

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: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/23/2013 11:28 am
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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: _____ Time: _____
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: _____ 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by THE FINLEY HOSPITAL (160117) 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

	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	-97,027	8,241	0	0 1.00
2.00	Subprovider - IPF	0	5,517	0	0	0 2.00
3.00	Subprovider - IRF	0	29,230	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-62,280	8,241	0	0 200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/23/2013 11:28 am
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1.00	2.00	3.00	4.00	1.00	2.00
Hospital and Hospital Health Care Complex Address:					
Street: 350 NORTH GRANDVIEW AVENUE		PO Box:	Zip Code: 52001	County: DUBUQUE	
City: DUBUQUE		State: IA			

	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	THE FINLEY HOSPITAL	160117	20220	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	THE FINLEY HOSPITAL - MHU	16S117	20220	4	12/23/1998	N	P	P	4.00
5.00	Subprovider - IRF	THE FINLEY HOSPITAL - REHAB	16T117	20220	5	01/01/2004	N	P	N	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	FINLEY HOSPITAL HOME CARE	167002	20220		07/01/1966	N	P	O	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
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	2		21.00

Inpatient PPS Information				
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.	Y	N	22.00
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.	3	N	23.00

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,932	260	26	43	99	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	67	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.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	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.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00		0.000000	64.00

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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	N	0		71.00			
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00			
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00			
		1.00							
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00			
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00			
		V 1.00			XIX 2.00				
Title V and XIX Services									
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00			
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00			
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00			
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00			
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00			
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00			
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00			
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00			
Rural Providers									
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					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 1.00		Occupational 2.00		Speech 3.00		Respiratory 4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N							109.00
		1.00			2.00		3.00		
Miscellaneous Cost Reporting Information									
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00			
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00			
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00			
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00			

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	644,615	574,350	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	H00185	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: FINLEY TRI -STATES	Contractor's Name: WPS		Contractor's Number: 05001	
142.00	Street: 350 NORTH GRANDVIEW AVE	PO Box:			
143.00	City: DUBUQUE	State: IA		Zip Code: 52001	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 11:28 am	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	Y			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	04/04/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/23/2013 11:28 am
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	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions				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.				23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions				24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.				25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.				26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.				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.				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				29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.				30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.				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.				32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.				34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.				35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?				36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.				37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.				39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.				40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MONICA	SUTTER		41.00
42.00	Enter the employer/company name of the cost report preparer.	UNI TYPOINT HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	515-362-5144	MONICA.SUTTER@UNI TYPOINT.ORG		43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	04/04/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR REIMBURSEMENT ANALYST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part IX Date/Time Prepared: 5/23/2013 11:28 am
		Title V	Title XIX	
		1.00	2.00	
TITLES V AND/OR XIX FOLLOWING MEDICARE				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on W/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on W/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on W/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
CRITICAL ACCESS HOSPITALS				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
RCE DISALLOWANCE				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on W/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
PASS THROUGH COST				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2013 11:28 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Visi ts / Tri ps		
					Title V		
	1.00	2.00	3.00	4.00	5.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	88	32,208	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)		88	32,208	0.00	0	7.00	
8.00 INTENSIVE CARE UNIT	31.00	10	3,660	0.00	0	8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY	43.00				0	13.00	
14.00 Total (see instructions)		98	35,868	0.00	0	14.00	
15.00 CAH visits					0	15.00	
16.00 SUBPROVIDER - IPF	40.00	9	3,294		0	16.00	
17.00 SUBPROVIDER - IRF	41.00	10	3,660		0	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	101.00				0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	
27.00 Total (sum of lines 14-26)		117				27.00	
28.00 Observation Bed Days					0	28.00	
29.00 Ambulance Trips						29.00	
30.00 Employee discount days (see instruction)						30.00	
31.00 Employee discount days - IRF						31.00	
32.00 Labor & delivery days (see instructions)						32.00	
33.00 LTCH non-covered days						33.00	
				I/P Days / O/P Visi ts / Tri ps		Full Time Equival ents	
Component	Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol l		
	6.00	7.00	8.00	9.00	10.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	8,462	1,466	13,344			1.00	
2.00 HMO	291	0				2.00	
3.00 HMO IPF Subprovider	43	0				3.00	
4.00 HMO IRF Subprovider	18	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)	8,462	1,466	13,344			7.00	
8.00 INTENSIVE CARE UNIT	1,209	0	2,015			8.00	
9.00 CORONARY CARE UNIT						9.00	
10.00 BURN INTENSIVE CARE UNIT						10.00	
11.00 SURGICAL INTENSIVE CARE UNIT						11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00	
13.00 NURSERY		780	1,785			13.00	
14.00 Total (see instructions)	9,671	2,246	17,144	0.00	485.67	14.00	
15.00 CAH visits	0	0	0			15.00	
16.00 SUBPROVIDER - IPF	1,731	0	1,985	0.00	12.05	16.00	
17.00 SUBPROVIDER - IRF	1,908	0	2,378	0.00	12.64	17.00	
18.00 SUBPROVIDER						18.00	
19.00 SKILLED NURSING FACILITY						19.00	
20.00 NURSING FACILITY						20.00	
21.00 OTHER LONG TERM CARE						21.00	
22.00 HOME HEALTH AGENCY	11,109	0	23,471	0.00	32.43	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00	
24.00 HOSPI CE						24.00	
25.00 CMHC - CMHC						25.00	
26.00 RURAL HEALTH CLINIC						26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 160117

