,372	7,948	23,239		1.00
2.00	13.00 NURSING ADMINISTRATION	0	5,439	4,531	17,971		2.00
3.00	15.00 PHARMACY	0	4,944	1,056	1,056		3.00
4.00	50.00 OPERATING ROOM	0	0	0	502,896		4.00
5.00	50.01 OPEN HEART SURGERY	0	26,788	27,812	27,812		5.00
6.00	53.00 ANESTHESIOLOGY	0	0	0	102,114		6.00
7.00	53.00 ANESTHESIOLOGY	0	0	0	122,664		7.00
8.00	65.00 RESPIRATORY THERAPY	0	5,686	5,354	7,074		8.00
9.00	66.00 PHYSICAL THERAPY	0	0	0	170,835		9.00
10.00	70.00 ELECTROENCEPHALOGRAPHY	0	7,993	1,707	2,857		10.00
11.00	70.00 ELECTROENCEPHALOGRAPHY	0	494	166	166		11.00
12.00	76.02 CARDIOVASCULAR SERVICES	0	17,387	40,553	40,553		12.00
13.00	76.08 WOUND CARE	0	5,109	1,711	1,711		13.00
14.00	91.00 EMERGENCY	0	63,945	39,255	76,378		14.00
15.00	91.00 EMERGENCY	0	0	0	3,993		15.00
200.00		0	149,157	130,093	1,101,319		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 5: 43 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	4,954,479	4,954,479			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,886,490		2,886,490		2.00
4.00 00400	EMPLOYEE BENEFITS	32,967,387	33,274	4,620	33,005,281	4.00
5.01 00510	COMMUNICATIONS	1,129,666	11,786	26,783	184,803	1,353,038 5.01
5.02 00511	DATA PROCESSING	1,117,324	59,148	518,768	35,024	0 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	-993,283	15,020	4,385	152,458	18,188 5.03
5.04 00513	ADMINISTRATIVE	1,768,787	34,285	0	371,880	55,213 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	17,267,968	284,159	46,300	1,983,387	160,442 5.05
6.00 00600	MAINTENANCE & REPAIRS	3,558,144	302,264	25,707	769,858	88,990 6.00
7.00 00700	OPERATION OF PLANT	3,295,696	233,930	10,203	142,252	38,973 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	666,687	5,905	76,787	0	8,445 8.00
9.00 00900	HOUSEKEEPING	1,812,290	86,150	11,909	764,135	9,093 9.00
10.00 01000	DIETARY	591,180	79,728	26,132	180,219	17,538 10.00
11.00 01100	CAFETERIA	519,473	62,484	0	229,959	0 11.00
13.00 01300	NURSING ADMINISTRATION	4,186,024	56,431	30,561	1,626,196	43,521 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,035,137	83,581	103,626	224,381	22,085 14.00
15.00 01500	PHARMACY	4,172,322	40,769	5,043	1,081,764	34,427 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,589,542	148,423	2,779	800,649	11,042 16.00
17.00 01700	SOCIAL SERVICE	0	8,802	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	449,346	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	650 23.00
23.01 02301	PARAMED ED PRGM - LAB	173,816	0	0	36,406	650 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	268,235	0	0	30,280	650 23.02
23.03 02303	PARAMED ED PRGM - RESPIRATORY	64,610	0	0	29,239	650 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	515,402	0	0	231,328	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	14,550,652	1,042,920	486,557	6,130,698	204,611 30.00
31.00 03100	INTENSIVE CARE UNIT	2,953,661	150,733	44,052	1,307,132	32,479 31.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - IPF	4,618,050	0	2,639	1,219,985	0 40.00
43.00 04300	NURSERY	1,351,083	0	0	533,314	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	1,903,520	286,524	187,748	645,723	75,998 50.00
50.01 05001	OPEN HEART SURGERY	256,845	0	20,952	64,552	0 50.01
50.02 05002	OUTPATIENT SURGERY	1,413,521	218,863	77,123	586,550	29,880 50.02
51.00 05100	RECOVERY ROOM	435,140	0	1,498	196,255	0 51.00
53.00 05300	ANESTHESIOLOGY	6,349,299	0	81,099	2,769,361	5,846 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,244,097	140,098	115,675	565,339	55,213 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	2,157,874	24,284	2,106	292,785	3,897 54.01
54.02 05402	ULTRASOUND	666,459	15,913	47,718	230,296	8,445 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	807,145	16,281	2,105	223,558	0 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	5,040,580	108,696	0	0	29,880 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	924,753	0	0	0	29,230 63.00
63.01 06301	NUCLEAR MEDICINE	530,288	21,520	120,610	141,480	8,445 63.01
65.00 06500	RESPIRATORY THERAPY	2,082,662	43,181	84,643	854,096	17,538 65.00
66.00 06600	PHYSICAL THERAPY	1,735,003	111,718	8,742	479,778	34,427 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,073,904	10,321	0	232,001	7,795 67.00
68.00 06800	SPEECH PATHOLOGY	565,638	31,982	0	110,679	1,949 68.00
69.00 06900	ELECTROCARDIOLOGY	417,061	17,972	32,253	166,286	9,093 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	336,230	14,597	22,939	141,198	12,342 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,753,522	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,286,058	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	3,381,524	0	0	49,078	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03021	ORTHOPEDIC	76,780	7,244	117	32,267	0 76.01
76.02 03022	CARDIOVASCULAR SERVICES	1,107,131	63,776	255,519	416,854	49,367 76.02
76.03 03023	CARDIAC REHAB	408,184	13,736	7,744	183,951	1,949 76.03
76.04 03024	RADIATION ONCOLOGY	909,371	143,129	108,583	330,532	0 76.04
76.05 03025	MRI	214,463	31,340	183,096	66,580	0 76.05
76.06 03026	BARITRIC CENTER	0	0	0	0	0 76.06
76.07 03027	PSYCH ACTIVITY THERAPY	296,959	0	0	0	0 76.07

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	5.01	
76.08	03028 WOUND CARE	433,532	51,176	2,794	188,647	19,487	76.08
76.09	03029 RENAL DIALYSIS	634,784	98,836	0	224,120	0	76.09
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
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	9,656,065	122,110	34,756	3,884,841	67,555	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	3,287,835	32,170	28,450	1,308,212	59,760	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	163,856,395	4,365,259	2,853,121	32,450,366	1,275,743	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	127,048	8,646	0	19,151	3,247	190.00
190.01	19001 CONVENT	11,578	88,891	123	0	21,435	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	82,116	0	814	275	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	95,279	8,990	0	40,211	3,247	190.04
190.05	19005 DEVELOPMENT	220	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	230	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	4,581,932	0	0	39,350	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	462,943	0	2,026	171,254	3,897	190.10
190.11	19011 CENTER OF HOPE	17,452	3,939	0	8,029	0	190.11
190.12	19012 SELECT	0	308,968	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	941,249	31,121	4,031	169,059	27,281	192.00
192.01	19201 WORKING WELL	354,521	0	25,537	107,586	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	138,665	838	0	18,188	194.01
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)	170,530,963	4,954,479	2,886,490	33,005,281	1,353,038	202.00
Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
		5.02	5.03	5.04	5A.04	5.05	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 COMMUNICATIONS						5.01
5.02	00511 DATA PROCESSING	1,730,264					5.02
5.03	00512 PURCHASING, RECEIVING AND STORES	56,169	-747,063				5.03
5.04	00513 ADMINITTING	122,695	0	2,352,860			5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL	514,903	0	0	20,257,159	20,257,159	5.05
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	4,744,963	636,466	6.00
7.00	00700 OPERATION OF PLANT	0	0	0	3,721,054	499,124	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	0	0	757,824	101,651	8.00
9.00	00900 HOUSEKEEPING	0	0	0	2,683,577	359,962	9.00
10.00	01000 DIETARY	0	0	0	894,797	120,024	10.00
11.00	01100 CAFETERIA	0	0	0	811,916	108,906	11.00
13.00	01300 NURSING ADMINISTRATION	20,065	0	0	5,962,798	799,820	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	1,468,810	197,019	14.00
15.00	01500 PHARMACY	113,907	0	0	5,448,232	730,799	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	433,937	0	0	3,986,372	534,712	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	8,802	1,181	17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	449,346	60,273	22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	650	87	23.00
23.01	02301 PARAMED ED PRGM - LAB	0	0	0	210,872	28,285	23.01
23.02	02302 PARAMED ED PRGM - RADIOLOGY	0	0	0	299,165	40,128	23.02
23.03	02303 PARAMED ED PRGM - RESPTHER	0	0	0	94,499	12,676	23.03
23.04	02304 PARAMED ED PRGM-PHARMACY	0	0	0	746,730	100,163	23.04

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/29/2013 5:43 pm		
Cost Center Description		DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL		
		5.02	5.03	5.04	5A.04	5.05		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	216,745	22,632,183	3,035,739	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	43,984	4,532,041	607,905	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	147,799	5,988,473	803,264	40.00
43.00	04300	NURSERY	0	0	4,599	1,888,996	253,380	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,397	0	76,109	3,212,019	430,844	50.00
50.01	05001	OPEN HEART SURGERY	0	0	8,887	351,236	47,113	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	41,568	2,367,505	317,565	50.02
51.00	05100	RECOVERY ROOM	0	0	17,359	650,252	87,222	51.00
53.00	05300	ANESTHESIOLOGY	0	0	27,787	9,233,392	1,238,521	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	99,913	0	63,689	2,284,024	306,368	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	56,389	2,537,335	340,345	54.01
54.02	05402	ULTRASOUND	0	0	47,226	1,016,057	136,289	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	162,922	1,212,011	162,573	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	231,557	0	277,713	5,688,426	763,017	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	21,691	975,674	130,872	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	27,227	849,570	113,957	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	67,666	3,149,786	422,497	65.00
66.00	06600	PHYSICAL THERAPY	0	0	26,905	2,396,573	321,464	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	12,778	1,336,799	179,312	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	6,631	716,879	96,159	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	49,376	692,041	92,827	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	11,731	539,037	72,304	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	145,650	2,899,172	388,880	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	44,121	4,330,179	580,829	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	306,637	3,737,239	501,295	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	0	0	494	116,902	15,681	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	0	72,939	1,965,586	263,654	76.02
76.03	03023	CARDIAC REHAB	0	0	7,903	623,467	83,629	76.03
76.04	03024	RADIATION ONCOLOGY	0	0	34,447	1,526,062	204,698	76.04
76.05	03025	MRI	0	0	36,941	532,420	71,416	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	11,599	308,558	41,388	76.07
76.08	03028	WOUND CARE	0	0	9,374	705,010	94,567	76.08
76.09	03029	RENAL DIALYSIS	0	0	10,287	968,027	129,846	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	226,037	13,991,364	1,876,732	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	100,721	0	29,650	4,846,798	650,125	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00	11800	SUBTOTALS (SUM OF LINES 1-117)	1,730,264	0	2,352,860	163,348,659	19,193,553	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	158,092	21,206	190.00
190.01	19001	CONVENT	0	0	0	122,027	16,368	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	83,205	11,161	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	0	147,727	19,815	190.04
190.05	19005	DEVELOPMENT	0	0	0	220	30	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	230	31	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	4,621,282	619,876	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	640,120	85,862	190.10
190.11	19011	CENTER OF HOPE	0	0	0	29,420	3,946	190.11
190.12	19012	SELECT	0	0	0	308,968	41,443	190.12

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/29/2013 5:43 pm
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Cost Center Description			DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	
			5.02	5.03	5.04	5A.04	5.05	
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	1,172,741	157,306	192.00
192.01	19201	WORKING WELL	0	0	0	487,644	65,410	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	0	157,691	21,152	194.01
200.00		Cross Foot Adjustments				0	0	200.00
201.00		Negative Cost Centers	0	-747,063	0	-747,063	0	201.00
202.00		TOTAL (sum lines 118-201)	1,730,264	-747,063	2,352,860	170,530,963	20,257,159	202.00

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	

GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	5,381,429					6.00
7.00	00700	OPERATION OF PLANT	298,699	4,518,877				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,539	6,703	873,717			8.00
9.00	00900	HOUSEKEEPING	110,002	97,799	0	3,251,340		9.00
10.00	01000	DIETARY	101,803	90,509	0	66,663	1,273,796	10.00
11.00	01100	CAFETERIA	79,784	70,933	0	52,245	0	11.00
13.00	01300	NURSING ADMINISTRATION	72,055	64,061	0	47,183	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	106,722	94,883	0	69,885	0	14.00
15.00	01500	PHARMACY	52,056	46,281	0	34,088	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	189,517	168,493	0	124,101	0	16.00
17.00	01700	SOCIAL SERVICE	11,239	9,992	0	7,360	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	1,331,679	1,183,947	717,589	872,018	1,046,170	30.00
31.00	03100	INTENSIVE CARE UNIT	192,466	171,115	81,425	126,032	118,713	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	365,854	325,268	0	239,571	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	279,460	248,458	0	182,998	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	178,887	159,042	0	117,140	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	31,008	27,568	0	20,305	0	54.01
54.02	05402	ULTRASOUND	20,319	18,065	0	13,305	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	20,789	18,482	0	13,613	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	138,790	123,393	0	90,884	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	27,478	24,430	0	17,993	0	63.01
65.00	06500	RESPIRATORY THERAPY	55,136	49,020	0	36,105	0	65.00
66.00	06600	PHYSICAL THERAPY	142,650	126,825	0	93,411	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	13,179	11,717	0	8,630	0	67.00
68.00	06800	SPEECH PATHOLOGY	40,837	36,307	0	26,741	0	68.00
69.00	06900	ELECTROCARDIOLOGY	22,948	20,403	0	15,027	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	18,639	16,571	0	12,205	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
76.01	03021	ORTHOPEDICS	9,249	8,223	0	6,057	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	81,434	72,400	0	53,325	0	76.02
76.03	03023	CARDIAC REHAB	17,539	15,593	0	11,485	0	76.03
76.04	03024	RADIATION ONCOLOGY	182,757	162,483	0	119,674	0	76.04
76.05	03025	MRI	40,017	35,578	0	26,204	0	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028	WOUND CARE	65,345	58,096	0	42,790	0	76.08
76.09	03029	RENAL DIALYSIS	126,201	112,201	0	82,640	0	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	155,919	138,622	0	102,100	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	41,077	36,520	0	26,898	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,629,073	3,849,981	799,014	2,758,676	1,164,883	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	11,039	9,815	0	7,229	0	190.00
190.01	19001	CONVENT	113,502	100,911	0	74,324	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	11,479	10,206	0	7,517	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011	CENTER OF HOPE	5,030	4,472	0	3,294	0	190.11
190.12	19012	SELECT	394,512	350,747	0	258,337	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	39,737	35,329	0	26,021	0	192.00
192.01	19201	WORKING WELL	0	0	0	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	177,057	157,416	74,703	115,942	108,913	194.01
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)	5,381,429	4,518,877	873,717	3,251,340	1,273,796	202.00
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	1,123,784					11.00
13.00	01300	NURSING ADMINISTRATION	60,665	7,006,582				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	17,277	107,290	2,061,886			14.00
15.00	01500	PHARMACY	39,734	0	0	6,351,190		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	51,577	0	48	0	5,054,820	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	1,265	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	1,233	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	1,217	0	0	0	0	23.03

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
23.04	02304	PARAMED ED PRGM-PHARMACY	7,793	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	316,624	4,072,621	101,382	7,771	465,663	30.00
31.00	03100	INTENSIVE CARE UNIT	53,943	728,232	22,650	1,229	94,497	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	57,578	0	1,835	0	317,538	40.00
43.00	04300	NURSERY	0	0	0	0	9,882	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	31,040	399,290	36,527	357	163,516	50.00
50.01	05001	OPEN HEART SURGERY	1,437	15,024	8,536	0	19,093	50.01
50.02	05002	OUTPATIENT SURGERY	21,549	203,976	21,154	55	89,306	50.02
51.00	05100	RECOVERY ROOM	6,699	81,838	1,586	7	37,294	51.00
53.00	05300	ANESTHESIOLOGY	27,447	0	6,476	167	59,699	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	34,182	0	3,967	10	136,831	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	10,169	0	13,730	0	121,148	54.01
54.02	05402	ULTRASOUND	6,400	0	1,885	0	101,463	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	8,964	0	26,660	3	350,028	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	596,649	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	46,601	63.00
63.01	06301	NUCLEAR MEDICINE	3,606	0	430	314,241	58,495	63.01
65.00	06500	RESPIRATORY THERAPY	33,562	0	4,702	331	145,376	65.00
66.00	06600	PHYSICAL THERAPY	20,571	0	504	0	57,803	66.00
67.00	06700	OCCUPATIONAL THERAPY	14,852	0	390	0	27,452	67.00
68.00	06800	SPEECH PATHOLOGY	7,745	0	1,348	0	14,245	68.00
69.00	06900	ELECTROCARDIOLOGY	8,934	0	2,483	0	106,081	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	5,311	0	1,915	0	25,202	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	752,841	0	312,920	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	966,706	0	94,790	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,917,205	658,643	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDECS	1,908	26,513	1,450	598	1,062	76.01
76.02	03022	CARDIOVASCULAR SERVICES	13,492	166,680	14,059	11,988	156,704	76.02
76.03	03023	CARDIAC REHAB	7,434	103,579	1,266	3	16,979	76.03
76.04	03024	RADIATION ONCOLOGY	11,713	0	2,081	77	74,007	76.04
76.05	03025	MRI	2,523	0	2,720	0	79,366	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	24,920	76.07
76.08	03028	WOUND CARE	7,367	0	1,803	9,251	20,140	76.08
76.09	03029	RENAL DIALYSIS	0	0	0	0	22,100	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	102,369	1,101,539	52,213	13,056	485,627	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	55,376	0	6,211	0	63,700	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,053,556	7,006,582	2,059,558	6,276,349	5,054,820	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,945	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	16	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	3,829	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWSE	1,411	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	7,616	0	739	52,710	0	190.10
190.11	19011	CENTER OF HOPE	318	0	0	0	0	190.11

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/29/2013 5:43 pm
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	4,672	0	388	8,209	0	192.00
192.01	19201 WORKING WELL	6,216	0	1,201	13,922	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	44,205	0	0	0	0	194.01
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)	1,123,784	7,006,582	2,061,886	6,351,190	5,054,820	202.00
Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 COMMUNICATIONS						5.01
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING, RECEIVING AND STORES						5.03
5.04	00513 ADMINITING						5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600 MAINTENANCE & REPAIRS						6.00
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	38,574					17.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	509,619				22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0	737			23.00
23.01	02301 PARAMED ED PRGM - LAB	0	0	0	240,422		23.01
23.02	02302 PARAMED ED PRGM - RADIOLOGY	0	0	0	0	340,526	23.02
23.03	02303 PARAMED ED PRGM - RESPTHER	0	0	0	0	0	23.03
23.04	02304 PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,537	5,046	0	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	718	0	0	0	0	31.00
35.00	02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000 SUBPROVIDER - I PF	2,412	0	0	0	0	40.00
43.00	04300 NURSERY	75	0	0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,242	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	145	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	678	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	283	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	453	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,039	0	0	0	323,500	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	920	0	0	0	6,810	54.01
54.02	05402 ULTRASOUND	771	0	0	0	3,406	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	2,659	0	0	0	6,810	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	4,532	0	0	197,147	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	354	0	0	38,467	0	63.00
63.01	06301 NUCLEAR MEDICINE	444	0	0	4,808	0	63.01
65.00	06500 RESPIRATORY THERAPY	1,104	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	439	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	209	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	108	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	806	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	191	0	0	0	0	70.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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

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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
		17.00	22.00	23.00	23.01	23.02	
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,377	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	720	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,183	0	737	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021 ORTHOPEDICS	8	0	0	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	1,190	0	0	0	0	76.02
76.03	03023 CARDIAC REHAB	129	0	0	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	562	0	0	0	0	76.04
76.05	03025 MRI	603	0	0	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	189	0	0	0	0	76.07
76.08	03028 WOUND CARE	153	0	0	0	0	76.08
76.09	03029 RENAL DIALYSIS	168	0	0	0	0	76.09
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
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	3,689	504,573	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	484	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,574	509,619	737	240,422	340,526	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	38,574	509,619	737	240,422	340,526	202.00
Cost Center Description		PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	23.04	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 COMMUNICATIONS						5.01
5.02	00511 DATA PROCESSING						5.02
5.03	00512 PURCHASING, RECEIVING AND STORES						5.03
5.04	00513 ADMINITTING						5.04
5.05	00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600 MAINTENANCE & REPAIRS						6.00
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

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Cost Center Description			PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I & R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED ED PRGM - LAB						23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED ED PRGM - RESPTHER	108,392					23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	854,686				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	35,791,969	-5,046	35,786,923	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	6,730,966	0	6,730,966	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	7,171,100	0	7,171,100	40.00
43.00	04300	NURSERY	0	0	2,152,333	0	2,152,333	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	5,205,528	0	5,205,528	50.00
50.01	05001	OPEN HEART SURGERY	0	0	442,584	0	442,584	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	3,732,704	0	3,732,704	50.02
51.00	05100	RECOVERY ROOM	0	0	865,181	0	865,181	51.00
53.00	05300	ANESTHESIOLOGY	0	0	10,566,155	0	10,566,155	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	3,544,990	0	3,544,990	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	3,109,338	0	3,109,338	54.01
54.02	05402	ULTRASOUND	0	0	1,317,960	0	1,317,960	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	1,822,592	0	1,822,592	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	7,602,838	0	7,602,838	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	1,191,968	0	1,191,968	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	1,415,452	0	1,415,452	63.01
65.00	06500	RESPIRATORY THERAPY	108,392	0	4,006,011	0	4,006,011	65.00
66.00	06600	PHYSICAL THERAPY	0	0	3,160,240	0	3,160,240	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	1,592,540	0	1,592,540	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	940,369	0	940,369	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	961,550	0	961,550	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	691,375	0	691,375	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	4,356,190	0	4,356,190	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,973,224	0	5,973,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	854,686	11,674,988	0	11,674,988	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	0	0	187,651	0	187,651	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	0	2,800,512	0	2,800,512	76.02
76.03	03023	CARDIAC REHAB	0	0	881,103	0	881,103	76.03
76.04	03024	RADIATION ONCOLOGY	0	0	2,284,114	0	2,284,114	76.04
76.05	03025	MRI	0	0	790,847	0	790,847	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	375,055	0	375,055	76.07
76.08	03028	WOUND CARE	0	0	1,004,522	0	1,004,522	76.08
76.09	03029	RENAL DIALYSIS	0	0	1,441,183	0	1,441,183	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	18,527,803	-504,573	18,023,230	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	5,727,189	0	5,727,189	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	108,392	854,686	160,040,124	-509,619	159,530,505	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	209,326	0	209,326	190.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150004

Period:
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Cost Center Description			PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
190.01	19001	CONVENT	0	0	427,132	0	427,132	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	94,382	0	94,382	190.03
190.04	19004	WOMEN'S HEALTH CENTER	0	0	200,573	0	200,573	190.04
190.05	19005	DEVELOPMENT	0	0	250	0	250	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	261	0	261	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	5,242,569	0	5,242,569	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	0	0	787,047	0	787,047	190.10
190.11	19011	CENTER OF HOPE	0	0	46,480	0	46,480	190.11
190.12	19012	SELECT	0	0	1,354,007	0	1,354,007	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	1,444,403	0	1,444,403	192.00
192.01	19201	WORKING WELL	0	0	574,393	0	574,393	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	0	0	857,079	0	857,079	194.01
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	-747,063	0	-747,063	201.00
202.00		TOTAL (sum lines 118-201)	108,392	854,686	170,530,963	-509,619	170,021,344	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 5: 43 pm
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Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	2A	4.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	0	33,274	4,620	37,894	37,894
5.01	00510	COMMUNICATIONS	0	11,786	26,783	38,569	212
5.02	00511	DATA PROCESSING	0	59,148	518,768	577,916	40
5.03	00512	PURCHASING, RECEIVING AND STORES	0	15,020	4,385	19,405	175
5.04	00513	ADMITTING	0	34,285	0	34,285	427
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	0	284,159	46,300	330,459	2,276
6.00	00600	MAINTENANCE & REPAIRS	0	302,264	25,707	327,971	884
7.00	00700	OPERATION OF PLANT	0	233,930	10,203	244,133	163
8.00	00800	LAUNDRY & LINEN SERVICE	0	5,905	76,787	82,692	0
9.00	00900	HOUSEKEEPING	0	86,150	11,909	98,059	877
10.00	01000	DIETARY	0	79,728	26,132	105,860	207
11.00	01100	CAFETERIA	0	62,484	0	62,484	264
13.00	01300	NURSING ADMINISTRATION	0	56,431	30,561	86,992	1,866
14.00	01400	CENTRAL SERVICES & SUPPLY	0	83,581	103,626	187,207	258
15.00	01500	PHARMACY	0	40,769	5,043	45,812	1,241
16.00	01600	MEDICAL RECORDS & LIBRARY	0	148,423	2,779	151,202	919
17.00	01700	SOCIAL SERVICE	0	8,802	0	8,802	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	42
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	35
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	34
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	265
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,042,920	486,557	1,529,477	7,056
31.00	03100	INTENSIVE CARE UNIT	0	150,733	44,052	194,785	1,500
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	2,639	2,639	1,400
43.00	04300	NURSERY	0	0	0	0	612
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	286,524	187,748	474,272	741
50.01	05001	OPEN HEART SURGERY	0	0	20,952	20,952	74
50.02	05002	OUTPATIENT SURGERY	0	218,863	77,123	295,986	673
51.00	05100	RECOVERY ROOM	0	0	1,498	1,498	225
53.00	05300	ANESTHESIOLOGY	0	0	81,099	81,099	3,178
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	140,098	115,675	255,773	649
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	24,284	2,106	26,390	336
54.02	05402	ULTRASOUND	0	15,913	47,718	63,631	264
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
55.01	05501	COMPUTED TOMOGRAPHY	0	16,281	2,105	18,386	257
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	0	108,696	0	108,696	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
63.01	06301	NUCLEAR MEDICINE	0	21,520	120,610	142,130	162
65.00	06500	RESPIRATORY THERAPY	0	43,181	84,643	127,824	980
66.00	06600	PHYSICAL THERAPY	0	111,718	8,742	120,460	551
67.00	06700	OCCUPATIONAL THERAPY	0	10,321	0	10,321	266
68.00	06800	SPEECH PATHOLOGY	0	31,982	0	31,982	127
69.00	06900	ELECTROCARDIOLOGY	0	17,972	32,253	50,225	191
70.00	07000	ELECTROENCEPHALOGRAPHY	0	14,597	22,939	37,536	162
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	56
76.00	03020	PAIN CLINIC	0	0	0	0	0
76.01	03021	ORTHOPEDICS	0	7,244	117	7,361	37
76.02	03022	CARDIOVASCULAR SERVICES	0	63,776	255,519	319,295	478
76.03	03023	CARDIAC REHAB	0	13,736	7,744	21,480	211
76.04	03024	RADIATION ONCOLOGY	0	143,129	108,583	251,712	379
76.05	03025	MRI	0	31,340	183,096	214,436	76
76.06	03026	BARITRIC CENTER	0	0	0	0	0
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0
76.08	03028	WOUND CARE	0	51,176	2,794	53,970	216

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS		
		BLDG & FIXT	MVBLE EQUIP				
		0	1.00				2.00
76.09 03029 RENAL DIALYSIS	0	98,836	0	98,836	257	76.09	
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	
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01	
91.00 09100 EMERGENCY	0	122,110	34,756	156,866	4,458	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0		92.00	
OTHER REIMBURSABLE COST CENTERS							
99.00 09900 CMHC	0	0	0	0	0	99.00	
99.10 09910 CORF	0	0	0	0	0	99.10	
101.00 10100 HOME HEALTH AGENCY	0	32,170	28,450	60,620	1,501	101.00	
SPECIAL PURPOSE COST CENTERS							
113.00 11300 INTEREST EXPENSE						113.00	
118.00		4,365,259	2,853,121	7,218,380	37,258	118.00	
SUBTOTALS (SUM OF LINES 1-117)							
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,646	0	8,646	22	190.00	
190.01 19001 CONVENT	0	88,891	123	89,014	0	190.01	
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02	
190.03 19003 MEDICAL ARTS BUILDING	0	0	814	814	0	190.03	
190.04 19004 WOMEN'S HEALTH CENTER	0	8,990	0	8,990	46	190.04	
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05	
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06	
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07	
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08	
190.09 19009 MDWISE	0	0	0	0	45	190.09	
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	2,026	2,026	197	190.10	
190.11 19011 CENTER OF HOPE	0	3,939	0	3,939	9	190.11	
190.12 19012 SELECT	0	308,968	0	308,968	0	190.12	
190.13 19013 PERCINI AS	0	0	0	0	0	190.13	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	31,121	4,031	35,152	194	192.00	
192.01 19201 WORKING WELL	0	0	25,537	25,537	123	192.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.01 07951 REHAB	0	138,665	838	139,503	0	194.01	
200.00				0		200.00	
201.00				0		201.00	
202.00				0		202.00	
200.00	Cross Foot Adjustments			0		200.00	
201.00	Negative Cost Centers			0		201.00	
202.00	TOTAL (sum lines 118-201)	0	4,954,479	2,886,490	7,840,969	37,894	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS	38,781					5.01
5.02	00511	DATA PROCESSING	0	577,956				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	521	18,762	38,863			5.03
5.04	00513	ADMINITTING	1,583	40,984	0	77,279		5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	4,599	171,991	0	0	509,325	5.05
6.00	00600	MAINTENANCE & REPAIRS	2,551	0	0	0	16,005	6.00
7.00	00700	OPERATION OF PLANT	1,117	0	0	0	12,551	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	242	0	0	0	2,556	8.00
9.00	00900	HOUSEKEEPING	261	0	0	0	9,052	9.00
10.00	01000	DIETARY	503	0	0	0	3,018	10.00
11.00	01100	CAFETERIA	0	0	0	0	2,739	11.00
13.00	01300	NURSING ADMINISTRATION	1,247	6,702	0	0	20,113	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	633	0	0	0	4,954	14.00
15.00	01500	PHARMACY	987	38,048	0	0	18,377	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	316	144,947	0	0	13,446	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	30	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	1,516	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	19	0	0	0	2	23.00
23.01	02301	PARAMED ED PRGM - LAB	19	0	0	0	711	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	19	0	0	0	1,009	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	19	0	0	0	319	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	2,519	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	5,861	0	0	7,117	76,267	30.00
31.00	03100	INTENSIVE CARE UNIT	931	0	0	1,444	15,287	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	4,853	20,199	40.00
43.00	04300	NURSERY	0	0	0	151	6,372	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,178	12,158	0	2,499	10,834	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	292	1,185	50.01
50.02	05002	OUTPATIENT SURGERY	856	0	0	1,365	7,986	50.02
51.00	05100	RECOVERY ROOM	0	0	0	570	2,193	51.00
53.00	05300	ANESTHESIOLOGY	168	0	0	912	31,144	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,583	33,374	0	2,091	7,704	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	112	0	0	1,852	8,558	54.01
54.02	05402	ULTRASOUND	242	0	0	1,551	3,427	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	0	5,349	4,088	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	856	77,346	0	9,119	19,187	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	838	0	0	712	3,291	63.00
63.01	06301	NUCLEAR MEDICINE	242	0	0	894	2,866	63.01
65.00	06500	RESPIRATORY THERAPY	503	0	0	2,222	10,624	65.00
66.00	06600	PHYSICAL THERAPY	987	0	0	883	8,084	66.00
67.00	06700	OCCUPATIONAL THERAPY	223	0	0	420	4,509	67.00
68.00	06800	SPEECH PATHOLOGY	56	0	0	218	2,418	68.00
69.00	06900	ELECTROCARDIOLOGY	261	0	0	1,621	2,334	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	354	0	0	385	1,818	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	4,782	9,779	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	1,449	14,606	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	10,091	12,606	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	0	0	0	16	394	76.01
76.02	03022	CARDIOVASCULAR SERVICES	1,415	0	0	2,395	6,630	76.02
76.03	03023	CARDIAC REHAB	56	0	0	259	2,103	76.03
76.04	03024	RADIATION ONCOLOGY	0	0	0	1,131	5,147	76.04
76.05	03025	MRI	0	0	0	1,213	1,796	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	381	1,041	76.07
76.08	03028	WOUND CARE	559	0	0	308	2,378	76.08
76.09	03029	RENAL DIALYSIS	0	0	0	338	3,265	76.09
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINISTRATIVE	OTHER ADMINISTRATIVE AND GENERAL	
			5.01	5.02	5.03	5.04	5.05	
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
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	1,936	0	0	7,422	47,193	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	1,713	33,644	0	974	16,348	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	36,566	577,956	0	77,279	482,578	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	93	0	0	0	533	190.00
190.01	19001	CONVENT	614	0	0	0	412	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	0	0	0	0	281	190.03
190.04	19004	WOMEN'S HEALTH CENTER	93	0	0	0	498	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	1	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	1	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	0	0	0	0	15,588	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	112	0	0	0	2,159	190.10
190.11	19011	CENTER OF HOPE	0	0	0	0	99	190.11
190.12	19012	SELECT	0	0	0	0	1,042	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	782	0	0	0	3,956	192.00
192.01	19201	WORKING WELL	0	0	0	0	1,645	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	521	0	0	0	532	194.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	38,863	0	0	201.00
202.00		TOTAL (sum lines 118-201)	38,781	577,956	38,863	77,279	509,325	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description			MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS	347,411					6.00
7.00	00700	OPERATION OF PLANT	19,283	277,247				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	487	411	86,388			8.00
9.00	00900	HOUSEKEEPING	7,101	6,000	0	121,350		9.00
10.00	01000	DIETARY	6,572	5,553	0	2,488	124,201	10.00
11.00	01100	CAFETERIA	5,151	4,352	0	1,950	0	11.00
13.00	01300	NURSING ADMINISTRATION	4,652	3,930	0	1,761	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	6,890	5,821	0	2,608	0	14.00
15.00	01500	PHARMACY	3,361	2,840	0	1,272	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	12,235	10,338	0	4,632	0	16.00
17.00	01700	SOCIAL SERVICE	726	613	0	275	0	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,970	72,637	70,951	32,544	102,006	30.00
31.00	03100	INTENSIVE CARE UNIT	12,425	10,498	8,051	4,704	11,575	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	23,619	19,956	0	8,942	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	18,041	15,244	0	6,830	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	11,548	9,758	0	4,372	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	2,002	1,691	0	758	0	54.01
54.02	05402	ULTRASOUND	1,312	1,108	0	497	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,342	1,134	0	508	0	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	8,960	7,571	0	3,392	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	1,774	1,499	0	672	0	63.01
65.00	06500	RESPIRATORY THERAPY	3,559	3,008	0	1,348	0	65.00
66.00	06600	PHYSICAL THERAPY	9,209	7,781	0	3,486	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	851	719	0	322	0	67.00
68.00	06800	SPEECH PATHOLOGY	2,636	2,228	0	998	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,481	1,252	0	561	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,203	1,017	0	456	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDI CS	597	505	0	226	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	5,257	4,442	0	1,990	0	76.02
76.03	03023	CARDIAC REHAB	1,132	957	0	429	0	76.03
76.04	03024	RADIATION ONCOLOGY	11,798	9,969	0	4,467	0	76.04
76.05	03025	MRI	2,583	2,183	0	978	0	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028	WOUND CARE	4,219	3,564	0	1,597	0	76.08
76.09	03029	RENAL DIALYSIS	8,147	6,884	0	3,084	0	76.09
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		6.00	7.00	8.00	9.00	10.00	
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	10,066	8,505	0	3,811	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	2,652	2,241	0	1,004	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	298,841	236,209	79,002	102,962	113,581	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	713	602	0	270	0	190.00
190.01	19001 CONVENT	7,327	6,191	0	2,774	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	741	626	0	281	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11	19011 CENTER OF HOPE	325	274	0	123	0	190.11
190.12	19012 SELECT	25,469	21,519	0	9,642	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,565	2,168	0	971	0	192.00
192.01	19201 WORKING WELL	0	0	0	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	11,430	9,658	7,386	4,327	10,620	194.01
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)	347,411	277,247	86,388	121,350	124,201	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 5:43 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						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00560						5.05
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	76,940					11.00
13.00	01300	4,153	131,416				13.00
14.00	01400	1,183	2,012	211,566			14.00
15.00	01500	2,720	0	0	114,658		15.00
16.00	01600	3,531	0	5	0	341,571	16.00
17.00	01700	0	0	0	0	0	17.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
23.01	02301	87	0	0	0	0	23.01
23.02	02302	84	0	0	0	0	23.02
23.03	02303	83	0	0	0	0	23.03
23.04	02304	534	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	21,679	76,386	10,403	140	31,457	30.00
31.00	03100	3,693	13,659	2,324	22	6,384	31.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	3,942	0	188	0	21,451	40.00
43.00	04300	0	0	0	0	668	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,125	7,489	3,748	6	11,046	50.00
50.01	05001	98	282	876	0	1,290	50.01
50.02	05002	1,475	3,826	2,171	1	6,033	50.02
51.00	05100	459	1,535	163	0	2,519	51.00
53.00	05300	1,879	0	665	3	4,033	53.00
54.00	05400	2,340	0	407	0	9,243	54.00
54.01	05401	696	0	1,409	0	8,184	54.01
54.02	05402	438	0	193	0	6,854	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	614	0	2,736	0	23,645	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	0	40,305	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	0	0	0	0	3,148	63.00
63.01	06301	247	0	44	5,673	3,952	63.01
65.00	06500	2,298	0	482	6	9,821	65.00
66.00	06600	1,408	0	52	0	3,905	66.00
67.00	06700	1,017	0	40	0	1,854	67.00
68.00	06800	530	0	138	0	962	68.00
69.00	06900	612	0	255	0	7,166	69.00
70.00	07000	364	0	197	0	1,702	70.00
71.00	07100	0	0	77,248	0	21,139	71.00
72.00	07200	0	0	99,190	0	6,403	72.00
73.00	07300	0	0	0	106,825	44,597	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	131	497	149	11	72	76.01
76.02	03022	924	3,126	1,443	216	10,586	76.02
76.03	03023	509	1,943	130	0	1,147	76.03
76.04	03024	802	0	213	1	4,999	76.04
76.05	03025	173	0	279	0	5,361	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	0	0	0	1,683	76.07
76.08	03028	504	0	185	167	1,361	76.08
76.09	03029	0	0	0	0	1,493	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
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
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100	EMERGENCY	7,009	20,661	5,357	236	32,805	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	3,791	0	637	0	4,303	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	72,132	131,416	211,327	113,307	341,571	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	133	0	0	0	0	190.00
190.01	19001	CONVENT	0	0	0	0	0	190.01
190.02	19002	HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003	MEDICAL ARTS BUILDING	1	0	0	0	0	190.03
190.04	19004	WOMEN'S HEALTH CENTER	262	0	0	0	0	190.04
190.05	19005	DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006	NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007	IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008	FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009	MDWISE	97	0	0	0	0	190.09
190.10	19010	CATHERINE MCAULEY CLINIC	521	0	76	952	0	190.10
190.11	19011	CENTER OF HOPE	22	0	0	0	0	190.11
190.12	19012	SELECT	0	0	0	0	0	190.12
190.13	19013	PERCINI AS	0	0	0	0	0	190.13
192.00	19200	PHYSICIANS' PRIVATE OFFICES	320	0	40	148	0	192.00
192.01	19201	WORKING WELL	426	0	123	251	0	192.01
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951	REHAB	3,026	0	0	0	0	194.01
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)	76,940	131,416	211,566	114,658	341,571	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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Cost Center Description		SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED PRGM	PARAMED PRGM - LAB	PARAMED PRGM - RADIOLOGY	
			SERVICES-OTHER PRGM COSTS APPRV				
		17.00	22.00	23.00	23.01	23.02	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING					5.02
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03
5.04	00513	ADMITTING					5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05
6.00	00600	MAINTENANCE & REPAIRS					6.00
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	10,446				17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,516			22.00
23.00	02300	PARAMED PRGM -(SPECIFY)	0		21		23.00
23.01	02301	PARAMED PRGM - LAB	0			859	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	0				23.02
23.03	02303	PARAMED PRGM - RESPTHER	0				23.03
23.04	02304	PARAMED PRGM-PHARMACY	0			1,147	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	969				30.00
31.00	03100	INTENSIVE CARE UNIT	197				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0				35.00
40.00	04000	SUBPROVIDER - I/PF	660				40.00
43.00	04300	NURSERY	21				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	340				50.00
50.01	05001	OPEN HEART SURGERY	40				50.01
50.02	05002	OUTPATIENT SURGERY	186				50.02
51.00	05100	RECOVERY ROOM	78				51.00
53.00	05300	ANESTHESIOLOGY	124				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	285				54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	252				54.01
54.02	05402	ULTRASOUND	211				54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0				55.00
55.01	05501	COMPUTED TOMOGRAPHY	728				55.01
57.00	05700	CT SCAN	0				57.00
58.00	05800	MRI	0				58.00
59.00	05900	CARDIAC CATHETERIZATION	0				59.00
60.00	06000	LABORATORY	1,241				60.00
60.01	06001	BLOOD LABORATORY	0				60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	97				63.00
63.01	06301	NUCLEAR MEDICINE	122				63.01
65.00	06500	RESPIRATORY THERAPY	302				65.00
66.00	06600	PHYSICAL THERAPY	120				66.00
67.00	06700	OCCUPATIONAL THERAPY	57				67.00
68.00	06800	SPEECH PATHOLOGY	30				68.00
69.00	06900	ELECTROCARDIOLOGY	221				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	52				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	651				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	197				72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	1,301				73.00
76.00	03020	PAIN CLINIC	0				76.00
76.01	03021	ORTHOPEDICS	2				76.01
76.02	03022	CARDIOVASCULAR SERVICES	326				76.02
76.03	03023	CARDIAC REHAB	35				76.03
76.04	03024	RADIATION ONCOLOGY	154				76.04
76.05	03025	MRI	165				76.05
76.06	03026	BARIATRIC CENTER	0				76.06
76.07	03027	PSYCH ACTIVITY THERAPY	52				76.07
76.08	03028	WOUND CARE	42				76.08
76.09	03029	RENAL DIALYSIS	46				76.09