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

Worksheet S-3
Part I
Date/Time Prepared:
5/23/2013 11:28 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
27.00	Total (sum of lines 14-26)				0.00	542.79	27.00
28.00	Observation Bed Days		113	1,118			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			191			30.00
31.00	Employee discount days - IRF			17			31.00
32.00	Labor & delivery days (see instructions)		114	280			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title VIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	2,171	688	4,305	1.00
2.00	HMO			75			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	2,171	688	4,305	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	144	3	172	16.00
17.00	SUBPROVIDER - IRF	0.00	0	186	4	226	17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY	0.00					22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						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: 160117

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

Worksheet S-3
Part II
Date/Time Prepared:
5/23/2013 11:28 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	33,033,399	439,158	33,472,557	1,142,893.00	29.29
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		371,914	0	371,914	1,004.00	370.43
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		1,522,474	0	1,522,474	8,586.00	177.32
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		5,742,010	384,362	6,126,372	172,886.00	35.44
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		798,253	0	798,253	18,736.00	42.61
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		391,985	0	391,985	1,715.00	228.56
14.00	Home office salaries & wage-related costs		5,775,338	0	5,775,338	152,684.00	37.83
15.00	Home office: Physician Part A - Administrative		22,790	0	22,790	400.00	56.98
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		6,109,439	0	6,109,439		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		1,226,905	0	1,226,905		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		32,145	0	32,145		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		131,589	0	131,589		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	0	0	0	0.00	0.00
27.00	Administrative & General	5.00	596,233	54,245	650,478	27,424.00	23.72
28.00	Administrative & General under contract (see inst.)		601,846	0	601,846	6,078.00	99.02
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	649,092	212	649,304	31,533.00	20.59
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	754,295	0	754,295	54,212.00	13.91
33.00	Housekeeping under contract (see instructions)		30,744	0	30,744	2,080.00	14.78
34.00	Dietary	10.00	916,893	0	916,893	56,396.00	16.26
35.00	Dietary under contract (see instructions)		61,369	0	61,369	2,080.00	29.50
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	1,752,234	0	1,752,234	56,396.00	31.07
39.00	Central Services and Supply	14.00	290,409	0	290,409	18,003.00	16.13
40.00	Pharmacy	15.00	1,047,213	0	1,047,213	27,726.00	37.77
41.00	Medical Records & Medical Records Library	16.00	525,024	0	525,024	26,469.00	19.84