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	PARAMED ED PRGM	PARAMED ED PRGM - LAB	PARAMED ED PRGM - RADIOLOGY	
		SERVICES-OTHER PRGM COSTS APPRV				
	17.00	22.00	23.00	23.01	23.02	
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0					89.00
90.00 09000 CLINIC	0					90.00
90.01 09001 OCC HEALTH CLINIC	0					90.01
91.00 09100 EMERGENCY	1,010					91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0					99.00
99.10 09910 CORF	0					99.10
101.00 10100 HOME HEALTH AGENCY	132					101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	10,446	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0					190.00
190.01 19001 CONVENT	0					190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0					190.02
190.03 19003 MEDICAL ARTS BUILDING	0					190.03
190.04 19004 WOMEN'S HEALTH CENTER	0					190.04
190.05 19005 DEVELOPMENT	0					190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0					190.06
190.07 19007 IMAGE RECOVERY	0					190.07
190.08 19008 FAMILY SERVICES	0					190.08
190.09 19009 MDWISE	0					190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0					190.10
190.11 19011 CENTER OF HOPE	0					190.11
190.12 19012 SELECT	0					190.12
190.13 19013 PERCINI AS	0					190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0					192.00
192.01 19201 WORKING WELL	0					192.01
193.00 19300 NONPAID WORKERS	0					193.00
194.01 07951 REHAB	0					194.01
200.00 Cross Foot Adjustments		1,516	21	859	1,147	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	10,446	1,516	21	859	1,147	202.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description			PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			23.03	23.04	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA						11.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE						17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV						22.00
23.00	02300	PARAMED PRGM-(SPECIFY)						23.00
23.01	02301	PARAMED PRGM - LAB						23.01
23.02	02302	PARAMED PRGM - RADIOLOGY						23.02
23.03	02303	PARAMED PRGM - RESP THER	455					23.03
23.04	02304	PARAMED PRGM-PHARMACY		3,318				23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS			2,130,920	0	2,130,920	30.00
31.00	03100	INTENSIVE CARE UNIT			287,479	0	287,479	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT			0	0	0	35.00
40.00	04000	SUBPROVIDER - I/PF			55,332	0	55,332	40.00
43.00	04300	NURSERY			7,824	0	7,824	43.00
44.00	04400	SKILLED NURSING FACILITY			0	0	0	44.00
45.00	04500	NURSING FACILITY			0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM			579,953	0	579,953	50.00
50.01	05001	OPEN HEART SURGERY			25,089	0	25,089	50.01
50.02	05002	OUTPATIENT SURGERY			360,673	0	360,673	50.02
51.00	05100	RECOVERY ROOM			9,240	0	9,240	51.00
53.00	05300	ANESTHESIOLOGY			123,205	0	123,205	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC			339,127	0	339,127	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES			52,240	0	52,240	54.01
54.02	05402	ULTRASOUND			79,728	0	79,728	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC			0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY			58,787	0	58,787	55.01
57.00	05700	CT SCAN			0	0	0	57.00
58.00	05800	MRI			0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION			0	0	0	59.00
60.00	06000	LABORATORY			276,673	0	276,673	60.00
60.01	06001	BLOOD LABORATORY			0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.			8,086	0	8,086	63.00
63.01	06301	NUCLEAR MEDICINE			160,277	0	160,277	63.01
65.00	06500	RESPIRATORY THERAPY			162,977	0	162,977	65.00
66.00	06600	PHYSICAL THERAPY			156,926	0	156,926	66.00
67.00	06700	OCCUPATIONAL THERAPY			20,599	0	20,599	67.00
68.00	06800	SPEECH PATHOLOGY			42,323	0	42,323	68.00
69.00	06900	ELECTROCARDIOLOGY			66,180	0	66,180	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY			45,246	0	45,246	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT			113,599	0	113,599	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS			121,845	0	121,845	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS			175,476	0	175,476	73.00
76.00	03020	PAIN CLINIC			0	0	0	76.00
76.01	03021	ORTHOPEDICS			9,998	0	9,998	76.01
76.02	03022	CARDIOVASCULAR SERVICES			358,523	0	358,523	76.02
76.03	03023	CARDIAC REHAB			30,391	0	30,391	76.03
76.04	03024	RADIATION ONCOLOGY			290,772	0	290,772	76.04
76.05	03025	MRI			229,243	0	229,243	76.05
76.06	03026	BARITRIC CENTER			0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY			3,157	0	3,157	76.07
76.08	03028	WOUND CARE			69,070	0	69,070	76.08
76.09	03029	RENAL DIALYSIS			122,350	0	122,350	76.09

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150004

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		PARAMED PRGM - RESPTHER	PARAMED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.03	23.04	24.00	25.00	26.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC			0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00	09000 CLINIC			0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC			0	0	0	90.01
91.00	09100 EMERGENCY			307,335	0	307,335	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC			0	0	0	99.00
99.10	09910 CORF			0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY			129,560	0	129,560	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	7,010,203	0	7,010,203	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN			11,012	0	11,012	190.00
190.01	19001 CONVENT			106,332	0	106,332	190.01
190.02	19002 HOME MEDICAL EQUIPMENT			0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING			1,096	0	1,096	190.03
190.04	19004 WOMEN'S HEALTH CENTER			11,537	0	11,537	190.04
190.05	19005 DEVELOPMENT			1	0	1	190.05
190.06	19006 NEUROSURGERY PROF SERVICES			0	0	0	190.06
190.07	19007 IMAGE RECOVERY			1	0	1	190.07
190.08	19008 FAMILY SERVICES			0	0	0	190.08
190.09	19009 MDWISE			15,730	0	15,730	190.09
190.10	19010 CATHERINE MCAULEY CLINIC			6,043	0	6,043	190.10
190.11	19011 CENTER OF HOPE			4,791	0	4,791	190.11
190.12	19012 SELECT			366,640	0	366,640	190.12
190.13	19013 PERCINI AS			0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES			46,296	0	46,296	192.00
192.01	19201 WORKING WELL			28,105	0	28,105	192.01
193.00	19300 NONPAID WORKERS			0	0	0	193.00
194.01	07951 REHAB			187,003	0	187,003	194.01
200.00	Cross Foot Adjustments	455	3,318	7,316	0	7,316	200.00
201.00	Negative Cost Centers	0	0	38,863	0	38,863	201.00
202.00	TOTAL (sum lines 118-201)	455	3,318	7,840,969	0	7,840,969	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	632,668				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,825,359			2.00
4.00 00400	EMPLOYEE BENEFITS	4,249	4,522	71,065,804		4.00
5.01 00510	COMMUNICATIONS	1,505	26,216	397,911	1,388,675	5.01
5.02 00511	DATA PROCESSING	7,553	507,785	75,412	0	1,056,600 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	1,918	4,292	328,267	18,667	34,300 5.03
5.04 00513	ADMITTING	4,378	0	800,719	56,667	74,925 5.04
5.05 00560	OTHER ADMINISTRATIVE AND GENERAL	36,286	45,319	4,270,556	164,668	314,430 5.05
6.00 00600	MAINTENANCE & REPAIRS	38,598	25,163	1,657,630	91,334	0 6.00
7.00 00700	OPERATION OF PLANT	29,872	9,987	306,292	40,000	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	754	75,161	0	8,667	0 8.00
9.00 00900	HOUSEKEEPING	11,001	11,657	1,645,308	9,333	0 9.00
10.00 01000	DIETARY	10,181	25,579	388,041	18,000	0 10.00
11.00 01100	CAFETERIA	7,979	0	495,140	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	7,206	29,914	3,501,466	44,667	12,253 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	10,673	101,431	483,129	22,667	0 14.00
15.00 01500	PHARMACY	5,206	4,936	2,329,214	35,334	69,558 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	18,953	2,720	1,723,928	11,333	264,987 16.00
17.00 01700	SOCIAL SERVICE	1,124	0	0	0	0 17.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	667	0 23.00
23.01 02301	PARAMED ED PRGM - LAB	0	0	78,389	667	0 23.01
23.02 02302	PARAMED ED PRGM - RADIOLOGY	0	0	65,198	667	0 23.02
23.03 02303	PARAMED ED PRGM - RESP THER	0	0	62,956	667	0 23.03
23.04 02304	PARAMED ED PRGM-PHARMACY	0	0	498,087	0	0 23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	133,177	476,252	13,200,440	209,999	0 30.00
31.00 03100	INTENSIVE CARE UNIT	19,248	43,119	2,814,469	33,334	0 31.00
35.00 02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0 35.00
40.00 04000	SUBPROVIDER - IPF	0	2,583	2,626,826	0	0 40.00
43.00 04300	NURSERY	0	0	1,148,311	0	0 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	36,588	183,772	1,390,346	78,000	22,226 50.00
50.01 05001	OPEN HEART SURGERY	0	20,508	138,992	0	0 50.01
50.02 05002	OUTPATIENT SURGERY	27,948	75,490	1,262,937	30,667	0 50.02
51.00 05100	RECOVERY ROOM	0	1,466	422,569	0	0 51.00
53.00 05300	ANESTHESIOLOGY	0	79,381	5,962,887	6,000	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	17,890	113,225	1,217,268	56,667	61,013 54.00
54.01 05401	RADIOLOGY SPECIAL PROCEDURES	3,101	2,061	630,414	4,000	0 54.01
54.02 05402	ULTRASOUND	2,032	46,707	495,865	8,667	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
55.01 05501	COMPUTED TOMOGRAPHY	2,079	2,060	481,357	0	0 55.01
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MRI	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	13,880	0	0	30,667	141,402 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	30,000	0 63.00
63.01 06301	NUCLEAR MEDICINE	2,748	118,056	304,630	8,667	0 63.01
65.00 06500	RESPIRATORY THERAPY	5,514	82,850	1,839,007	18,000	0 65.00
66.00 06600	PHYSICAL THERAPY	14,266	8,557	1,033,041	35,334	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	1,318	0	499,536	8,000	0 67.00
68.00 06800	SPEECH PATHOLOGY	4,084	0	238,309	2,000	0 68.00
69.00 06900	ELECTROCARDIOLOGY	2,295	31,570	358,040	9,333	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	1,864	22,453	304,022	12,667	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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	105,673	0	0 73.00
76.00 03020	PAIN CLINIC	0	0	0	0	0 76.00
76.01 03021	ORTHOPEDICS	925	115	69,477	0	0 76.01
76.02 03022	CARDIOVASCULAR SERVICES	8,144	250,107	897,554	50,667	0 76.02
76.03 03023	CARDIAC REHAB	1,754	7,580	396,077	2,000	0 76.03
76.04 03024	RADIATION ONCOLOGY	18,277	106,283	711,690	0	0 76.04
76.05 03025	MRI	4,002	179,218	143,357	0	0 76.05
76.06 03026	BARIATRIC CENTER	0	0	0	0	0 76.06
76.07 03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0 76.07
76.08 03028	WOUND CARE	6,535	2,735	406,188	20,000	0 76.08

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)			
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)						
	1.00	2.00						
76.09 03029 RENAL DIALYSIS	12,621	0	482,566	0	0	76.09		
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		
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01		
91.00 09100 EMERGENCY	15,593	34,020	8,364,696	69,334	0	91.00		
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00		
OTHER REIMBURSABLE COST CENTERS								
99.00 09900 CMHC	0	0	0	0	0	99.00		
99.10 09910 CORF	0	0	0	0	0	99.10		
101.00 10100 HOME HEALTH AGENCY	4,108	27,847	2,816,793	61,334	61,506	101.00		
SPECIAL PURPOSE COST CENTERS								
113.00 11300 INTEREST EXPENSE						113.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)		557,427	2,792,697	69,870,980	1,309,342	1,056,600	118.00
NONREIMBURSABLE COST CENTERS								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,104	0	41,236	3,333	0	190.00		
190.01 19001 CONVENT	11,351	120	0	22,000	0	190.01		
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02		
190.03 19003 MEDICAL ARTS BUILDING	0	797	593	0	0	190.03		
190.04 19004 WOMEN'S HEALTH CENTER	1,148	0	86,581	3,333	0	190.04		
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05		
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06		
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07		
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08		
190.09 19009 MDWISE	0	0	84,728	0	0	190.09		
190.10 19010 CATHERINE MCAULEY CLINIC	0	1,983	368,737	4,000	0	190.10		
190.11 19011 CENTER OF HOPE	503	0	17,288	0	0	190.11		
190.12 19012 SELECT	39,454	0	0	0	0	190.12		
190.13 19013 PERCINI AS	0	0	0	0	0	190.13		
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,974	3,946	364,011	28,000	0	192.00		
192.01 19201 WORKING WELL	0	24,996	231,650	0	0	192.01		
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00		
194.01 07951 REHAB	17,707	820	0	18,667	0	194.01		
200.00	Cross Foot Adjustments					200.00		
201.00	Negative Cost Centers					201.00		
202.00	4,954,479	2,886,490	33,005,281	1,353,038	1,730,264	202.00		
203.00	7.831088	1.021637	0.464433	0.974337	1.637577	203.00		
204.00			37,894	38,781	577,956	204.00		
205.00			0.000533	0.027927	0.546996	205.00		

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512	9,115,804					5.03
5.04	00513	6,954	457,109,976				5.04
5.05	00560	47	0	-20,257,159	151,020,867		5.05
6.00	00600	364	0	0	4,744,963	538,181	6.00
7.00	00700	0	0	0	3,721,054	29,872	7.00
8.00	00800	208,044	0	0	757,824	754	8.00
9.00	00900	5,967	0	0	2,683,577	11,001	9.00
10.00	01000	27,208	0	0	894,797	10,181	10.00
11.00	01100	0	0	0	811,916	7,979	11.00
13.00	01300	41,387	0	0	5,962,798	7,206	13.00
14.00	01400	629,573	0	0	1,468,810	10,673	14.00
15.00	01500	89,758	0	0	5,448,232	5,206	15.00
16.00	01600	212	0	0	3,986,372	18,953	16.00
17.00	01700	0	0	0	8,802	1,124	17.00
22.00	02200	0	0	0	449,346	0	22.00
23.00	02300	0	0	0	650	0	23.00
23.01	02301	0	0	0	210,872	0	23.01
23.02	02302	0	0	0	299,165	0	23.02
23.03	02303	0	0	0	94,499	0	23.03
23.04	02304	0	0	0	746,730	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	717,937	42,110,981	0	22,632,183	133,177	30.00
31.00	03100	221,756	8,545,623	0	4,532,041	19,248	31.00
35.00	02040	0	0	0	0	0	35.00
40.00	04000	7,000	28,715,658	0	5,988,473	0	40.00
43.00	04300	0	893,612	0	1,888,996	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,217,282	14,787,116	0	3,212,019	36,588	50.00
50.01	05001	345,181	1,726,597	0	351,236	0	50.01
50.02	05002	317,169	8,076,116	0	2,367,505	27,948	50.02
51.00	05100	12,229	3,372,573	0	650,252	0	51.00
53.00	05300	131,922	5,398,754	0	9,233,392	0	53.00
54.00	05400	24,615	12,373,982	0	2,284,024	17,890	54.00
54.01	05401	767,862	10,955,687	0	2,537,335	3,101	54.01
54.02	05402	49,967	9,175,538	0	1,016,057	2,032	54.02
55.00	05500	0	0	0	0	0	55.00
55.01	05501	131,471	31,653,836	0	1,212,011	2,079	55.01
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	34	53,956,310	0	5,688,426	13,880	60.00
60.01	06001	0	0	0	0	0	60.01
63.00	06300	16	4,214,216	0	975,674	0	63.00
63.01	06301	5,271	5,289,868	0	849,570	2,748	63.01
65.00	06500	126,435	13,146,638	0	3,149,786	5,514	65.00
66.00	06600	27,949	5,227,277	0	2,396,573	14,266	66.00
67.00	06700	19,514	2,482,548	0	1,336,799	1,318	67.00
68.00	06800	23,334	1,288,243	0	716,879	4,084	68.00
69.00	06900	12,642	9,593,175	0	692,041	2,295	69.00
70.00	07000	11,103	2,279,105	0	539,037	1,864	70.00
71.00	07100	0	28,298,078	0	2,899,172	0	71.00
72.00	07200	0	8,572,116	0	4,330,179	0	72.00
73.00	07300	0	59,553,481	0	3,737,239	0	73.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	39,296	96,059	0	116,902	925	76.01
76.02	03022	1,967,983	14,171,123	0	1,965,586	8,144	76.02
76.03	03023	6,363	1,535,457	0	623,467	1,754	76.03
76.04	03024	13,025	6,692,599	0	1,526,062	18,277	76.04
76.05	03025	19,395	7,177,229	0	532,420	4,002	76.05
76.06	03026	0	0	0	0	0	76.06
76.07	03027	0	2,253,598	0	308,558	0	76.07
76.08	03028	78,195	1,821,334	0	705,010	6,535	76.08
76.09	03029	0	1,998,564	0	968,027	12,621	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	ADMITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	
		5.03	5.04	5A.05	5.05	6.00	
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
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	689,066	43,916,318	0	13,991,364	15,593	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	95,049	5,760,567	0	4,846,798	4,108	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	9,088,575	457,109,976	-20,257,159	143,091,500	462,940	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	158,092	1,104	190.00
190.01	19001 CONVENT	0	0	0	122,027	11,351	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	83,205	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	147,727	1,148	190.04
190.05	19005 DEVELOPMENT	0	0	0	220	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	230	0	0	230	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	4,621,282	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	12,753	0	0	640,120	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	29,420	503	190.11
190.12	19012 SELECT	0	0	0	308,968	39,454	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,696	0	0	1,172,741	3,974	192.00
192.01	19201 WORKING WELL	10,550	0	0	487,644	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	157,691	17,707	194.01
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)	-747,063	2,352,860		20,257,159	5,381,429	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	0.005147		0.134135	9.999292	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	38,863	77,279		509,325	347,411	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004263	0.000169		0.003373	0.645528	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.01	00510	COMMUNICATIONS					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03	
5.04	00513	ADMINISTRATIVE					5.04	
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL					5.05	
6.00	00600	MAINTENANCE & REPAIRS					6.00	
7.00	00700	OPERATION OF PLANT	508,309				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	754	810,157			8.00	
9.00	00900	HOUSEKEEPING	11,001	0	496,554		9.00	
10.00	01000	DIETARY	10,181	0	10,181	184,579	10.00	
11.00	01100	CAFETERIA	7,979	0	7,979	0	11.00	
13.00	01300	NURSING ADMINISTRATION	7,206	0	7,206	0	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	10,673	0	10,673	0	14.00	
15.00	01500	PHARMACY	5,206	0	5,206	0	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	18,953	0	18,953	0	16.00	
17.00	01700	SOCIAL SERVICE	1,124	0	1,124	0	17.00	
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00	
23.00	02300	PARAMED ED PRGM - (SPECFY)	0	0	0	0	23.00	
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	23.01	
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	23.02	
23.03	02303	PARAMED ED PRGM - RESPTHER	0	0	0	0	23.03	
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	23.04	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	133,177	665,386	133,177	151,595	520,355	30.00
31.00	03100	INTENSIVE CARE UNIT	19,248	75,502	19,248	17,202	88,652	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	94,627	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	36,588	0	36,588	0	51,012	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	2,361	50.01
50.02	05002	OUTPATIENT SURGERY	27,948	0	27,948	0	35,415	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	11,009	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	45,107	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,890	0	17,890	0	56,177	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,101	0	3,101	0	16,712	54.01
54.02	05402	ULTRASOUND	2,032	0	2,032	0	10,518	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	2,079	0	2,079	0	14,732	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	13,880	0	13,880	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	2,748	0	2,748	0	5,927	63.01
65.00	06500	RESPIRATORY THERAPY	5,514	0	5,514	0	55,158	65.00
66.00	06600	PHYSICAL THERAPY	14,266	0	14,266	0	33,807	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,318	0	1,318	0	24,409	67.00
68.00	06800	SPEECH PATHOLOGY	4,084	0	4,084	0	12,728	68.00
69.00	06900	ELECTROCARDIOLOGY	2,295	0	2,295	0	14,683	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	1,864	0	1,864	0	8,729	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	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
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	925	0	925	0	3,136	76.01
76.02	03022	CARDIOVASCULAR SERVICES	8,144	0	8,144	0	22,173	76.02
76.03	03023	CARDIAC REHAB	1,754	0	1,754	0	12,217	76.03
76.04	03024	RADIATION ONCOLOGY	18,277	0	18,277	0	19,250	76.04
76.05	03025	MRI	4,002	0	4,002	0	4,147	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028	WOUND CARE	6,535	0	6,535	0	12,108	76.08
76.09	03029	RENAL DIALYSIS	12,621	0	12,621	0	0	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	
		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
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	15,593	0	15,593	0	168,239	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	4,108	0	4,108	0	91,008	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	433,068	740,888	421,313	168,797	1,731,469	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,104	0	1,104	0	3,196	190.00
190.01	19001 CONVENT	11,351	0	11,351	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	26	190.03
190.04	19004 WOMEN'S HEALTH CENTER	1,148	0	1,148	0	6,292	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	2,319	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	0	0	0	12,516	190.10
190.11	19011 CENTER OF HOPE	503	0	503	0	522	190.11
190.12	19012 SELECT	39,454	0	39,454	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	3,974	0	3,974	0	7,679	192.00
192.01	19201 WORKING WELL	0	0	0	0	10,216	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	17,707	69,269	17,707	15,782	72,648	194.01
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)	4,518,877	873,717	3,251,340	1,273,796	1,123,784	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.890020	1.078454	6.547807	6.901088	0.608476	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	277,247	86,388	121,350	124,201	76,940	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.545430	0.106631	0.244384	0.672888	0.041659	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	
			13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMITTING						5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00	00600	MAINTENANCE & REPAIRS						6.00
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	39,640					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	607	9,141,721				14.00
15.00	01500	PHARMACY	0	0	3,802,765			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	212	0	457,109,976		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	457,109,976	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
23.01	02301	PARAMED ED PRGM - LAB	0	0	0	0	0	23.01
23.02	02302	PARAMED ED PRGM - RADIOLOGY	0	0	0	0	0	23.02
23.03	02303	PARAMED ED PRGM - RESP THER	0	0	0	0	0	23.03
23.04	02304	PARAMED ED PRGM-PHARMACY	0	0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	23,041	449,496	4,653	42,110,981	42,110,981	30.00
31.00	03100	INTENSIVE CARE UNIT	4,120	100,422	736	8,545,623	8,545,623	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	8,135	0	28,715,658	28,715,658	40.00
43.00	04300	NURSERY	0	0	0	893,612	893,612	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,259	161,948	214	14,787,116	14,787,116	50.00
50.01	05001	OPEN HEART SURGERY	85	37,847	0	1,726,597	1,726,597	50.01
50.02	05002	OUTPATIENT SURGERY	1,154	93,789	33	8,076,116	8,076,116	50.02
51.00	05100	RECOVERY ROOM	463	7,033	4	3,372,573	3,372,573	51.00
53.00	05300	ANESTHESIOLOGY	0	28,714	100	5,398,754	5,398,754	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	17,589	6	12,373,982	12,373,982	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	60,874	0	10,955,687	10,955,687	54.01
54.02	05402	ULTRASOUND	0	8,357	0	9,175,538	9,175,538	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	118,200	2	31,653,836	31,653,836	55.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	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	53,956,310	53,956,310	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	4,214,216	4,214,216	63.00
63.01	06301	NUCLEAR MEDICINE	0	1,906	188,151	5,289,868	5,289,868	63.01
65.00	06500	RESPIRATORY THERAPY	0	20,847	198	13,146,638	13,146,638	65.00
66.00	06600	PHYSICAL THERAPY	0	2,233	0	5,227,277	5,227,277	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	1,730	0	2,482,548	2,482,548	67.00
68.00	06800	SPEECH PATHOLOGY	0	5,975	0	1,288,243	1,288,243	68.00
69.00	06900	ELECTROCARDIOLOGY	0	11,008	0	9,593,175	9,593,175	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	8,492	0	2,279,105	2,279,105	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	3,337,845	0	28,298,078	28,298,078	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	4,286,058	0	8,572,116	8,572,116	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	3,542,917	59,553,481	59,553,481	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021	ORTHOPEDI CS	150	6,429	358	96,059	96,059	76.01
76.02	03022	CARDIOVASCULAR SERVICES	943	62,332	7,178	14,171,123	14,171,123	76.02
76.03	03023	CARDIAC REHAB	586	5,615	2	1,535,457	1,535,457	76.03
76.04	03024	RADIATION ONCOLOGY	0	9,225	46	6,692,599	6,692,599	76.04
76.05	03025	MRI	0	12,060	0	7,177,229	7,177,229	76.05
76.06	03026	BARITRIC CENTER	0	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	2,253,598	2,253,598	76.07
76.08	03028	WOUND CARE	0	7,996	5,539	1,821,334	1,821,334	76.08
76.09	03029	RENAL DIALYSIS	0	0	0	1,998,564	1,998,564	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NURSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICE (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	17.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00	09100 EMERGENCY	6,232	231,493	7,817	43,916,318	43,916,318	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART OTHER REIMBURSABLE COST CENTERS)						92.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	27,538	0	5,760,567	5,760,567	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	39,640	9,131,398	3,757,954	457,109,976	457,109,976	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 CONVENT	0	0	0	0	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05	19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07	19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08	19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09	19009 MDWISE	0	0	0	0	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	3,277	31,560	0	0	190.10
190.11	19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12	19012 SELECT	0	0	0	0	0	190.12
190.13	19013 PERCINI AS	0	0	0	0	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	1,722	4,915	0	0	192.00
192.01	19201 WORKING WELL	0	5,324	8,336	0	0	192.01
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01	07951 REHAB	0	0	0	0	0	194.01
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)	7,006,582	2,061,886	6,351,190	5,054,820	38,574	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	176.755348	0.225547	1.670151	0.011058	0.000084	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	131,416	211,566	114,658	341,571	10,446	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	3.315237	0.023143	0.030151	0.000747	0.000023	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 COMMUNICATIONS						5.01
5.02 00511 DATA PROCESSING						5.02
5.03 00512 PURCHASING, RECEIVING AND STORES						5.03
5.04 00513 ADMITTING						5.04
5.05 00560 OTHER ADMINISTRATIVE AND GENERAL						5.05
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	101					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		764				23.00
23.01 02301 PARAMED PRGM - LAB		0	177,707			23.01
23.02 02302 PARAMED PRGM - RADIOLOGY		0	0	179,458		23.02
23.03 02303 PARAMED PRGM - RESPTHER		0	0	0	114,230	23.03
23.04 02304 PARAMED PRGM-PHARMACY		0	0	0	0	23.04
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	1	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00 02040 NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00 04000 SUBPROVIDER - I/PF	0	0	0	0	0	40.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	170,485	0	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	3,589	0	54.01
54.02 05402 ULTRASOUND	0	0	0	1,795	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	0	3,589	0	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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	145,720	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	28,433	0	0	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	3,554	0	0	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	114,230	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 PATIENT	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	764	0	0	0	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03025 MRI	0	0	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	PARAMED PRGM - RESPTHER (ASSIGNED TIME)	
	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)					
	22.00	23.00	23.01	23.02	23.03	
76.08 03028 WOUND CARE	0	0	0	0	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	0	0	76.09
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
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
91.00 09100 EMERGENCY	100	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
113.00 11300 INTEREST EXPENSE						113.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	101	764	177,707	179,458	114,230	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 CONVENT	0	0	0	0	0	190.01
190.02 19002 HOME MEDICAL EQUIPMENT	0	0	0	0	0	190.02
190.03 19003 MEDICAL ARTS BUILDING	0	0	0	0	0	190.03
190.04 19004 WOMEN'S HEALTH CENTER	0	0	0	0	0	190.04
190.05 19005 DEVELOPMENT	0	0	0	0	0	190.05
190.06 19006 NEUROSURGERY PROF SERVICES	0	0	0	0	0	190.06
190.07 19007 IMAGE RECOVERY	0	0	0	0	0	190.07
190.08 19008 FAMILY SERVICES	0	0	0	0	0	190.08
190.09 19009 MDWISE	0	0	0	0	0	190.09
190.10 19010 CATHERINE MCAULEY CLINIC	0	0	0	0	0	190.10
190.11 19011 CENTER OF HOPE	0	0	0	0	0	190.11
190.12 19012 SELECT	0	0	0	0	0	190.12
190.13 19013 PERCINI AS	0	0	0	0	0	190.13
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01 19201 WORKING WELL	0	0	0	0	0	192.01
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
194.01 07951 REHAB	0	0	0	0	0	194.01
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)	509,619	737	240,422	340,526	108,392	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	5,045.732673	0.964660	1.352912	1.897525	0.948893	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,516	21	859	1,147	455	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	15.009901	0.027487	0.004834	0.006391	0.003983	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description		PARAMED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.01	00510	COMMUNICATIONS	5.01
5.02	00511	DATA PROCESSING	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	5.03
5.04	00513	ADMINISTRATIVE	5.04
5.05	00560	OTHER ADMINISTRATIVE AND GENERAL	5.05
6.00	00600	MAINTENANCE & REPAIRS	6.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00
23.00	02300	PARAMED PRGM - (SPECIFY)	23.00
23.01	02301	PARAMED PRGM - LAB	23.01
23.02	02302	PARAMED PRGM - RADIOLOGY	23.02
23.03	02303	PARAMED PRGM - RESPTHER	23.03
23.04	02304	PARAMED PRGM-PHARMACY	23.04
		715,898	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	35.00
40.00	04000	SUBPROVIDER - I/PF	40.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
50.01	05001	OPEN HEART SURGERY	50.01
50.02	05002	OUTPATIENT SURGERY	50.02
51.00	05100	RECOVERY ROOM	51.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	54.01
54.02	05402	ULTRASOUND	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
55.01	05501	COMPUTED TOMOGRAPHY	55.01
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
63.01	06301	NUCLEAR MEDICINE	63.01
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
		715,898	
76.00	03020	PAIN CLINIC	76.00
76.01	03021	ORTHOPEDICS	76.01
76.02	03022	CARDIOVASCULAR SERVICES	76.02
76.03	03023	CARDIAC REHAB	76.03
76.04	03024	RADIATION ONCOLOGY	76.04
76.05	03025	MRI	76.05
76.06	03026	BARIATRIC CENTER	76.06
76.07	03027	PSYCHIATRY THERAPY	76.07
76.08	03028	WOUND CARE	76.08
76.09	03029	RENAL DIALYSIS	76.09

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150004

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)	
		23.04	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
90.01	09001 OCC HEALTH CLINIC	0	90.01
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART		92.00
OTHER REIMBURSABLE COST CENTERS			
99.00	09900 CMHC	0	99.00
99.10	09910 CORF	0	99.10
101.00	10100 HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
113.00	11300 INTEREST EXPENSE		113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	715,898	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001 CONVENT	0	190.01
190.02	19002 HOME MEDICAL EQUIPMENT	0	190.02
190.03	19003 MEDICAL ARTS BUILDING	0	190.03
190.04	19004 WOMEN'S HEALTH CENTER	0	190.04
190.05	19005 DEVELOPMENT	0	190.05
190.06	19006 NEUROSURGERY PROF SERVICES	0	190.06
190.07	19007 IMAGE RECOVERY	0	190.07
190.08	19008 FAMILY SERVICES	0	190.08
190.09	19009 MDWISE	0	190.09
190.10	19010 CATHERINE MCAULEY CLINIC	0	190.10
190.11	19011 CENTER OF HOPE	0	190.11
190.12	19012 SELECT	0	190.12
190.13	19013 PERCINI AS	0	190.13
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 WORKING WELL	0	192.01
193.00	19300 NONPAID WORKERS	0	193.00
194.01	07951 REHAB	0	194.01
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)	854,686	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	1.193866	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	3,318	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.004635	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/29/2013 5:43 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	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	35,786,923		35,786,923	0	35,786,923	38,336,625	30.00
31.00	03100	INTENSIVE CARE UNIT	6,730,966		6,730,966	0	6,730,966	8,545,623	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	7,171,100		7,171,100	0	7,171,100	28,715,658	40.00
43.00	04300	NURSERY	2,152,333		2,152,333	0	2,152,333	893,612	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,205,528		5,205,528	0	5,205,528	7,041,528	50.00
50.01	05001	OPEN HEART SURGERY	442,584		442,584	27,812	470,396	1,712,564	50.01
50.02	05002	OUTPATIENT SURGERY	3,732,704		3,732,704	0	3,732,704	3,588,098	50.02
51.00	05100	RECOVERY ROOM	865,181		865,181	0	865,181	1,674,910	51.00
53.00	05300	ANESTHESIOLOGY	10,566,155		10,566,155	0	10,566,155	2,310,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,544,990		3,544,990	0	3,544,990	4,987,858	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,109,338		3,109,338	0	3,109,338	4,812,324	54.01
54.02	05402	ULTRASOUND	1,317,960		1,317,960	0	1,317,960	3,694,080	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,822,592		1,822,592	0	1,822,592	12,572,807	55.01
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MRI	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	7,602,838		7,602,838	0	7,602,838	31,115,365	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,191,968		1,191,968	0	1,191,968	3,038,025	63.00
63.01	06301	NUCLEAR MEDICINE	1,415,452		1,415,452	0	1,415,452	2,171,288	63.01
65.00	06500	RESPIRATORY THERAPY	4,006,011	0	4,006,011	5,354	4,011,365	12,166,822	65.00
66.00	06600	PHYSICAL THERAPY	3,160,240	0	3,160,240	0	3,160,240	3,600,012	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,592,540	0	1,592,540	0	1,592,540	2,285,346	67.00
68.00	06800	SPEECH PATHOLOGY	940,369	0	940,369	0	940,369	894,410	68.00
69.00	06900	ELECTROCARDIOLOGY	961,550	0	961,550	0	961,550	5,892,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	691,375	0	691,375	1,873	693,248	56,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,356,190	0	4,356,190	0	4,356,190	20,584,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,973,224	0	5,973,224	0	5,973,224	5,361,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,674,988	0	11,674,988	0	11,674,988	49,822,261	73.00
76.00	03020	PAIN CLINIC	0		0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	187,651		187,651	0	187,651	21,449	76.01
76.02	03022	CARDIOVASCULAR SERVICES	2,800,512		2,800,512	40,553	2,841,065	9,651,291	76.02
76.03	03023	CARDIAC REHAB	881,103		881,103	0	881,103	439,592	76.03
76.04	03024	RADIATION ONCOLOGY	2,284,114		2,284,114	0	2,284,114	513,563	76.04
76.05	03025	MRI	790,847		790,847	0	790,847	3,466,559	76.05
76.06	03026	BARITRIC CENTER	0		0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	375,055		375,055	0	375,055	2,253,598	76.07
76.08	03028	WOUND CARE	1,004,522		1,004,522	1,711	1,006,233	3,770	76.08
76.09	03029	RENAL DIALYSIS	1,441,183		1,441,183	0	1,441,183	1,970,964	76.09
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
90.01	09001	OCC HEALTH CLINIC	0		0	0	0	0	90.01
91.00	09100	EMERGENCY	18,023,230		18,023,230	39,255	18,062,485	13,057,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,488,501		3,488,501	0	3,488,501	899,694	92.00
OTHER REIMBURSABLE COST CENTERS									
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	5,727,189		5,727,189	0	5,727,189	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
200.00		Subtotal (see instructions)	163,019,006	0	163,019,006	116,558	163,135,564	288,152,908	200.00
201.00		Less Observation Beds	3,488,501		3,488,501	0	3,488,501	0	201.00
202.00		Total (see instructions)	159,530,505	0	159,530,505	116,558	159,647,063	288,152,908	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 5:43 pm