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 160117		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/23/2013 11:28 am		
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
42.00	Soci al Servi ce	17.00	132,606	0	132,606	6,950.00	19.08	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: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part III Date/Time Prepared: 5/23/2013 11:28 am
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	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	32,204,884	439,158	32,644,042	1,144,545.00	28.52	1.00
2.00	Excluded area salaries (see instructions)	5,742,010	384,362	6,126,372	172,886.00	35.44	2.00
3.00	Subtotal salaries (line 1 minus line 2)	26,462,874	54,796	26,517,670	971,659.00	27.29	3.00
4.00	Subtotal other wages & related costs (see inst.)	6,988,366	0	6,988,366	173,535.00	40.27	4.00
5.00	Subtotal wage-related costs (see inst.)	6,141,584	0	6,141,584	0.00	23.16	5.00
6.00	Total (sum of lines 3 thru 5)	39,592,824	54,796	39,647,620	1,145,194.00	34.62	6.00
7.00	Total overhead cost (see instructions)	7,357,958	54,457	7,412,415	315,347.00	23.51	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/23/2013 11:28 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,408,700 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			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)			3,197,971 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			168,645 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			33,297 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)			33,887 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			364,731 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			2,292,847 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 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			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			7,500,078 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/23/2013 11:28 am
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		1,792,084	7,500,077 1.00
2.00	Hospital		1,792,084	7,204,863 2.00
3.00	Subprovider - IPF		0	126,085 3.00
4.00	Subprovider - IRF		0	169,129 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			
9.00	Hospital-Based NF			
10.00	Hospital-Based OLTC			
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			
13.00	Hospital-Based Hospice			
14.00	Hospital-Based Health Clinic RHC			
15.00	Hospital-Based Health Clinic FQHC			
16.00	Hospital-Based-CMHC			
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOME HEALTH AGENCY STATISTICAL DATA		Provider CCN: 160117 Component CCN: 167002		Period: From 01/01/2012 To 12/31/2012		Worksheet S-4 Date/Time Prepared: 5/23/2013 11:28 am	
				Home Health Agency I		PPS	
				1.00			
0.00	County			DUBUQUE		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	915	4,442	325	5,682	1.00
2.00	Unduplicated Census Count (see instructions)	0.00	607.00	148.00	10.00	480.00	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)	40.00		0.00	0.00	0.00	3.00
4.00	Director(s) and Assistant Director(s)			0.00	0.00	0.00	4.00
5.00	Other Administrative Personnel			0.46	0.00	0.46	5.00
6.00	Direct Nursing Service			17.01	0.00	17.01	6.00
7.00	Nursing Supervisor			0.00	0.00	0.00	7.00
8.00	Physical Therapy Service			3.75	0.00	3.75	8.00
9.00	Physical Therapy Supervisor			0.00	0.00	0.00	9.00
10.00	Occupational Therapy Service			1.15	0.00	1.15	10.00
11.00	Occupational Therapy Supervisor			0.00	0.00	0.00	11.00
12.00	Speech Pathology Service			0.08	0.00	0.08	12.00
13.00	Speech Pathology Supervisor			0.00	0.00	0.00	13.00
14.00	Medical Social Service			0.00	0.00	0.00	14.00
15.00	Medical Social Service Supervisor			0.00	0.00	0.00	15.00
16.00	Home Health Aide			2.73	0.00	2.73	16.00
17.00	Home Health Aide Supervisor			0.00	0.00	0.00	17.00
18.00	Other (specify)			0.00	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.			7			19.00
20.00	List those CBSA code(s) in column 1 serviced during this cost reporting period (line 20 contains the first code).	16300					20.00
20.01		20220					20.01
20.02		31540					20.02