		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS
Cost Center Description	Outpatient	Total (col. 6 + col. 7)					
	7.00	8.00	9.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	38,336,625				30.00
31.00	03100	INTENSIVE CARE UNIT	8,545,623				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0				35.00
40.00	04000	SUBPROVIDER - IPF	28,715,658				40.00
43.00	04300	NURSERY	893,612				43.00
44.00	04400	SKILLED NURSING FACILITY	0				44.00
45.00	04500	NURSING FACILITY	0				45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	7,745,588	0.352031	0.000000	0.352031	50.00
50.01	05001	OPEN HEART SURGERY	14,033	0.256333	0.000000	0.272441	50.01
50.02	05002	OUTPATIENT SURGERY	4,488,018	0.462190	0.000000	0.462190	50.02
51.00	05100	RECOVERY ROOM	1,697,663	0.256534	0.000000	0.256534	51.00
53.00	05300	ANESTHESIOLOGY	3,088,130	1.957147	0.000000	1.957147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,386,124	0.286487	0.000000	0.286487	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	6,143,363	0.283810	0.000000	0.283810	54.01
54.02	05402	ULTRASOUND	5,481,458	0.143638	0.000000	0.143638	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0.000000	0.000000	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	19,081,029	0.057579	0.000000	0.057579	55.01
57.00	05700	CT SCAN	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MRI	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	22,840,945	0.140907	0.000000	0.140907	60.00
60.01	06001	BLOOD LABORATORY	0	0.000000	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,176,191	0.282845	0.000000	0.282845	63.00
63.01	06301	NUCLEAR MEDICINE	3,118,580	0.267578	0.000000	0.267578	63.01
65.00	06500	RESPIRATORY THERAPY	979,816	0.304718	0.000000	0.305125	65.00
66.00	06600	PHYSICAL THERAPY	1,627,265	0.604567	0.000000	0.604567	66.00
67.00	06700	OCCUPATIONAL THERAPY	197,202	0.641494	0.000000	0.641494	67.00
68.00	06800	SPEECH PATHOLOGY	393,833	0.729962	0.000000	0.729962	68.00
69.00	06900	ELECTROCARDIOLOGY	3,700,511	0.100233	0.000000	0.100233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,222,168	0.303354	0.000000	0.304176	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,713,973	0.153939	0.000000	0.153939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,210,324	0.696820	0.000000	0.696820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,731,220	0.196042	0.000000	0.196042	73.00
76.00	03020	PAIN CLINIC	0	0.000000	0.000000	0.000000	76.00
76.01	03021	ORTHOPEDIC	74,610	1.953497	0.000000	1.953497	76.01
76.02	03022	CARDIOVASCULAR SERVICES	4,519,832	0.197621	0.000000	0.200483	76.02
76.03	03023	CARDIAC REHAB	1,095,865	0.573838	0.000000	0.573838	76.03
76.04	03024	RADIATION ONCOLOGY	6,179,036	0.341290	0.000000	0.341290	76.04
76.05	03025	MRI	3,710,670	0.110188	0.000000	0.110188	76.05
76.06	03026	BARIATRIC CENTER	0	0.000000	0.000000	0.000000	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0.166425	0.000000	0.166425	76.07
76.08	03028	WOUND CARE	1,817,564	0.551531	0.000000	0.552470	76.08
76.09	03029	RENAL DIALYSIS	27,600	0.721109	0.000000	0.721109	76.09
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0				89.00
90.00	09000	CLINIC	0	0.000000	0.000000	0.000000	90.00
90.01	09001	OCC HEALTH CLINIC	0	0.000000	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	30,859,228	0.410399	0.000000	0.411293	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,874,662	0.924264	0.000000	0.924264	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0				99.00
99.10	09910	CORF	0				99.10
101.00	10100	HOME HEALTH AGENCY	5,760,567				101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
200.00		Subtotal (see instructions)	168,957,068	457,109,976			200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	168,957,068	457,109,976			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part I Date/Time Prepared: 5/29/2013 5:43 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 Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	35,786,923		35,786,923	0	35,786,923	38,336,625	30.00
31.00	03100	INTENSIVE CARE UNIT	6,730,966		6,730,966	0	6,730,966	8,545,623	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0		0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	7,171,100		7,171,100	0	7,171,100	28,715,658	40.00
43.00	04300	NURSERY	2,152,333		2,152,333	0	2,152,333	893,612	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	5,205,528		5,205,528	0	5,205,528	7,041,528	50.00
50.01	05001	OPEN HEART SURGERY	442,584		442,584	27,812	470,396	1,712,564	50.01
50.02	05002	OUTPATIENT SURGERY	3,732,704		3,732,704	0	3,732,704	3,588,098	50.02
51.00	05100	RECOVERY ROOM	865,181		865,181	0	865,181	1,674,910	51.00
53.00	05300	ANESTHESIOLOGY	10,566,155		10,566,155	0	10,566,155	2,310,624	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,544,990		3,544,990	0	3,544,990	4,987,858	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	3,109,338		3,109,338	0	3,109,338	4,812,324	54.01
54.02	05402	ULTRASOUND	1,317,960		1,317,960	0	1,317,960	3,694,080	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	1,822,592		1,822,592	0	1,822,592	12,572,807	55.01
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MRI	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	7,602,838		7,602,838	0	7,602,838	31,115,365	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,191,968		1,191,968	0	1,191,968	3,038,025	63.00
63.01	06301	NUCLEAR MEDICINE	1,415,452		1,415,452	0	1,415,452	2,171,288	63.01
65.00	06500	RESPIRATORY THERAPY	4,006,011	0	4,006,011	5,354	4,011,365	12,166,822	65.00
66.00	06600	PHYSICAL THERAPY	3,160,240	0	3,160,240	0	3,160,240	3,600,012	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,592,540	0	1,592,540	0	1,592,540	2,285,346	67.00
68.00	06800	SPEECH PATHOLOGY	940,369	0	940,369	0	940,369	894,410	68.00
69.00	06900	ELECTROCARDIOLOGY	961,550	0	961,550	0	961,550	5,892,664	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	691,375	0	691,375	1,873	693,248	56,937	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,356,190	0	4,356,190	0	4,356,190	20,584,105	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,973,224	0	5,973,224	0	5,973,224	5,361,792	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	11,674,988	0	11,674,988	0	11,674,988	49,822,261	73.00
76.00	03020	PAIN CLINIC	0		0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	187,651		187,651	0	187,651	21,449	76.01
76.02	03022	CARDIOVASCULAR SERVICES	2,800,512		2,800,512	40,553	2,841,065	9,651,291	76.02
76.03	03023	CARDIAC REHAB	881,103		881,103	0	881,103	439,592	76.03
76.04	03024	RADIATION ONCOLOGY	2,284,114		2,284,114	0	2,284,114	513,563	76.04
76.05	03025	MRI	790,847		790,847	0	790,847	3,466,559	76.05
76.06	03026	BARITRIC CENTER	0		0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	375,055		375,055	0	375,055	2,253,598	76.07
76.08	03028	WOUND CARE	1,004,522		1,004,522	1,711	1,006,233	3,770	76.08
76.09	03029	RENAL DIALYSIS	1,441,183		1,441,183	0	1,441,183	1,970,964	76.09
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
90.01	09001	OCC HEALTH CLINIC	0		0	0	0	0	90.01
91.00	09100	EMERGENCY	18,023,230		18,023,230	39,255	18,062,485	13,057,090	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	3,488,501		3,488,501	0	3,488,501	899,694	92.00
OTHER REIMBURSABLE COST CENTERS									
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	5,727,189		5,727,189	0	5,727,189	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE	0		0	0	0	0	113.00
200.00		Subtotal (see instructions)	163,019,006	0	163,019,006	116,558	163,135,564	288,152,908	200.00
201.00		Less Observation Beds	3,488,501		3,488,501	0	3,488,501	0	201.00
202.00		Total (see instructions)	159,530,505	0	159,530,505	116,558	159,647,063	288,152,908	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150004

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost	
		Outpatient	Total (col. 6 + col. 7)					
		7.00	8.00					
		9.00	10.00	11.00				
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		38,336,625				30.00
31.00	03100	INTENSIVE CARE UNIT		8,545,623				31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0				35.00
40.00	04000	SUBPROVIDER - IPF		28,715,658				40.00
43.00	04300	NURSERY		893,612				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	7,745,588	14,787,116	0.352031	0.000000	0.352031	50.00
50.01	05001	OPEN HEART SURGERY	14,033	1,726,597	0.256333	0.000000	0.272441	50.01
50.02	05002	OUTPATIENT SURGERY	4,488,018	8,076,116	0.462190	0.000000	0.462190	50.02
51.00	05100	RECOVERY ROOM	1,697,663	3,372,573	0.256534	0.000000	0.256534	51.00
53.00	05300	ANESTHESIOLOGY	3,088,130	5,398,754	1.957147	0.000000	1.957147	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,386,124	12,373,982	0.286487	0.000000	0.286487	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	6,143,363	10,955,687	0.283810	0.000000	0.283810	54.01
54.02	05402	ULTRASOUND	5,481,458	9,175,538	0.143638	0.000000	0.143638	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
55.01	05501	COMPUTED TOMOGRAPHY	19,081,029	31,653,836	0.057579	0.000000	0.057579	55.01
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	22,840,945	53,956,310	0.140907	0.000000	0.140907	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,176,191	4,214,216	0.282845	0.000000	0.282845	63.00
63.01	06301	NUCLEAR MEDICINE	3,118,580	5,289,868	0.267578	0.000000	0.267578	63.01
65.00	06500	RESPIRATORY THERAPY	979,816	13,146,638	0.304718	0.000000	0.305125	65.00
66.00	06600	PHYSICAL THERAPY	1,627,265	5,227,277	0.604567	0.000000	0.604567	66.00
67.00	06700	OCCUPATIONAL THERAPY	197,202	2,482,548	0.641494	0.000000	0.641494	67.00
68.00	06800	SPEECH PATHOLOGY	393,833	1,288,243	0.729962	0.000000	0.729962	68.00
69.00	06900	ELECTROCARDIOLOGY	3,700,511	9,593,175	0.100233	0.000000	0.100233	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	2,222,168	2,279,105	0.303354	0.000000	0.304176	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	7,713,973	28,298,078	0.153939	0.000000	0.153939	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	3,210,324	8,572,116	0.696820	0.000000	0.696820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,731,220	59,553,481	0.196042	0.000000	0.196042	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0.000000	0.000000	76.00
76.01	03021	ORTHOPEDIC	74,610	96,059	1.953497	0.000000	1.953497	76.01
76.02	03022	CARDIOVASCULAR SERVICES	4,519,832	14,171,123	0.197621	0.000000	0.200483	76.02
76.03	03023	CARDIAC REHAB	1,095,865	1,535,457	0.573838	0.000000	0.573838	76.03
76.04	03024	RADIATION ONCOLOGY	6,179,036	6,692,599	0.341290	0.000000	0.341290	76.04
76.05	03025	MRI	3,710,670	7,177,229	0.110188	0.000000	0.110188	76.05
76.06	03026	BARIATRIC CENTER	0	0	0.000000	0.000000	0.000000	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	2,253,598	0.166425	0.000000	0.166425	76.07
76.08	03028	WOUND CARE	1,817,564	1,821,334	0.551531	0.000000	0.552470	76.08
76.09	03029	RENAL DIALYSIS	27,600	1,998,564	0.721109	0.000000	0.721109	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0.000000	0.000000	90.01
91.00	09100	EMERGENCY	30,859,228	43,916,318	0.410399	0.000000	0.411293	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,874,662	3,774,356	0.924264	0.000000	0.924264	92.00
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
101.00	10100	HOME HEALTH AGENCY	5,760,567	5,760,567				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	168,957,068	457,109,976				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	168,957,068	457,109,976				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/29/2013 5:43 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	2,130,920	0	2,130,920	40,039	53.22	30.00	
31.00	INTENSIVE CARE UNIT	287,479		287,479	4,167	68.99	31.00	
35.00	NEWBORN INTENSIVE CARE UNIT	0		0	0	0.00	35.00	
40.00	SUBPROVIDER - IPF	55,332	0	55,332	9,673	5.72	40.00	
43.00	NURSERY	7,824		7,824	587	13.33	43.00	
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00	
45.00	NURSING FACILITY	0		0	0	0.00	45.00	
200.00	Total (Lines 30-199)	2,481,555		2,481,555	54,466		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	20,666	1,099,845					30.00
31.00	INTENSIVE CARE UNIT	2,374	163,782					31.00
35.00	NEWBORN INTENSIVE CARE UNIT	0	0					35.00
40.00	SUBPROVIDER - IPF	1,232	7,047					40.00
43.00	NURSERY	0	0					43.00
44.00	SKILLED NURSING FACILITY	0	0					44.00
45.00	NURSING FACILITY	0	0					45.00
200.00	Total (Lines 30-199)	24,272	1,270,674					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	579,953	14,787,116	0.039220	3,139,830	123,144	50.00
50.01	05001	OPEN HEART SURGERY	25,089	1,726,597	0.014531	892,129	12,964	50.01
50.02	05002	OUTPATIENT SURGERY	360,673	8,076,116	0.044659	2,200,721	98,282	50.02
51.00	05100	RECOVERY ROOM	9,240	3,372,573	0.002740	879,870	2,411	51.00
53.00	05300	ANESTHESIOLOGY	123,205	5,398,754	0.022821	1,021,917	23,321	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	339,127	12,373,982	0.027406	2,612,325	71,593	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	52,240	10,955,687	0.004768	2,971,106	14,166	54.01
54.02	05402	ULTRASOUND	79,728	9,175,538	0.008689	2,006,455	17,434	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	58,787	31,653,836	0.001857	6,170,539	11,459	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	276,673	53,956,310	0.005128	15,921,496	81,645	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,086	4,214,216	0.001919	1,533,719	2,943	63.00
63.01	06301	NUCLEAR MEDICINE	160,277	5,289,868	0.030299	1,155,234	35,002	63.01
65.00	06500	RESPIRATORY THERAPY	162,977	13,146,638	0.012397	7,123,261	88,307	65.00
66.00	06600	PHYSICAL THERAPY	156,926	5,227,277	0.030021	910,468	27,333	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,599	2,482,548	0.008298	75,180	624	67.00
68.00	06800	SPEECH PATHOLOGY	42,323	1,288,243	0.032853	92,620	3,043	68.00
69.00	06900	ELECTROCARDIOLOGY	66,180	9,593,175	0.006899	3,305,409	22,804	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,246	2,279,105	0.019853	24,974	496	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,599	28,298,078	0.004014	10,680,189	42,870	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,845	8,572,116	0.014214	3,595,260	51,103	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	175,476	59,553,481	0.002947	27,609,727	81,366	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021	ORTHOPEDICS	9,998	96,059	0.010482	14,052	1,463	76.01
76.02	03022	CARDIOVASCULAR SERVICES	358,523	14,171,123	0.025300	5,290,109	133,840	76.02
76.03	03023	CARDIAC REHAB	30,391	1,535,457	0.019793	231,041	4,573	76.03
76.04	03024	RADIATION ONCOLOGY	290,772	6,692,599	0.043447	329,366	14,310	76.04
76.05	03025	MRI	229,243	7,177,229	0.031940	1,490,484	47,606	76.05
76.06	03026	BARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	3,157	2,253,598	0.001401	0	0	76.07
76.08	03028	WOUND CARE	69,070	1,821,334	0.037923	2,514	95	76.08
76.09	03029	RENAL DIALYSIS	122,350	1,998,564	0.061219	1,645,774	100,753	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	307,335	43,916,318	0.006998	5,834,625	40,831	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	207,723	3,774,356	0.055035	565,726	31,135	92.00
200.00		Total (lines 50-199)	4,606,811	374,857,891		109,326,120	1,186,916	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0	0	0	0	35.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	40,039	0.00	20,666	0		30.00
31.00	03100	INTENSIVE CARE UNIT	4,167	0.00	2,374	0		31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT	0	0.00	0	0		35.00
40.00	04000	SUBPROVIDER - IPF	9,673	0.00	1,232	0		40.00
43.00	04300	NURSERY	587	0.00	0	0		43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0		45.00
200.00		Total (lines 30-199)	54,466		24,272	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	05001	OPEN HEART SURGERY	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	323,500	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	6,810	0	54.01
54.02	05402	ULTRASOUND	0	0	3,406	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	6,810	0	55.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	164,593	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	38,467	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	4,808	0	63.01
65.00	06500	RESPIRATORY THERAPY	0	0	108,392	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	855,423	0	73.00
76.00	03020	PAIN CLINIC	0	0	0	0	76.00
76.01	03021	ORTHOPEDI CS	0	0	0	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	0	0	0	76.02
76.03	03023	CARDIAC REHAB	0	0	0	0	76.03
76.04	03024	RADIATION ONCOLOGY	0	0	0	0	76.04
76.05	03025	MRI	0	0	0	0	76.05
76.06	03026	BARIATRIC CENTER	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	0	0	76.07
76.08	03028	WOUND CARE	0	0	0	0	76.08
76.09	03029	RENAL DIALYSIS	0	0	0	0	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0	0	90.01
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	1,512,209	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 pm
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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	14,787,116	0.000000	0.000000	3,139,830	50.00
50.01 05001 OPEN HEART SURGERY	0	1,726,597	0.000000	0.000000	892,129	50.01
50.02 05002 OUTPATIENT SURGERY	0	8,076,116	0.000000	0.000000	2,200,721	50.02
51.00 05100 RECOVERY ROOM	0	3,372,573	0.000000	0.000000	879,870	51.00
53.00 05300 ANESTHESIOLOGY	0	5,398,754	0.000000	0.000000	1,021,917	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	323,500	12,373,982	0.026144	0.026144	2,612,325	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	6,810	10,955,687	0.000622	0.000622	2,971,106	54.01
54.02 05402 ULTRASOUND	3,406	9,175,538	0.000371	0.000371	2,006,455	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	6,810	31,653,836	0.000215	0.000215	6,170,539	55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	164,593	53,956,310	0.003050	0.003050	15,921,496	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	38,467	4,214,216	0.009128	0.009128	1,533,719	63.00
63.01 06301 NUCLEAR MEDICINE	4,808	5,289,868	0.000909	0.000909	1,155,234	63.01
65.00 06500 RESPIRATORY THERAPY	108,392	13,146,638	0.008245	0.008245	7,123,261	65.00
66.00 06600 PHYSICAL THERAPY	0	5,227,277	0.000000	0.000000	910,468	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,482,548	0.000000	0.000000	75,180	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,288,243	0.000000	0.000000	92,620	68.00
69.00 06900 ELECTROCARDIOLOGY	0	9,593,175	0.000000	0.000000	3,305,409	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,279,105	0.000000	0.000000	24,974	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,298,078	0.000000	0.000000	10,680,189	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,572,116	0.000000	0.000000	3,595,260	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	855,423	59,553,481	0.014364	0.014364	27,609,727	73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 03021 ORTHOPEDICS	0	96,059	0.000000	0.000000	14,052	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	14,171,123	0.000000	0.000000	5,290,109	76.02
76.03 03023 CARDIAC REHAB	0	1,535,457	0.000000	0.000000	231,041	76.03
76.04 03024 RADIATION ONCOLOGY	0	6,692,599	0.000000	0.000000	329,366	76.04
76.05 03025 MRI	0	7,177,229	0.000000	0.000000	1,490,484	76.05
76.06 03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,253,598	0.000000	0.000000	0	76.07
76.08 03028 WOUND CARE	0	1,821,334	0.000000	0.000000	2,514	76.08
76.09 03029 RENAL DIALYSIS	0	1,998,564	0.000000	0.000000	1,645,774	76.09
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
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	43,916,318	0.000000	0.000000	5,834,625	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,774,356	0.000000	0.000000	565,726	92.00
200.00 Total (lines 50-199)	1,512,209	374,857,891			109,326,120	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 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	1,818,723	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	1,694,646	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	723,116	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	68,297	1,434,691	37,509	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	1,848	2,842,147	1,768	54.01
54.02 05402 ULTRASOUND	744	1,216,318	451	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	1,327	4,873,926	1,048	55.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	48,561	481,841	1,470	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	14,000	120,201	1,097	63.00
63.01 06301 NUCLEAR MEDICINE	1,050	1,097,836	998	63.01
65.00 06500 RESPIRATORY THERAPY	58,731	288,177	2,376	65.00
66.00 06600 PHYSICAL THERAPY	0	7,966	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	5,125	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,191,205	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	1,027,945	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,755,749	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	2,015,360	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	396,586	3,465,697	49,781	73.00
76.00 03020 PAIN CLINIC	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	7,957	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	2,428,624	0	76.02
76.03 03023 CARDIAC REHAB	0	444,635	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	3,346,198	0	76.04
76.05 03025 MRI	0	1,214,216	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08 03028 WOUND CARE	0	1,328,171	0	76.08
76.09 03029 RENAL DIALYSIS	0	4,600	0	76.09
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
90.01 09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00 09100 EMERGENCY	0	3,861,554	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	812,031	0	92.00
200.00 Total (lines 50-199)	591,144	40,508,655	96,498	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 5:43 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	0.352031	1,818,723	0	0	640,247	50.00
50.01	05001	OPEN HEART SURGERY	0.256333	0	0	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.462190	1,694,646	0	0	783,248	50.02
51.00	05100	RECOVERY ROOM	0.256534	0	0	0	0	51.00
53.00	05300	ANESTHESIOLOGY	1.957147	723,116	0	0	1,415,244	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286487	1,434,691	0	0	411,020	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.283810	2,842,147	0	0	806,630	54.01
54.02	05402	ULTRASOUND	0.143638	1,216,318	0	0	174,709	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.057579	4,873,926	0	0	280,636	55.01
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MRI	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.140907	481,841	842	0	67,895	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.282845	120,201	0	0	33,998	63.00
63.01	06301	NUCLEAR MEDICINE	0.267578	1,097,836	0	0	293,757	63.01
65.00	06500	RESPIRATORY THERAPY	0.304718	288,177	0	0	87,813	65.00
66.00	06600	PHYSICAL THERAPY	0.604567	7,966	0	0	4,816	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.641494	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.729962	5,125	0	0	3,741	68.00
69.00	06900	ELECTROCARDIOLOGY	0.100233	1,191,205	0	0	119,398	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303354	1,027,945	0	0	311,831	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153939	2,755,749	0	0	424,217	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.696820	2,015,360	0	0	1,404,343	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196042	3,465,697	26,010	0	679,422	73.00
76.00	03020	PAIN CLINIC	0.000000	0	0	0	0	76.00
76.01	03021	ORTHOPEDICS	1.953497	7,957	0	0	15,544	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.197621	2,428,624	0	0	479,947	76.02
76.03	03023	CARDIAC REHAB	0.573838	444,635	0	0	255,148	76.03
76.04	03024	RADIATION ONCOLOGY	0.341290	3,346,198	0	0	1,142,024	76.04
76.05	03025	MRI	0.110188	1,214,216	0	0	133,792	76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	0	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.166425	0	0	0	0	76.07
76.08	03028	WOUND CARE	0.551531	1,328,171	0	0	732,527	76.08
76.09	03029	RENAL DIALYSIS	0.721109	4,600	0	0	3,317	76.09
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	0	0	90.00
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0	0	0	90.01
91.00	09100	EMERGENCY	0.410399	3,861,554	0	0	1,584,778	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.924264	812,031	0	0	750,531	92.00
200.00		Subtotal (see instructions)		40,508,655	26,852	0	13,040,573	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		40,508,655	26,852	0	13,040,573	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 5:43 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
50.01	05001	OPEN HEART SURGERY	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	0	0	50.02
51.00	05100	RECOVERY ROOM	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0	0	54.01
54.02	05402	ULTRASOUND	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0	0	55.01
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	119	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	0	0	63.01
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 PATIENT	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,099	0	73.00
76.00	03020	PAIN CLINIC	0	0	76.00
76.01	03021	ORTHOPEDICS	0	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0	0	76.02
76.03	03023	CARDIAC REHAB	0	0	76.03
76.04	03024	RADIATION ONCOLOGY	0	0	76.04
76.05	03025	MRI	0	0	76.05
76.06	03026	BARIATRIC CENTER	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0	0	76.07
76.08	03028	WOUND CARE	0	0	76.08
76.09	03029	RENAL DIALYSIS	0	0	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	90.01
91.00	09100	EMERGENCY	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
200.00		Subtotal (see instructions)	5,218	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	5,218	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/29/2013 5:43 pm	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	579,953	14,787,116	0.039220	2,112	83	50.00
50.01	05001	OPEN HEART SURGERY	25,089	1,726,597	0.014531	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	360,673	8,076,116	0.044659	0	0	50.02
51.00	05100	RECOVERY ROOM	9,240	3,372,573	0.002740	0	0	51.00
53.00	05300	ANESTHESIOLOGY	123,205	5,398,754	0.022821	989	23	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	339,127	12,373,982	0.027406	6,227	171	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	52,240	10,955,687	0.004768	326	2	54.01
54.02	05402	ULTRASOUND	79,728	9,175,538	0.008689	1,144	10	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	58,787	31,653,836	0.001857	23,791	44	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	276,673	53,956,310	0.005128	261,502	1,341	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,086	4,214,216	0.001919	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	160,277	5,289,868	0.030299	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	162,977	13,146,638	0.012397	10,645	132	65.00
66.00	06600	PHYSICAL THERAPY	156,926	5,227,277	0.030021	3,463	104	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,599	2,482,548	0.008298	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	42,323	1,288,243	0.032853	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	66,180	9,593,175	0.006899	37,731	260	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,246	2,279,105	0.019853	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,599	28,298,078	0.004014	18,660	75	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,845	8,572,116	0.014214	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	175,476	59,553,481	0.002947	508,174	1,498	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021	ORTHOPEDICS	9,998	96,059	0.010482	0	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	358,523	14,171,123	0.025300	0	0	76.02
76.03	03023	CARDIAC REHAB	30,391	1,535,457	0.019793	0	0	76.03
76.04	03024	RADIATION ONCOLOGY	290,772	6,692,599	0.043447	0	0	76.04
76.05	03025	MRI	229,243	7,177,229	0.031940	8,968	286	76.05
76.06	03026	BIARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	3,157	2,253,598	0.001401	252,995	354	76.07
76.08	03028	WOUND CARE	69,070	1,821,334	0.037923	0	0	76.08
76.09	03029	RENAL DIALYSIS	122,350	1,998,564	0.061219	0	0	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	307,335	43,916,318	0.006998	137,501	962	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,774,356	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,399,088	374,857,891		1,274,228	5,345	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 pm
		Title XVIII	Subprovider - IPF

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01 05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	323,500	0	323,500	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	0	0	6,810	0	6,810	54.01
54.02 05402 ULTRASOUND	0	0	3,406	0	3,406	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	0	0	6,810	0	6,810	55.01
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 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	197,147	0	197,147	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	38,467	0	38,467	63.00
63.01 06301 NUCLEAR MEDICINE	0	0	4,808	0	4,808	63.01
65.00 06500 RESPIRATORY THERAPY	0	0	108,392	0	108,392	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 PATIENT	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	855,423	0	855,423	73.00
76.00 03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01 03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03 03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05 03025 MRI	0	0	0	0	0	76.05
76.06 03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08 03028 WOUND CARE	0	0	0	0	0	76.08
76.09 03029 RENAL DIALYSIS	0	0	0	0	0	76.09
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
90.01 09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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
200.00 Total (lines 50-199)	0	0	1,544,763	0	1,544,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	14,787,116	0.000000	0.000000	2,112	50.00
50.01 05001 OPEN HEART SURGERY	0	1,726,597	0.000000	0.000000	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	8,076,116	0.000000	0.000000	0	50.02
51.00 05100 RECOVERY ROOM	0	3,372,573	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	0	5,398,754	0.000000	0.000000	989	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	323,500	12,373,982	0.026144	0.026144	6,227	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	6,810	10,955,687	0.000622	0.000622	326	54.01
54.02 05402 ULTRASOUND	3,406	9,175,538	0.000371	0.000371	1,144	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	6,810	31,653,836	0.000215	0.000215	23,791	55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	197,147	53,956,310	0.003654	0.003654	261,502	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	38,467	4,214,216	0.009128	0.009128	0	63.00
63.01 06301 NUCLEAR MEDICINE	4,808	5,289,868	0.000909	0.000909	0	63.01
65.00 06500 RESPIRATORY THERAPY	108,392	13,146,638	0.008245	0.008245	10,645	65.00
66.00 06600 PHYSICAL THERAPY	0	5,227,277	0.000000	0.000000	3,463	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,482,548	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,288,243	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	9,593,175	0.000000	0.000000	37,731	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,279,105	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,298,078	0.000000	0.000000	18,660	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,572,116	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	855,423	59,553,481	0.014364	0.014364	508,174	73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 03021 ORTHOPEDICS	0	96,059	0.000000	0.000000	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	14,171,123	0.000000	0.000000	0	76.02
76.03 03023 CARDIAC REHAB	0	1,535,457	0.000000	0.000000	0	76.03
76.04 03024 RADIATION ONCOLOGY	0	6,692,599	0.000000	0.000000	0	76.04
76.05 03025 MRI	0	7,177,229	0.000000	0.000000	8,968	76.05
76.06 03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,253,598	0.000000	0.000000	252,995	76.07
76.08 03028 WOUND CARE	0	1,821,334	0.000000	0.000000	0	76.08
76.09 03029 RENAL DIALYSIS	0	1,998,564	0.000000	0.000000	0	76.09
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
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	43,916,318	0.000000	0.000000	137,501	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,774,356	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	1,544,763	374,857,891			1,274,228	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	163	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	5	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	956	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	88	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 PATIENT	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	7,299	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0	76.00
76.01	03021 ORTHOPEDICS	0	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03	03023 CARDIAC REHAB	0	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0	0	0	76.04
76.05	03025 MRI	0	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	03028 WOUND CARE	0	0	0	76.08
76.09	03029 RENAL DIALYSIS	0	0	0	76.09
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
90.01	09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	8,511	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 150004 Component CCN: 15S004		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/29/2013 5:43 pm	
			Title XIX		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	579,953	14,787,116	0.039220	0	0	50.00
50.01	05001	OPEN HEART SURGERY	25,089	1,726,597	0.014531	0	0	50.01
50.02	05002	OUTPATIENT SURGERY	360,673	8,076,116	0.044659	0	0	50.02
51.00	05100	RECOVERY ROOM	9,240	3,372,573	0.002740	0	0	51.00
53.00	05300	ANESTHESIOLOGY	123,205	5,398,754	0.022821	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	339,127	12,373,982	0.027406	1,898	52	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	52,240	10,955,687	0.004768	3,241	15	54.01
54.02	05402	ULTRASOUND	79,728	9,175,538	0.008689	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	58,787	31,653,836	0.001857	0	0	55.01
57.00	05700	CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800	MRI	0	0	0.000000	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000	LABORATORY	276,673	53,956,310	0.005128	281,103	1,441	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	8,086	4,214,216	0.001919	0	0	63.00
63.01	06301	NUCLEAR MEDICINE	160,277	5,289,868	0.030299	0	0	63.01
65.00	06500	RESPIRATORY THERAPY	162,977	13,146,638	0.012397	1,072	13	65.00
66.00	06600	PHYSICAL THERAPY	156,926	5,227,277	0.030021	969	29	66.00
67.00	06700	OCCUPATIONAL THERAPY	20,599	2,482,548	0.008298	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	42,323	1,288,243	0.032853	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	66,180	9,593,175	0.006899	45,404	313	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	45,246	2,279,105	0.019853	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	113,599	28,298,078	0.004014	10,331	41	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	121,845	8,572,116	0.014214	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	175,476	59,553,481	0.002947	340,391	1,003	73.00
76.00	03020	PAIN CLINIC	0	0	0.000000	0	0	76.00
76.01	03021	ORTHOPEDICS	9,998	96,059	0.010482	0	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	358,523	14,171,123	0.025300	0	0	76.02
76.03	03023	CARDIAC REHAB	30,391	1,535,457	0.019793	520	10	76.03
76.04	03024	RADIATION ONCOLOGY	290,772	6,692,599	0.043447	0	0	76.04
76.05	03025	MRI	229,243	7,177,229	0.031940	4,484	143	76.05
76.06	03026	BIARIATRIC CENTER	0	0	0.000000	0	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	3,157	2,253,598	0.001401	572,483	802	76.07
76.08	03028	WOUND CARE	69,070	1,821,334	0.037923	0	0	76.08
76.09	03029	RENAL DIALYSIS	122,350	1,998,564	0.061219	0	0	76.09
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
90.01	09001	OCC HEALTH CLINIC	0	0	0.000000	0	0	90.01
91.00	09100	EMERGENCY	307,335	43,916,318	0.006998	86,283	604	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	3,774,356	0.000000	0	0	92.00
200.00		Total (lines 50-199)	4,399,088	374,857,891		1,348,179	4,466	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	323,500	0	323,500	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	0	0	6,810	0	6,810	54.01
54.02	05402 ULTRASOUND	0	0	3,406	0	3,406	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	6,810	0	6,810	55.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 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	197,147	0	197,147	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	38,467	0	38,467	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	4,808	0	4,808	63.01
65.00	06500 RESPIRATORY THERAPY	0	0	108,392	0	108,392	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 PATIENT	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	855,423	0	855,423	73.00
76.00	03020 PAIN CLINIC	0	0	0	0	0	76.00
76.01	03021 ORTHOPEDICS	0	0	0	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	0	0	0	0	76.02
76.03	03023 CARDIAC REHAB	0	0	0	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0	0	0	0	0	76.04
76.05	03025 MRI	0	0	0	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	0	0	0	0	76.07
76.08	03028 WOUND CARE	0	0	0	0	0	76.08
76.09	03029 RENAL DIALYSIS	0	0	0	0	0	76.09
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
90.01	09001 OCC HEALTH CLINIC	0	0	0	0	0	90.01
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
200.00	Total (lines 50-199)	0	0	1,544,763	0	1,544,763	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	14,787,116	0.000000	0.000000	0	50.00
50.01 05001 OPEN HEART SURGERY	0	1,726,597	0.000000	0.000000	0	50.01
50.02 05002 OUTPATIENT SURGERY	0	8,076,116	0.000000	0.000000	0	50.02
51.00 05100 RECOVERY ROOM	0	3,372,573	0.000000	0.000000	0	51.00
53.00 05300 ANESTHESIOLOGY	0	5,398,754	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	323,500	12,373,982	0.026144	0.026144	1,898	54.00
54.01 05401 RADIOLOGY SPECIAL PROCEDURES	6,810	10,955,687	0.000622	0.000622	3,241	54.01
54.02 05402 ULTRASOUND	3,406	9,175,538	0.000371	0.000371	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
55.01 05501 COMPUTED TOMOGRAPHY	6,810	31,653,836	0.000215	0.000215	0	55.01
57.00 05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00 05800 MRI	0	0	0.000000	0.000000	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	197,147	53,956,310	0.003654	0.003654	281,103	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	38,467	4,214,216	0.009128	0.009128	0	63.00
63.01 06301 NUCLEAR MEDICINE	4,808	5,289,868	0.000909	0.000909	0	63.01
65.00 06500 RESPIRATORY THERAPY	108,392	13,146,638	0.008245	0.008245	1,072	65.00
66.00 06600 PHYSICAL THERAPY	0	5,227,277	0.000000	0.000000	969	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	2,482,548	0.000000	0.000000	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	1,288,243	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	9,593,175	0.000000	0.000000	45,404	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	2,279,105	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	28,298,078	0.000000	0.000000	10,331	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	8,572,116	0.000000	0.000000	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	855,423	59,553,481	0.014364	0.014364	340,391	73.00
76.00 03020 PAIN CLINIC	0	0	0.000000	0.000000	0	76.00
76.01 03021 ORTHOPEDICS	0	96,059	0.000000	0.000000	0	76.01
76.02 03022 CARDIOVASCULAR SERVICES	0	14,171,123	0.000000	0.000000	0	76.02
76.03 03023 CARDIAC REHAB	0	1,535,457	0.000000	0.000000	520	76.03
76.04 03024 RADIATION ONCOLOGY	0	6,692,599	0.000000	0.000000	0	76.04
76.05 03025 MRI	0	7,177,229	0.000000	0.000000	4,484	76.05
76.06 03026 BARIATRIC CENTER	0	0	0.000000	0.000000	0	76.06
76.07 03027 PSYCH ACTIVITY THERAPY	0	2,253,598	0.000000	0.000000	572,483	76.07
76.08 03028 WOUND CARE	0	1,821,334	0.000000	0.000000	0	76.08
76.09 03029 RENAL DIALYSIS	0	1,998,564	0.000000	0.000000	0	76.09
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
90.01 09001 OCC HEALTH CLINIC	0	0	0.000000	0.000000	0	90.01
91.00 09100 EMERGENCY	0	43,916,318	0.000000	0.000000	86,283	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	3,774,356	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	1,544,763	374,857,891			1,348,179	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 5:43 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
50.01	05001 OPEN HEART SURGERY	0	0	0	50.01
50.02	05002 OUTPATIENT SURGERY	0	0	0	50.02
51.00	05100 RECOVERY ROOM	0	0	0	51.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	50	0	0	54.00
54.01	05401 RADIOLOGY SPECIAL PROCEDURES	2	0	0	54.01
54.02	05402 ULTRASOUND	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	55.00
55.01	05501 COMPUTED TOMOGRAPHY	0	0	0	55.01
57.00	05700 CT SCAN	0	0	0	57.00
58.00	05800 MRI	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	1,027	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	60.01
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
63.01	06301 NUCLEAR MEDICINE	0	0	0	63.01
65.00	06500 RESPIRATORY THERAPY	9	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 PATIENT	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	4,889	0	0	73.00
76.00	03020 PAIN CLINIC	0	0	0	76.00
76.01	03021 ORTHOPEDICS	0	0	0	76.01
76.02	03022 CARDIOVASCULAR SERVICES	0	0	0	76.02
76.03	03023 CARDIAC REHAB	0	0	0	76.03
76.04	03024 RADIATION ONCOLOGY	0	0	0	76.04
76.05	03025 MRI	0	0	0	76.05
76.06	03026 BARIATRIC CENTER	0	0	0	76.06
76.07	03027 PSYCH ACTIVITY THERAPY	0	0	0	76.07
76.08	03028 WOUND CARE	0	0	0	76.08
76.09	03029 RENAL DIALYSIS	0	0	0	76.09
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
90.01	09001 OCC HEALTH CLINIC	0	0	0	90.01
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00	Total (lines 50-199)	5,977	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2013 5:43 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)		40,039	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,039	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		36,136	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)		20,666	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)		35,786,923	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)		35,786,923	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		39,531,832	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		39,531,832	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.905269	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,093.97	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,786,923	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)		893.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,471,271	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)		18,471,271	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,730,966	4,167	1,615.30	2,374	3,834,722	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	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					28,161,495	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,467,488	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,263,627	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,778,060	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,041,687	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					47,425,801	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)					3,903	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					893.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,488,501	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,130,920	35,786,923	0.059545	3,488,501	207,723	90.00
91.00	Nursing School cost	0	35,786,923	0.000000	3,488,501	0	91.00
92.00	Allied health cost	0	35,786,923	0.000000	3,488,501	0	92.00
93.00	All other Medical Education	0	35,786,923	0.000000	3,488,501	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15S004		Date/Time Prepared: 5/29/2013 5:43 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,673	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,673	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		1,232	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)		7,171,100	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)		7,171,100	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		28,715,658	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,715,658	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.249728	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,968.64	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,171,100	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)		741.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		913,343	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)		913,343	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1		
		Component CCN: 15S004				Date/Time Prepared: 5/29/2013 5:43 pm		
		Title XVIII		Subprovider - IPF		PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)			
	1.00	2.00	3.00	4.00	5.00			
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00	
Intensive Care Type Inpatient Hospital Units								
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00	
44.00 CORONARY CARE UNIT							44.00	
45.00 BURN INTENSIVE CARE UNIT							45.00	
46.00 SURGICAL INTENSIVE CARE UNIT							46.00	
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0		47.00	
Cost Center Description								
					1.00			
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					254,203		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					1,167,546		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)					7,047		50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					13,856		51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					20,903		52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					1,146,643		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: 150004 Component CCN: 15S004		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	55,332	7,171,100	0.007716	0	0	90.00
91.00	Nursing School cost	0	7,171,100	0.000000	0	0	91.00
92.00	Allied health cost	0	7,171,100	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,171,100	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2013 5:43 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		40,039	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		40,039	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		36,136	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)		6,300	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)		587	15.00
16.00	Nursery days (title V or XIX only)		102	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)		35,786,923	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)		35,786,923	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		39,531,832	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		39,531,832	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.905269	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,093.97	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33) (see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,786,923	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)		893.80	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		5,630,940	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		5,630,940	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/29/2013 5:43 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	2,152,333	587	3,666.67	102	374,000	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	6,730,966	4,167	1,615.30	726	1,172,708	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	NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					5,460,666	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					12,638,314	49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,903	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					893.80	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,488,501	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 15S004		Date/Time Prepared: 5/29/2013 5:43 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		9,673	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		9,673	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		9,673	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)		0	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)		587	15.00
16.00	Nursery days (title V or XIX only)		102	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)		7,171,100	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)		7,171,100	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		28,715,658	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		28,715,658	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.249728	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		2,968.64	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		7,171,100	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)		741.35	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		0	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)		0	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150004		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 15S004				Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 NEWBORN INTENSIVE CARE UNIT	0	0	0.00	0	0	0	47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					246,413		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					246,413		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					10,443		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					10,443		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					235,970		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: 150004 Component CCN: 15S004		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	7,171,100	0.000000	0	0	90.00
91.00	Nursing School cost	0	7,171,100	0.000000	0	0	91.00
92.00	Allied health cost	0	7,171,100	0.000000	0	0	92.00
93.00	All other Medical Education	0	7,171,100	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 5:43 pm	
Cost Center Description		Ratio of Cost To Charges	Hospital Inpatient Program Charges	PPS Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		21,335,250	30.00
31.00	03100	INTENSIVE CARE UNIT		4,654,183	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.352031	3,139,830	1,105,317 50.00
50.01	05001	OPEN HEART SURGERY	0.272441	892,129	243,053 50.01
50.02	05002	OUTPATIENT SURGERY	0.462190	2,200,721	1,017,151 50.02
51.00	05100	RECOVERY ROOM	0.256534	879,870	225,717 51.00
53.00	05300	ANESTHESIOLOGY	1.957147	1,021,917	2,000,042 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286487	2,612,325	748,397 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.283810	2,971,106	843,230 54.01
54.02	05402	ULTRASOUND	0.143638	2,006,455	288,203 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.057579	6,170,539	355,293 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.140907	15,921,496	2,243,450 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.282845	1,533,719	433,805 63.00
63.01	06301	NUCLEAR MEDICINE	0.267578	1,155,234	309,115 63.01
65.00	06500	RESPIRATORY THERAPY	0.305125	7,123,261	2,173,485 65.00
66.00	06600	PHYSICAL THERAPY	0.604567	910,468	550,439 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.641494	75,180	48,228 67.00
68.00	06800	SPEECH PATHOLOGY	0.729962	92,620	67,609 68.00
69.00	06900	ELECTROCARDIOLOGY	0.100233	3,305,409	331,311 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304176	24,974	7,596 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153939	10,680,189	1,644,098 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.696820	3,595,260	2,505,249 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196042	27,609,727	5,412,666 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03021	ORTHOPEDICS	1.953497	14,052	27,451 76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.200483	5,290,109	1,060,577 76.02
76.03	03023	CARDIAC REHAB	0.573838	231,041	132,580 76.03
76.04	03024	RADIATION ONCOLOGY	0.341290	329,366	112,409 76.04
76.05	03025	MRI	0.110188	1,490,484	164,233 76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.166425	0	0 76.07
76.08	03028	WOUND CARE	0.552470	2,514	1,389 76.08
76.09	03029	RENAL DIALYSIS	0.721109	1,645,774	1,186,782 76.09
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
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.411293	5,834,625	2,399,740 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.924264	565,726	522,880 92.00
200.00		Total (sum of lines 61-94 and 96-98)		109,326,120	28,161,495 200.00
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)		109,326,120	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XVIIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		1,885,600	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.352031	2,112	743 50.00
50.01	05001	OPEN HEART SURGERY	0.272441	0	0 50.01
50.02	05002	OUTPATIENT SURGERY	0.462190	0	0 50.02
51.00	05100	RECOVERY ROOM	0.256534	0	0 51.00
53.00	05300	ANESTHESIOLOGY	1.957147	989	1,936 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286487	6,227	1,784 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.283810	326	93 54.01
54.02	05402	ULTRASOUND	0.143638	1,144	164 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.057579	23,791	1,370 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.140907	261,502	36,847 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.282845	0	0 63.00
63.01	06301	NUCLEAR MEDICINE	0.267578	0	0 63.01
65.00	06500	RESPIRATORY THERAPY	0.305125	10,645	3,248 65.00
66.00	06600	PHYSICAL THERAPY	0.604567	3,463	2,094 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.641494	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.729962	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.100233	37,731	3,782 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304176	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153939	18,660	2,873 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.696820	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196042	508,174	99,623 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03021	ORTHOPEDI CS	1.953497	0	0 76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.200483	0	0 76.02
76.03	03023	CARDIAC REHAB	0.573838	0	0 76.03
76.04	03024	RADIATION ONCOLOGY	0.341290	0	0 76.04
76.05	03025	MRI	0.110188	8,968	988 76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.166425	252,995	42,105 76.07
76.08	03028	WOUND CARE	0.552470	0	0 76.08
76.09	03029	RENAL DIALYSIS	0.721109	0	0 76.09
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
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.411293	137,501	56,553 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.924264	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,274,228	254,203 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		1,274,228	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 5:43 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		4,617,213	30.00
31.00	03100	INTENSIVE CARE UNIT		1,639,619	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - I/PF		0	40.00
43.00	04300	NURSERY		236,627	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.352031	455,029	160,184 50.00
50.01	05001	OPEN HEART SURGERY	0.256333	287,906	73,800 50.01
50.02	05002	OUTPATIENT SURGERY	0.462190	423,927	195,935 50.02
51.00	05100	RECOVERY ROOM	0.256534	189,931	48,724 51.00
53.00	05300	ANESTHESIOLOGY	1.957147	230,953	452,009 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286487	205,048	58,744 54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.283810	77,220	21,916 54.01
54.02	05402	ULTRASOUND	0.143638	528,382	75,896 54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.057579	1,622,779	93,438 55.01
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MRI	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.140907	2,220,528	312,888 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.282845	353,771	100,062 63.00
63.01	06301	NUCLEAR MEDICINE	0.267578	173,173	46,337 63.01
65.00	06500	RESPIRATORY THERAPY	0.304718	1,451,990	442,447 65.00
66.00	06600	PHYSICAL THERAPY	0.604567	203,757	123,185 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.641494	29,772	19,099 67.00
68.00	06800	SPEECH PATHOLOGY	0.729962	42,748	31,204 68.00
69.00	06900	ELECTROCARDIOLOGY	0.100233	422,139	42,312 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.303354	8,142	2,470 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153939	2,694,177	414,739 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.696820	416,778	290,419 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196042	8,239,249	1,615,239 73.00
76.00	03020	PAIN CLINIC	0.000000	0	0 76.00
76.01	03021	ORTHOPEDICS	1.953497	1,635	3,194 76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.197621	537,165	106,155 76.02
76.03	03023	CARDIAC REHAB	0.573838	61,187	35,111 76.03
76.04	03024	RADIATION ONCOLOGY	0.341290	18,053	6,161 76.04
76.05	03025	MRI	0.110188	495,427	54,590 76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	0 76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.166425	0	0 76.07
76.08	03028	WOUND CARE	0.551531	0	0 76.08
76.09	03029	RENAL DIALYSIS	0.721109	0	0 76.09
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
90.01	09001	OCC HEALTH CLINIC	0.000000	0	0 90.01
91.00	09100	EMERGENCY	0.410399	1,545,833	634,408 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.924264	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		22,936,699	5,460,666 200.00
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)		22,936,699	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15S004		Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XIX	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		0	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
35.00	02040	NEWBORN INTENSIVE CARE UNIT		0	35.00
40.00	04000	SUBPROVIDER - IPF		4,028,305	40.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.352031	0	50.00
50.01	05001	OPEN HEART SURGERY	0.272441	0	50.01
50.02	05002	OUTPATIENT SURGERY	0.462190	0	50.02
51.00	05100	RECOVERY ROOM	0.256534	0	51.00
53.00	05300	ANESTHESIOLOGY	1.957147	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.286487	1,898	54.00
54.01	05401	RADIOLOGY SPECIAL PROCEDURES	0.283810	3,241	54.01
54.02	05402	ULTRASOUND	0.143638	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
55.01	05501	COMPUTED TOMOGRAPHY	0.057579	0	55.01
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.140907	281,103	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.282845	0	63.00
63.01	06301	NUCLEAR MEDICINE	0.267578	0	63.01
65.00	06500	RESPIRATORY THERAPY	0.305125	1,072	65.00
66.00	06600	PHYSICAL THERAPY	0.604567	969	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.641494	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.729962	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.100233	45,404	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.304176	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.153939	10,331	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.696820	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.196042	340,391	73.00
76.00	03020	PAIN CLINIC	0.000000	0	76.00
76.01	03021	ORTHOPEDI CS	1.953497	0	76.01
76.02	03022	CARDIOVASCULAR SERVICES	0.200483	0	76.02
76.03	03023	CARDIAC REHAB	0.573838	520	76.03
76.04	03024	RADIATION ONCOLOGY	0.341290	0	76.04
76.05	03025	MRI	0.110188	4,484	76.05
76.06	03026	BARIATRIC CENTER	0.000000	0	76.06
76.07	03027	PSYCH ACTIVITY THERAPY	0.166425	572,483	76.07
76.08	03028	WOUND CARE	0.552470	0	76.08
76.09	03029	RENAL DIALYSIS	0.721109	0	76.09
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
90.01	09001	OCC HEALTH CLINIC	0.000000	0	90.01
91.00	09100	EMERGENCY	0.411293	86,283	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.924264	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		1,348,179	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		1,348,179	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 5:43 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		30,829,935	1.00
2.00	Outlier payments for discharges. (see instructions)		1,165,514	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,835,424	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		170.36	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)		6.11	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)		1.72	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.		0.67	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)		5.06	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		4.51	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)		4.51	12.00
13.00	Total allowable FTE count for the prior year.		5.83	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.		6.14	14.00
15.00	Sum of lines 12 through 14 divided by 3.		5.49	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		5.49	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.032226	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.033513	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.032226	21.00
22.00	IME payment adjustment (see instructions)		570,141	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)		570,141	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		8.35	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		21.08	31.00
32.00	Sum of lines 30 and 31		29.43	32.00
33.00	Allowable disproportionate share percentage (see instructions)		13.49	33.00
34.00	Disproportionate share adjustment (see instructions)		4,158,958	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)		36,724,548	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)		36,724,548	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,721,251	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).		175,309	52.00
53.00	Nursing and Allied Health Managed Care payment		113,757	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: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/29/2013 5:43 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)			591,144 58.00
59.00	Total (sum of amounts on lines 49 through 58)			40,326,009 59.00
60.00	Primary payer payments			5,319 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			40,320,690 61.00
62.00	Deductibles billed to program beneficiaries			2,675,276 62.00
63.00	Coinurance billed to program beneficiaries			457,380 63.00
64.00	Allowable bad debts (see instructions)			787,685 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			551,380 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			308,777 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			37,739,414 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)			-1,869 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-68,793 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)			37,668,752 71.00
72.00	Interim payments			38,310,459 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)			-641,707 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: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 5:43 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,218	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		12,944,075	2.00
3.00	PPS payments		8,702,931	3.00
4.00	Outlier payment (see instructions)		31,224	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		96,498	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,218	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		26,852	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)		26,852	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)		26,852	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,634	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		5,218	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)		8,830,653	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)		1,926,100	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)		6,909,771	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		44,283	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)		6,954,054	30.00
31.00	Primary payer payments		3,990	31.00
32.00	Subtotal (line 30 minus line 31)		6,950,064	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)		464,964	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		325,475	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		275,088	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,275,539	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)		7,275,539	40.00
41.00	Interim payments		7,334,925	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)		-59,386	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150004