20.03		99914					20.03
20.04		99916					20.04
20.05		99928					20.05
20.06		99952					20.06
		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	6,216	39	118	188	6,561	21.00
22.00	Skilled Nursing Visit Charges	950,472	5,967	17,586	28,692	1,002,717	22.00
23.00	Physical Therapy Visits	3,068	12	17	98	3,195	23.00
24.00	Physical Therapy Visit Charges	646,570	2,532	3,587	20,618	673,307	24.00
25.00	Occupational Therapy Visits	987	14	7	47	1,055	25.00
26.00	Occupational Therapy Visit Charges	213,006	2,954	1,477	9,869	227,306	26.00
27.00	Speech Pathology Visits	42	25	2	3	72	27.00
28.00	Speech Pathology Visit Charges	8,826	5,275	422	633	15,156	28.00
29.00	Medical Social Service Visits	47	0	0	5	52	29.00
30.00	Medical Social Service Visit Charges	11,658	0	0	1,245	12,903	30.00
31.00	Home Health Aide Visits	802	12	2	18	834	31.00
32.00	Home Health Aide Visit Charges	51,967	756	126	1,134	53,983	32.00
33.00	Total visits (sum of lines 21, 23, 25, 27, 29, and 31)	11,162	102	146	359	11,769	33.00
34.00	Other Charges	0	0	0	0	0	34.00
35.00	Total Charges (sum of lines 22, 24, 26, 28, 30, 32, and 34)	1,882,499	17,484	23,198	62,191	1,985,372	35.00
36.00	Total Number of Episodes (standard/non outlier)	728		50	25	803	36.00
37.00	Total Number of Outlier Episodes		2		2	4	37.00
38.00	Total Non-Routine Medical Supply Charges	31,084	317	195	720	32,316	38.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/23/2013 11:28 am
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.363878	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		4,841,196	2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		N	3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?			4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0	5.00	
6.00	Medicaid charges		14,645,450	6.00	
7.00	Medicaid cost (line 1 times line 6)		5,329,157	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)		487,961	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		270,159	9.00	
10.00	Stand-alone SCHIP charges		542,767	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		197,501	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)		27,169	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,517,905	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		552,332	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)		525,163	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,013,124	19.00	
			Uninsured patients		
			Insured patients		
			Total (col. 1 + col. 2)		
			1.00	2.00	
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	623,481	315,418	938,899	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	226,871	114,774	341,645	21.00
22.00	Partial payment by patients approved for charity care	6,138	31,497	37,635	22.00
23.00	Cost of charity care (line 21 minus line 22)	220,733	83,277	304,010	23.00
			1.00		
24.00	Does the amount in line 20 column 2 include charges for patient days beyond a length of stay limit imposed on patients covered by Medicaid or other indigent care program?		N	24.00	
25.00	If line 24 is "yes," charges for patient days beyond an indigent care program's length of stay limit		0	25.00	
26.00	Total bad debt expense for the entire hospital complex (see instructions)		3,951,443	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		71,726	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		3,879,717	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,411,744	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		1,715,754	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,728,878	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 160117		Period: From 01/01/2012 To 12/31/2012		Worksheet A Date/Time Prepared: 5/23/2013 11:28 am	
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,725,139	2,725,139	-101,726	2,623,413	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		0	0	0	0	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS		0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	0	0	0	0	0	4.00
5.01	00590	ADMINISTRATIVE & GENERAL	51,377	664,558	715,935	4,075,149	4,791,084	5.01