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 5:43 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		38,185,259		7,334,925	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/30/2012	125,200		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)		125,200		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)		38,310,459		7,334,925	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		641,707		59,386	6.02	
7.00	Total Medicare program liability (see instructions)		37,668,752		7,275,539	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: 150004
Component CCN: 15S004

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 5:43 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		756,695		0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		756,695		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		42,197		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		798,892		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT

		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/29/2013 5:43 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14		7,290	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		23,040	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		1,378	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		40,303	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		457,109,976	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		26,115,800	6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168		0	7.00
8.00	Calculation of the HIT incentive payment (see instructions)		2,074,374	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		0	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		2,074,374	32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/29/2013 5:43 pm
		Component CCN: 15S004	Title XVII	Subprovider - IPF
		PPS		
		1.00		
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)		915,171	1.00
2.00	Net IPF PPS Outlier Payments		24,124	2.00
3.00	Net IPF PPS ECT Payments		0	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)		0.00	4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)		0.00	4.01
5.00	New Teaching program adjustment. (see instructions)		0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)		0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)		0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)		0.00	8.00
9.00	Average Daily Census (see instructions)		26.428962	9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.		0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).		0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)		939,295	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)		0	13.00
14.00	Organ acquisition		0	14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)		0	15.00
16.00	Subtotal (see instructions)		939,295	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		939,295	18.00
19.00	Deductibles		153,700	19.00
20.00	Subtotal (line 18 minus line 19)		785,595	20.00
21.00	Coinsurance		28,900	21.00
22.00	Subtotal (line 20 minus line 21)		756,695	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		48,123	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		33,686	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		9,694	25.00
26.00	Subtotal (sum of lines 22 and 24)		790,381	26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)		0	27.00
28.00	Other pass through costs (see instructions)		8,511	28.00
29.00	Outlier payments reconciliation		0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	30.00
30.99	Recovery of Accelerated Depreciation		0	30.99
31.00	Total amount payable to the provider (see instructions)		798,892	31.00
32.00	Interim payments		756,695	32.00
33.00	Tentative settlement (for contractor use only)		0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)		42,197	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2		0	35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2		24,124	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: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XIX	Hospital	Cost	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		12,638,314		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		12,638,314	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		12,638,314	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		22,936,699	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		22,936,699	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		22,936,699	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		10,298,385	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		12,638,314	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		12,638,314	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		12,638,314	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0		33.00
34.00	Allowable bad debts (see instructions)		0		34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		12,638,314	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0		37.00
38.00	Subtotal (line 36 ± line 37)		12,638,314	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		12,638,314	0	40.00
41.00	Interim payments		12,638,314	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0		42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0		43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 Component CCN: 15S004	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XIX	Subprovider - IPF	PPS	
			Inpatient 1.00	Outpatient 2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		1,348,179	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		1,348,179	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		1,348,179	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		1,348,179	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0	0	24.00
25.00	Capital exception payments (see instructions)		0	0	25.00
26.00	Routine and Ancillary service other pass through costs		5,977	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		5,977	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		5,977	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		5,977	0	31.00
32.00	Deductibles		0	0	32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0	0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		5,977	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		5,977	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		5,977	0	40.00
41.00	Interim payments		5,977	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			6.11	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			1.75	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			1.67	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			6.03	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			4.51	6.00
7.00	Enter the lesser of line 5 or line 6			4.51	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	0.00	4.51	4.51	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	0.00	4.51	4.51	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	0.00	4.51		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	0.00	5.80		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	0.00	6.11		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	0.00	5.47		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	0.00	5.47		17.00
18.00	Per resident amount	83,038.30	78,629.94		18.00
19.00	Approved amount for resident costs	0	430,106	430,106	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			430,106	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	24,272	1,448		26.00
27.00	Total Inpatient Days (see instructions)	49,976	49,976		27.00
28.00	Ratio of inpatient days to total inpatient days	0.485673	0.028974		28.00
29.00	Program direct GME amount	208,891	12,462		29.00
30.00	Reduction for direct GME payments for Medicare managed care		1,761		30.00
31.00	Net Program direct GME amount			219,592	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet E-4 Date/Time Prepared: 5/29/2013 5:43 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		51,635,034	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		5,319	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		51,629,715	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		13,045,791	42.00
43.00	Primary payer payments (see instructions)		3,990	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		13,041,801	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		64,671,516	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.798338	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.201662	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		219,592	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)		175,309	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		44,283	50.00

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

Provider CCN: 150004

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

Worksheet G

Date/Time Prepared:
5/29/2013 5:43 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	-87,599,126	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	96,754,189	0	0	0	4.00
5.00	Other receivable	38,082,930	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-14,843,013	0	0	0	6.00
7.00	Inventory	3,094,966	0	0	0	7.00
8.00	Prepaid expenses	1,185,784	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	36,675,730	0	0	0	11.00
FIXED ASSETS						
12.00	Land	5,547,620	0	0	0	12.00
13.00	Land improvements	3,492,686	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	44,603,040	0	0	0	15.00
16.00	Accumulated depreciation	0	0	0	0	16.00
17.00	Leasehold improvements	157,134	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	140,614,256	0	0	0	19.00
20.00	Accumulated depreciation	-141,900,426	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	52,514,310	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	2,096,263	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	2,032,883	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,129,146	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	93,319,186	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,901,550	0	0	0	37.00
38.00	Salaries, wages, and fees payable	11,383,037	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	86,054	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	8,033,268	0	0	0	43.00
44.00	Other current liabilities	1,906,419	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	32,310,328	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	320,443	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	-18,796,615	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	-18,476,172	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	13,834,156	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	79,485,030				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)	79,485,030	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	93,319,186	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150004

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

Worksheet G-1

Date/Time Prepared:
5/29/2013 5:43 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		46,425,542		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		34,951,159				2.00
3.00	Total (sum of line 1 and line 2)		81,376,701		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		81,376,701		0		11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC	1,891,671		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		1,891,671		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		79,485,030		0		19.00
		Endowment Fund		Plant Fund			
		6.00	7.00	8.00			
1.00	Fund balances at beginning of period	0		0			1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)						2.00
3.00	Total (sum of line 1 and line 2)	0		0			3.00
4.00	Additions (credit adjustments) (specify)		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	DEDUCTIONS (DEBIT ADJUSTMENTS) (SPEC		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 150004

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2013 5:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	39,531,832		39,531,832	1.00
2.00	SUBPROVIDER - IPF	28,715,658		28,715,658	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	893,612		893,612	8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	69,141,102		69,141,102	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,791,023		8,791,023	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	NEWBORN INTENSIVE CARE UNIT	0		0	15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,791,023		8,791,023	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	77,932,125		77,932,125	17.00
18.00	Ancillary services	196,308,505	129,330,133	325,638,638	18.00
19.00	Outpatient services	13,980,858	33,797,790	47,778,648	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		5,760,567	5,760,567	22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC		0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	NON REIMBURSABLE	-22,608,514	26,379,771	3,771,257	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	265,612,974	195,268,261	460,881,235	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		197,338,340		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)		197,338,340		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150004

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

Worksheet G-3

Date/Time Prepared:
5/29/2013 5:43 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	460,881,235	1.00
2.00	Less contractual allowances and discounts on patients' accounts	280,708,665	2.00
3.00	Net patient revenues (line 1 minus line 2)	180,172,570	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	197,338,340	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-17,165,770	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	PREMIUM REVENUE	7,846,954	24.00
24.01	OTHER OPERATING REVENUE	6,132,655	24.01
24.02	NET ASSETS RELEASED FROM OPERATIONS	959,362	24.02
24.03	NON-OPERATING REVENUE	341,419	24.03
24.04	EQUITY TRANSFERS	48,569,725	24.04
25.00	Total other income (sum of lines 6-24)	63,850,115	25.00
26.00	Total (line 5 plus line 25)	46,684,345	26.00
27.00	BAD DEBT	11,733,186	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	11,733,186	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	34,951,159	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 150004