5.02	00591	REHAB ADMINISTRATION	257,458	77,523	334,981	0	334,981	5.02
5.03	00592	RADIOLOGY ADMINISTRATION	287,398	193,886	481,284	-114,920	366,364	5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	649,092	1,524,862	2,173,954	-64,229	2,109,725	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	338,889	338,889	8.00
9.00	00900	HOUSEKEEPING	754,295	557,847	1,312,142	-41,305	1,270,837	9.00
10.00	01000	DIETARY	916,893	1,233,883	2,150,776	-74,848	2,075,928	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	1,752,234	1,272,012	3,024,246	-359,048	2,665,198	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	290,409	355,096	645,505	-41,261	604,244	14.00
15.00	01500	PHARMACY	1,047,213	3,414,084	4,461,297	-2,989,601	1,471,696	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	525,024	692,289	1,217,313	-210,241	1,007,072	16.00
17.00	01700	SOCIAL SERVICE	132,606	68,696	201,302	-42,761	158,541	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,621,760	2,514,196	7,135,956	-838,228	6,297,728	30.00
31.00	03100	INTENSIVE CARE UNIT	1,263,478	638,177	1,901,655	-411,057	1,490,598	31.00
40.00	04000	SUBPROVIDER - I PF	562,265	800,834	1,363,099	-85,215	1,277,884	40.00
41.00	04100	SUBPROVIDER - I RF	739,786	868,826	1,608,612	-82,238	1,526,374	41.00
43.00	04300	NURSERY	571,195	203,446	774,641	-22,471	752,170	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,035,654	9,229,345	11,264,999	-5,728,028	5,536,971	50.00
51.00	05100	RECOVERY ROOM	1,058,147	623,352	1,681,499	184,726	1,866,225	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	640,180	274,670	914,850	-215,968	698,882	52.00
53.00	05300	ANESTHESIOLOGY	28,873	714,003	742,876	-216,905	525,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	776,313	1,123,207	1,899,520	-274,065	1,625,455	54.00
54.01	03450	NUCLEAR MEDICINE	71,780	378,343	450,123	-171,539	278,584	54.01
54.02	03630	ULTRASOUND	144,818	204,887	349,705	5,975	355,680	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	873,170	1,812,401	2,685,571	-435,787	2,249,784	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	229,631	662,062	891,693	-58,260	833,433	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	187,739	462,210	649,949	-52,587	597,362	58.00
60.00	06000	LABORATORY	0	4,626,245	4,626,245	-447,037	4,179,208	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	414,834	414,834	63.00
64.00	06400	INTRAVENOUS THERAPY	311,632	304,831	616,463	-267,597	348,866	64.00
65.00	06500	RESPIRATORY THERAPY	407,513	339,031	746,544	-248,138	498,406	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	104,221	104,221	65.01
66.00	06600	PHYSICAL THERAPY	1,862,269	781,533	2,643,802	-248,439	2,395,363	66.00
67.00	06700	OCCUPATIONAL THERAPY	375,220	190,377	565,597	-166	565,431	67.00
68.00	06800	SPEECH PATHOLOGY	199,370	38,713	238,083	-1,968	236,115	68.00
69.00	06900	ELECTROCARDIOLOGY	122,999	78,778	201,777	-146,131	55,646	69.00
69.01	03140	CARDIOLOGY	213,341	839,960	1,053,301	-380,627	672,674	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	99,140	142,240	241,380	-8,544	232,836	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	2,756,973	2,756,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	4,601,731	4,601,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,930,040	2,930,040	73.00
74.00	07400	RENAL DIALYSIS	0	257,693	257,693	-11,768	245,925	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	24,697	24,697	76.00
76.97	07697	CARDIAC REHABILITATION	151,084	81,310	232,394	-21,777	210,617	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	36,656	198,276	234,932	-11,371	223,561	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	855,944	676,846	1,532,790	196,980	1,729,770	90.00
91.00	09100	EMERGENCY	3,489,484	2,293,729	5,783,213	-555,995	5,227,218	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	63,799	63,799	0	63,799	95.00
101.00	10100	HOME HEALTH AGENCY	1,742,231	1,337,908	3,080,139	-427,608	2,652,531	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE	0	427,573	427,573	0	427,573	113.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160117

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

Worksheet A
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	30,335,671	45,968,676	76,304,347	224,761	76,529,108	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	227,665	536,637	764,302	-50,778	713,524	194.00
194.01	07951 BUSINESS HEALTH	408,533	215,081	623,614	-62,461	561,153	194.01
194.02	07952 VI TACARE	950,110	573,725	1,523,835	-71,336	1,452,499	194.02
194.03	07953 CASCADE CLINIC	123,369	109,563	232,932	-22,646	210,286	194.03
194.04	07954 ORTHOPEDIC CLINIC	589,408	370,883	960,291	0	960,291	194.04
194.05	07955 ENT CLINIC	274,538	238,366	512,904	0	512,904	194.05
194.06	07956 RSVP	47,157	18,422	65,579	0	65,579	194.06
194.07	07957 CONTRACT CLEANING	-6,188	-2,484	-8,672	0	-8,672	194.07
194.08	07958 DIM MAINTENANCE	-21,382	3,430	-17,952	0	-17,952	194.08
194.09	07959 RENTAL PROPERTY	0	239,114	239,114	101,726	340,840	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	64,001	64,001	0	64,001	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	71,048	71,048	0	71,048	194.11
194.12	07962 LIFESTYLES	104,484	120,916	225,400	-44,434	180,966	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES FOUNDATION	0	-22,011	-22,011	0	-22,011	194.13
194.14	07964 FOUNDATION	0	91,955	91,955	-32,071	59,884	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	34	-2,101	-2,067	0	-2,067	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	1,242,348	1,242,348	-42,761	1,199,587	194.19
200.00	TOTAL (SUM OF LINES 118-199)	33,033,399	49,837,569	82,870,968	0	82,870,968	200.00
Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation				
		6.00	7.00				
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT	30,137	2,653,550				1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	00300 OTHER CAPITAL RELATED COSTS	0	0				3.00
4.00	00400 EMPLOYEE BENEFITS	449,357	449,357				4.00
5.01	00590 ADMINISTRATIVE & GENERAL	7,485,679	12,276,763				5.01
5.02	00591 REHAB ADMINISTRATION	-8,682	326,299				5.02
5.03	00592 RADIOLOGY ADMINISTRATION	-8,963	357,401				5.03
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	-17,714	2,092,011				7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	338,889				8.00
9.00	00900 HOUSEKEEPING	-32,277	1,238,560				9.00
10.00	01000 DIETARY	-613,901	1,462,027				10.00
11.00	01100 CAFETERIA	0	0				11.00
11.01	01101 EMPLOYEE CAFETERIA	0	0				11.01
12.00	01200 MAINTENANCE OF PERSONNEL	0	0				12.00
13.00	01300 NURSING ADMINISTRATION	-42,311	2,622,887				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-9,957	594,287				14.00
15.00	01500 PHARMACY	-604,935	866,761				15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-16,994	990,078				16.00
17.00	01700 SOCIAL SERVICE	-2,099	156,442				17.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00	02000 NURSING SCHOOL	0	0				20.00
21.00	02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0				21.00
22.00	02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00	02300 PARAMED ED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	-110,342	6,187,386				30.00
31.00	03100 INTENSIVE CARE UNIT	-32,696	1,457,902				31.00
40.00	04000 SUBPROVIDER - I PF	-9,638	1,268,246				40.00
41.00	04100 SUBPROVIDER - I RF	-123,545	1,402,829				41.00
43.00	04300 NURSERY	-9,315	742,855				43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	-67,181	5,469,790				50.00
51.00	05100 RECOVERY ROOM	-27,553	1,838,672				51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-22,254	676,628				52.00
53.00	05300 ANESTHESIOLOGY	-264,773	261,198				53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-16,500	1,608,955				54.00
54.01	03450 NUCLEAR MEDICINE	-173	278,411				54.01
54.02	03630 ULTRASOUND	-1,278	354,402				54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	-63,933	2,185,851				55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	-3,794	829,639				57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	-6,906	590,456				58.00
60.00	06000 LABORATORY	-818,951	3,360,257				60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0				62.30