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

Worksheet H

HHA CCN: 157145

Date/Time Prepared: 5/29/2013 5:43 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	Capital Related - Bldg. & Fixtures		0		0	0	1.00
2.00	Capital Related - Movable Equipment		0		5,508	5,508	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	904,267	0	8,729	36,006	1,169,008	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,403,949	0	58,770	0	1,462,719	6.00
7.00	Physical Therapy	318,895	0	16,541	212,650	548,086	7.00
8.00	Occupational Therapy	111,212	0	5,960	33,120	150,292	8.00
9.00	Speech Pathology	3,173	0	128	2,905	6,206	9.00
10.00	Medical Social Services	2,806	0	18	0	2,824	10.00
11.00	Home Health Aide	72,492	0	0	1,365	73,857	11.00
12.00	Supplies (see instructions)	0	0	11,686	0	11,686	12.00
13.00	Drugs	0	0	0	0	0	13.00
14.00	DME	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	15.00
16.00	Respiratory Therapy	0	0	0	0	0	16.00
17.00	Private Duty Nursing	0	0	0	0	0	17.00
18.00	Clinic	0	0	0	0	0	18.00
19.00	Health Promotion Activities	0	0	0	0	0	19.00
20.00	Day Care Program	0	0	0	0	0	20.00
21.00	Home Delivered Meals Program	0	0	0	0	0	21.00
22.00	Homemaker Service	0	0	0	0	0	22.00
23.00	All Others (specify)	0	0	0	0	0	23.00
24.00	Total (sum of lines 1-23)	2,816,794	0	101,832	286,046	3,204,672	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	Capital Related - Bldg. & Fixtures	0	0	0	0	0	1.00
2.00	Capital Related - Movable Equipment	0	5,508	0	5,508	0	2.00
3.00	Plant Operation & Maintenance	0	0	0	0	0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	0	1,060,431	-75,094	985,337	0	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	1,472,083	0	1,472,083	0	6.00
7.00	Physical Therapy	0	549,600	0	549,600	0	7.00
8.00	Occupational Therapy	0	150,799	0	150,799	0	8.00
9.00	Speech Pathology	0	6,206	0	6,206	0	9.00
10.00	Medical Social Services	0	2,824	0	2,824	0	10.00
11.00	Home Health Aide	0	75,647	0	75,647	0	11.00
12.00	Supplies (see instructions)	-67,501	39,831	0	39,831	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)	-67,501	3,362,929	-75,094	3,287,835	0	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: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/29/2013 5:43 pm
		HHA CCN: 157145	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				
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0	0			0	1.00
2.00	Capital Related - Movable Equipment	5,508		5,508		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	985,337	0	5,508	0	990,845	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,472,083	0	0	0	1,472,083	6.00
7.00	Physical Therapy	549,600	0	0	0	549,600	7.00
8.00	Occupational Therapy	150,799	0	0	0	150,799	8.00
9.00	Speech Pathology	6,206	0	0	0	6,206	9.00
10.00	Medical Social Services	2,824	0	0	0	2,824	10.00
11.00	Home Health Aide	75,647	0	0	0	75,647	11.00
12.00	Supplies (see instructions)	39,831	0	0	0	39,831	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)	3,287,835	0	5,508	0	3,287,835	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	990,845					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	635,007	2,107,090				6.00
7.00	Physical Therapy	237,079	786,679				7.00
8.00	Occupational Therapy	65,050	215,849				8.00
9.00	Speech Pathology	2,677	8,883				9.00
10.00	Medical Social Services	1,218	4,042				10.00
11.00	Home Health Aide	32,632	108,279				11.00
12.00	Supplies (see instructions)	17,182	57,013				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)		3,287,835				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145		Period: From 01/01/2012 To 12/31/2012		Worksheet H-1 Part II Date/Time Prepared: 5/29/2013 5:43 pm	
				Home Health Agency I		PPS	
	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0				0	1.00
2.00	Capital Related - Movable Equipment		5,508			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	5,508	0	0	-990,845	2,296,990
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,472,083
7.00	Physical Therapy	0	0	0	0	0	549,600
8.00	Occupational Therapy	0	0	0	0	0	150,799
9.00	Speech Pathology	0	0	0	0	0	6,206
10.00	Medical Social Services	0	0	0	0	0	2,824
11.00	Home Health Aide	0	0	0	0	0	75,647
12.00	Supplies (see instructions)	0	0	0	0	0	39,831
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	5,508	0	0	-990,845	2,296,990
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	5,508	0	0		990,845
26.00	Unit Cost Multiplier	0.000000	1.000000	0.000000	0.000000		0.431367

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157145

To 12/31/2012

Part I
Date/Time Prepared:
5/29/2013 5:43 pm

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	DATA PROCESSING	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00				
1.00 Administrative and General	0	32,170	28,450	1,308,212	59,760	100,721	1.00
2.00 Skilled Nursing Care	2,107,090	0	0	0	0	0	2.00
3.00 Physical Therapy	786,679	0	0	0	0	0	3.00
4.00 Occupational Therapy	215,849	0	0	0	0	0	4.00
5.00 Speech Pathology	8,883	0	0	0	0	0	5.00
6.00 Medical Social Services	4,042	0	0	0	0	0	6.00
7.00 Home Health Aide	108,279	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	57,013	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)	3,287,835	32,170	28,450	1,308,212	59,760	100,721	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	PURCHASING, RECEIVING AND STORES	ADMINITTING	Subtotal	OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
	5.03	5.04	5A.04	5.05	6.00	7.00	
1.00 Administrative and General	0	29,650	1,558,963	209,112	41,077	36,520	1.00
2.00 Skilled Nursing Care	0	0	2,107,090	282,634	0	0	2.00
3.00 Physical Therapy	0	0	786,679	105,521	0	0	3.00
4.00 Occupational Therapy	0	0	215,849	28,953	0	0	4.00
5.00 Speech Pathology	0	0	8,883	1,192	0	0	5.00
6.00 Medical Social Services	0	0	4,042	542	0	0	6.00
7.00 Home Health Aide	0	0	108,279	14,524	0	0	7.00
8.00 Supplies (see instructions)	0	0	57,013	7,647	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	29,650	4,846,798	650,125	41,077	36,520	20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.			0.000000				21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 150004

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157145

To 12/31/2012

Part I
Date/Time Prepared:
5/29/2013 5:43 pm

Home Health Agency I

PPS

Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		8.00	9.00	10.00	11.00	13.00	14.00	
1.00	Administrative and General	0	26,898	0	55,376	0	6,211	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	26,898	0	55,376	0	6,211	20.00
21.00	Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

Cost Center Description		PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV	PARAMED PRGM	PARAMED PRGM - LAB	
		15.00	16.00	17.00	22.00	23.00	23.01	
1.00	Administrative and General	0	63,700	484	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	63,700	484	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

(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: 150004

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

Worksheet H-2 Part I

HHA CCN: 157145

Date/Time Prepared: 5/29/2013 5:43 pm

Home Health Agency I

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Cost Center Description		PARAMED ED PRGM - RADIOLOGY	PARAMED ED PRGM - RESPTHER	PARAMED ED PRGM-PHARMACY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	
		23.02	23.03	23.04	24.00	25.00	26.00	
1.00	Administrative and General	0	0	0	1,998,341	0	1,998,341	1.00
2.00	Skilled Nursing Care	0	0	0	2,389,724	0	2,389,724	2.00
3.00	Physical Therapy	0	0	0	892,200	0	892,200	3.00
4.00	Occupational Therapy	0	0	0	244,802	0	244,802	4.00
5.00	Speech Pathology	0	0	0	10,075	0	10,075	5.00
6.00	Medical Social Services	0	0	0	4,584	0	4,584	6.00
7.00	Home Health Aide	0	0	0	122,803	0	122,803	7.00
8.00	Supplies (see instructions)	0	0	0	64,660	0	64,660	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	0	5,727,189	0	5,727,189	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		Allocated HHA A&G (see Part II)	Total HHA Costs					
		27.00	28.00					
1.00	Administrative and General							1.00
2.00	Skilled Nursing Care	1,280,686	3,670,410					2.00
3.00	Physical Therapy	478,142	1,370,342					3.00
4.00	Occupational Therapy	131,193	375,995					4.00
5.00	Speech Pathology	5,399	15,474					5.00
6.00	Medical Social Services	2,457	7,041					6.00
7.00	Home Health Aide	65,812	188,615					7.00
8.00	Supplies (see instructions)	34,652	99,312					8.00
9.00	Drugs	0	0					9.00
10.00	DME	0	0					10.00
11.00	Home Dialysis Aide Services	0	0					11.00
12.00	Respiratory Therapy	0	0					12.00
13.00	Private Duty Nursing	0	0					13.00
14.00	Clinic	0	0					14.00
15.00	Health Promotion Activities	0	0					15.00
16.00	Day Care Program	0	0					16.00
17.00	Home Delivered Meals Program	0	0					17.00
18.00	Homemaker Service	0	0					18.00
19.00	All Others (specify)	0	0					19.00
20.00	Total (sum of lines 1-19) (2)	1,998,341	5,727,189					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.	0.535914						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: 150004

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 157145

To 12/31/2012

Part II
Date/Time Prepared: 5/29/2013 5:43 pm

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (NUMBER OF PHON)	DATA PROCESSING (ALLOC OF TIME)	PURCHASING, RECEIVING AND STORES (COSTED REQUIS.)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	4,108	27,847	2,816,793	61,334	61,506	95,049	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	4,108	27,847	2,816,793	61,334	61,506	95,049	20.00
21.00 Total cost to be allocated	32,170	28,450	1,308,212	59,760	100,721	0	21.00
22.00 Unit cost multiplier	7.831061	1.021654	0.464433	0.974337	1.637580	0.000000	22.00
Cost Center Description	ADMINITTING (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	
	5.04	5A.05	5.05	6.00	7.00	8.00	
1.00 Administrative and General	5,760,567	0	1,558,963	4,108	4,108	0	1.00
2.00 Skilled Nursing Care	0	0	2,107,090	0	0	0	2.00
3.00 Physical Therapy	0	0	786,679	0	0	0	3.00
4.00 Occupational Therapy	0	0	215,849	0	0	0	4.00
5.00 Speech Pathology	0	0	8,883	0	0	0	5.00
6.00 Medical Social Services	0	0	4,042	0	0	0	6.00
7.00 Home Health Aide	0	0	108,279	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	57,013	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)	5,760,567	0	4,846,798	4,108	4,108	0	20.00
21.00 Total cost to be allocated	29,650	0	650,125	41,077	36,520	0	21.00
22.00 Unit cost multiplier	0.005147	0	0.134135	9.999270	8.889971	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/29/2013 5:43 pm
			Home Health Agency I	PPS

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (PROD HOURS)	NURSING ADMINISTRATION (DIRECT NRSING)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS)	
		9.00	10.00	11.00	13.00	14.00	15.00	
1.00	Administrative and General	4,108	0	91,008	0	27,538	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	4,108	0	91,008	0	27,538	0	20.00
21.00	Total cost to be allocated	26,898	0	55,376	0	6,211	0	21.00
22.00	Unit cost multiplier	6.547712	0.000000	0.608474	0.000000	0.225543	0.000000	22.00

Cost Center Description		MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	SOCIAL SERVICES (GROSS CHAR GES)	INTERNS & RESIDENTS SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	PARAMED PRGM (ASSIGNED TIME)	PARAMED PRGM - LAB (ASSIGNED TIME)	PARAMED PRGM - RADIOLOGY (ASSIGNED TIME)	
		16.00	17.00	22.00	23.00	23.01	23.02	
1.00	Administrative and General	5,760,567	5,760,567	0	0	0	0	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19)	5,760,567	5,760,567	0	0	0	0	20.00
21.00	Total cost to be allocated	63,700	484	0	0	0	0	21.00
22.00	Unit cost multiplier	0.011058	0.000084	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 150004
HHA CCN: 157145

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

Worksheet H-2
Part II
Date/Time Prepared:
5/29/2013 5:43 pm
PPS

Cost Center Description	PARAMED ED PRGM - RESP THER (ASSIGNED TIME)	PARAMED ED PRGM-PHARMACY (ASSIGNED TIME)		
	23.03	23.04		
1.00 Administrative and General	0	0		1.00
2.00 Skilled Nursing Care	0	0		2.00
3.00 Physical Therapy	0	0		3.00
4.00 Occupational Therapy	0	0		4.00
5.00 Speech Pathology	0	0		5.00
6.00 Medical Social Services	0	0		6.00
7.00 Home Health Aide	0	0		7.00
8.00 Supplies (see instructions)	0	0		8.00
9.00 Drugs	0	0		9.00
10.00 DME	0	0		10.00
11.00 Home Dialysis Aide Services	0	0		11.00
12.00 Respiratory Therapy	0	0		12.00
13.00 Private Duty Nursing	0	0		13.00
14.00 Clinic	0	0		14.00
15.00 Health Promotion Activities	0	0		15.00
16.00 Day Care Program	0	0		16.00
17.00 Home Delivered Meals Program	0	0		17.00
18.00 Homemaker Service	0	0		18.00
19.00 All Others (specify)	0	0		19.00
20.00 Total (sum of lines 1-19)	0	0		20.00
21.00 Total cost to be allocated	0	0		21.00
22.00 Unit cost multiplier	0.000000	0.000000		22.00

APPORTIONMENT OF PATIENT SERVICE COSTS					Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/29/2013 5:43 pm	
					Title XVIII	Home Health Agency I	PPS	
Cost Center Description	From, Wkst. H-2, Part I, col. 28, line	Facility Costs (from Wkst. H-2, Part I)	Shared Ancillary Costs (from Part II)	Total HHA Costs (cols. 1 + 2)	Total Visits	Average Cost Per Visit (col. 3 + col. 4)		
	0	1.00	2.00	3.00	4.00	5.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	2.00	3,670,410		3,670,410	16,893	217.27	1.00
2.00	Physical Therapy	3.00	1,370,342	0	1,370,342	7,720	177.51	2.00
3.00	Occupational Therapy	4.00	375,995	0	375,995	1,691	222.35	3.00
4.00	Speech Pathology	5.00	15,474	0	15,474	163	94.93	4.00
5.00	Medical Social Services	6.00	7,041		7,041	54	130.39	5.00
6.00	Home Health Aide	7.00	188,615		188,615	3,026	62.33	6.00
7.00	Total (sum of lines 1-6)		5,627,877	0	5,627,877	29,547		7.00
Program Visits								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles								
	0	1.00	2.00	3.00	4.00	5.00		
Limitation Cost Computation								
8.00	Skilled Nursing Care		23844	6,565	4,947			8.00
8.01	Skilled Nursing Care		16974	0	0			8.01
9.00	Physical Therapy		23844	3,878	1,867			9.00
9.01	Physical Therapy		16974	0	0			9.01
10.00	Occupational Therapy		23844	810	544			10.00
10.01	Occupational Therapy		16974	0	0			10.01
11.00	Speech Pathology		23844	76	49			11.00
11.01	Speech Pathology		16974	0	0			11.01
12.00	Medical Social Services		23844	15	25			12.00
12.01	Medical Social Services		16974	0	0			12.01
13.00	Home Health Aide		23844	838	1,767			13.00
13.01	Home Health Aide		16974	0	0			13.01
14.00	Total (sum of lines 8-13)			12,182	9,199			14.00
Cost Center Description								
From Wkst. H-2 Part I, col. 28, line								
Facility Costs (from Wkst. H-2, Part I)								
Shared Ancillary Costs (from Part II)								
Total HHA Costs (cols. 1 + 2)								
Total Charges (From HHA Record)								
Ratio (col. 3 + col. 4)								
	0	1.00	2.00	3.00	4.00	5.00		
Supplies and Drugs Cost Computations								
15.00	Cost of Medical Supplies	8.00	99,312	0	99,312	103,094	0.963315	15.00
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000	16.00
Program Visits								
Cost of Services								
Part A								
Part B								
Not Subject to Deductibles & Coinsurance								
Subject to Deductibles & Coinsurance								
	6.00	7.00	8.00	9.00	10.00	11.00		
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION								
Cost Per Visit Computation								
1.00	Skilled Nursing Care	6,565	4,947		1,426,378	1,074,835		1.00
2.00	Physical Therapy	3,878	1,867		688,384	331,411		2.00
3.00	Occupational Therapy	810	544		180,104	120,958		3.00
4.00	Speech Pathology	76	49		7,215	4,652		4.00
5.00	Medical Social Services	15	25		1,956	3,260		5.00
6.00	Home Health Aide	838	1,767		52,233	110,137		6.00
7.00	Total (sum of lines 1-6)	12,182	9,199		2,356,270	1,645,253		7.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/29/2013 5:43 pm
				Title XVII I	Home Health Agency I	PPS

Cost Center Description		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00
Cost Center Description		Program Covered Charges			Cost of Services		
		Part A	Part B		Part A	Part B	
			Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance		Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		6.00	7.00	8.00	9.00	10.00	11.00
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies						15.00
16.00	Cost of Drugs		0	0		0	16.00
Cost Center Description		Total Program Cost (sum of col.s. 9-10)					
		12.00					
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	2,501,213					1.00
2.00	Physical Therapy	1,019,795					2.00
3.00	Occupational Therapy	301,062					3.00
4.00	Speech Pathology	11,867					4.00
5.00	Medical Social Services	5,216					5.00
6.00	Home Health Aide	162,370					6.00
7.00	Total (sum of lines 1-6)	4,001,523					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part II Date/Time Prepared: 5/29/2013 5:43 pm
			Title XVIII	Home Health Agency I

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	0.604567	0	0	col. 2, line 2.00 1.00
2.00	Occupational Therapy	67.00	0.641494	0	0	col. 2, line 3.00 2.00
3.00	Speech Pathology	68.00	0.729962	0	0	col. 2, line 4.00 3.00
4.00	Cost of Medical Supplies	71.00	0.153939	0	0	col. 2, line 15.00 4.00
5.00	Cost of Drugs	73.00	0.196042	0	0	col. 2, line 16.00 5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2013 5:43 pm	
		Title XVIII	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)	0.000000	0.000000	0.000000	5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		0	0	0 9.00
			Part A Services	Part B Services	
			1.00	2.00	
PART II - COMPUTATION OF HHA REIMBURSEMENT SETTLEMENT					
10.00	Total reasonable cost (see instructions)		0	0	10.00
11.00	Total PPS Reimbursement - Full Episodes without Outliers		1,947,936	1,310,006	11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers		9,816	10,973	12.00
13.00	Total PPS Reimbursement - LUPA Episodes		29,455	21,988	13.00
14.00	Total PPS Reimbursement - PEP Episodes		10,828	738	14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers		1,536	2,296	15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes		0	0	16.00
17.00	Total Other Payments		-86	-7,786	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)		1,999,485	1,338,215	22.00
23.00	Excess reasonable cost (from line 8)		0	0	23.00
24.00	Subtotal (line 22 minus line 23)		1,999,485	1,338,215	24.00
25.00	Coinsurance billed to program patients (from your records)				0 25.00
26.00	Net cost (line 24 minus line 25)		1,999,485	1,338,215	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: 150004 HHA CCN: 157145	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/29/2013 5:43 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)			1,999,485	1,338,215	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)			1,999,485	1,338,215	31.00
32.00	Interim payments (see instructions)			1,999,485	1,338,215	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: 150004 HHA CCN: 157145	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/29/2013 5:43 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		1,999,485		1,338,215	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01			0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50			0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. H-4, Part II, column as appropriate, line 32)		1,999,485		1,338,215	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)		1,999,485		1,338,215	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 150004 HHA CCN: 157145	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/29/2013 5:43 pm PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150004	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/29/2013 5:43 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,483,999	1.00
2.00	Capital DRG outlier payments		49,461	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		110.12	3.00
4.00	Number of interns & residents (see instructions)		5.49	4.00
5.00	Indirect medical education percentage (see instructions)		1.42	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		35,273	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		8.35	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		21.08	8.00
9.00	Sum of lines 7 and 8		29.43	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.14	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		152,518	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,721,251	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