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 160117

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

Worksheet A
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	414,834	63.00
64.00	06400	INTRAVENOUS THERAPY	-7,660	341,206	64.00
65.00	06500	RESPIRATORY THERAPY	-9,133	489,273	65.00
65.01	03560	PULMONARY FUNCTION	0	104,221	65.01
66.00	06600	PHYSICAL THERAPY	-186,180	2,209,183	66.00
67.00	06700	OCCUPATIONAL THERAPY	-6,754	558,677	67.00
68.00	06800	SPEECH PATHOLOGY	-1,444	234,671	68.00
69.00	06900	ELECTROCARDIOLOGY	-2,350	53,296	69.00
69.01	03140	CARDIOLOGY	-4,277	668,397	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	-3,466	229,370	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	2,756,973	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	4,601,731	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	2,930,040	73.00
74.00	07400	RENAL DIALYSIS	0	245,925	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	24,697	76.00
76.97	07697	CARDIAC REHABILITATION	-20,344	190,273	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	-2,646	220,915	76.98
76.99	07699	LITHOTRIpsy	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-429,014	1,300,756	90.00
91.00	09100	EMERGENCY	-2,543,359	2,683,859	91.00
92.00	09200	OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	63,799	95.00
101.00	10100	HOME HEALTH AGENCY	-211,469	2,441,062	101.00
SPECIAL PURPOSE COST CENTERS					
113.00	11300	INTEREST EXPENSE	-427,573	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,172,839	77,701,947	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
194.00	07950	MARKETING	-6,613	706,911	194.00
194.01	07951	BUSINESS HEALTH	-5,494	555,659	194.01
194.02	07952	VITACARE	-10,832	1,441,667	194.02
194.03	07953	CASCADE CLINIC	-2,904	207,382	194.03
194.04	07954	ORTHOPEDIC CLINIC	-2,608	957,683	194.04
194.05	07955	ENT CLINIC	-10	512,894	194.05
194.06	07956	RSVP	-61	65,518	194.06
194.07	07957	CONTRACT CLEANING	10,358	1,686	194.07
194.08	07958	DI MAINTENANCE	50,273	32,321	194.08
194.09	07959	RENTAL PROPERTY	0	340,840	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	64,001	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	71,048	194.11
194.12	07962	LIFESTYLES	-1,995	178,971	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	243,682	221,671	194.13
194.14	07964	FOUNDATION	0	59,884	194.14
194.15	07965	PHYSICIAN BILLING	157,773	157,773	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	16,041	13,974	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	1,199,587	194.19
200.00		TOTAL (SUM OF LINES 118-199)	1,620,449	84,491,417	200.00

COST CENTERS USED IN COST REPORT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet Non-CMS W Date/Time Prepared: 5/23/2013 11:28 am
Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00	CAP REL COSTS-MVBLE EQUIP	00200		2.00
3.00	OTHER CAPITAL RELATED COSTS	00300		3.00
4.00	EMPLOYEE BENEFITS	00400		4.00
5.01	ADMINISTRATIVE & GENERAL	00590		5.01
5.02	REHAB ADMINISTRATION	00591		5.02
5.03	RADIOLOGY ADMINISTRATION	00592		5.03
6.00	MAINTENANCE & REPAIRS	00600		6.00
7.00	OPERATION OF PLANT	00700		7.00
8.00	LAUNDRY & LINEN SERVICE	00800		8.00
9.00	HOUSEKEEPING	00900		9.00
10.00	DIETARY	01000		10.00
11.00	CAFETERIA	01100		11.00
11.01	EMPLOYEE CAFETERIA	01101		11.01
12.00	MAINTENANCE OF PERSONNEL	01200		12.00
13.00	NURSING ADMINISTRATION	01300		13.00
14.00	CENTRAL SERVICES & SUPPLY	01400		14.00
15.00	PHARMACY	01500		15.00
16.00	MEDICAL RECORDS & LIBRARY	01600		16.00
17.00	SOCIAL SERVICE	01700		17.00
19.00	NONPHYSICIAN ANESTHETISTS	01900		19.00
20.00	NURSING SCHOOL	02000		20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	02100		21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	02200		22.00
23.00	PARAMED PRGM-(SPECIFY)	02300		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	03000		30.00
31.00	INTENSIVE CARE UNIT	03100		31.00
40.00	SUBPROVIDER - I PF	04000		40.00
41.00	SUBPROVIDER - I RF	04100		41.00
43.00	NURSERY	04300		43.00
ANCILLARY SERVICE COST CENTERS				
50.00	OPERATING ROOM	05000		50.00
51.00	RECOVERY ROOM	05100		51.00
52.00	DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00	ANESTHESIOLOGY	05300		53.00
54.00	RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01	NUCLEAR MEDICINE	03450		54.01
54.02	ULTRASOUND	03630		54.02
55.00	RADIOLOGY-THERAPEUTIC	05500		55.00
57.00	COMPUTED TOMOGRAPHY (CT) SCAN	05700		57.00
58.00	MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
60.00	LABORATORY	06000		60.00
62.30	BLOOD CLOTTING FOR HEMOPHILIACS	06250		62.30
63.00	BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00	INTRAVENOUS THERAPY	06400		64.00
65.00	RESPIRATORY THERAPY	06500		65.00
65.01	PULMONARY FUNCTION	03560		65.01
66.00	PHYSICAL THERAPY	06600		66.00
67.00	OCCUPATIONAL THERAPY	06700		67.00
68.00	SPEECH PATHOLOGY	06800		68.00
69.00	ELECTROCARDIOLOGY	06900		69.00
69.01	CARDIOLOGY	03140		69.01
70.00	ELECTROENCEPHALOGRAPHY	07000		70.00
71.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	07100		71.00
72.00	IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00	DRUGS CHARGED TO PATIENTS	07300		73.00
74.00	RENAL DIALYSIS	07400		74.00
76.00	ELECTROSHOCK THERAPY	03320		76.00
76.97	CARDIAC REHABILITATION	07697	CARDIAC REHABILITATION	76.97
76.98	HYPERBARIC OXYGEN THERAPY	07698	HYPERBARIC OXYGEN THERAPY	76.98
76.99	LI THOTRI PSY	07699	LI THOTRI PSY	76.99
OUTPATIENT SERVICE COST CENTERS				
90.00	CLINIC	09000		90.00
91.00	EMERGENCY	09100		91.00
92.00	OBSERVATION BEDS	09200		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00	AMBULANCE SERVICES	09500		95.00
101.00	HOME HEALTH AGENCY	10100		101.00
SPECIAL PURPOSE COST CENTERS				
113.00	INTEREST EXPENSE	11300		113.00

COST CENTERS USED IN COST REPORT

Provider CCN: 160117

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

Worksheet Non-CMS W
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		CMS Code	Standard Label For Non-Standard Codes	
		1.00	2.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)			118.00
	NONREIMBURSABLE COST CENTERS			
190.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
194.00	MARKETING	07950		194.00
194.01	BUSINESS HEALTH	07951		194.01
194.02	VI TACARE	07952		194.02
194.03	CASCADE CLINIC	07953		194.03
194.04	ORTHOPEDIC CLINIC	07954		194.04
194.05	ENT CLINIC	07955		194.05
194.06	RSVP	07956		194.06
194.07	CONTRACT CLEANING	07957		194.07
194.08	DIM MAINTENANCE	07958		194.08
194.09	RENTAL PROPERTY	07959		194.09
194.10	GRANDVIEW MEDICAL CENTER	07960		194.10
194.11	NORTH GRANDVIEW OFFICE	07961		194.11
194.12	LIFESTYLES	07962		194.12
194.13	HEALTHCARE AFFILIATES OF TRI-STATES	07963		194.13
194.14	FOUNDATION	07964		194.14
194.15	PHYSICIAN BILLING	07965		194.15
194.16	GUEST MEALS / MOW'S	07966		194.16
194.17	NONREIMBURSABLE	07967		194.17
194.18	CONTRACTED ULTRASOUND	07968		194.18
194.19	CARDIO SPECIALTY CARE CLINIC	07969		194.19
200.00	TOTAL (SUM OF LINES 118-199)			200.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6

Date/Time Prepared:
5/23/2013 11:28 am

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SAME DAY ICU RECLASS					
1.00	ADULTS & PEDIATRICS	30.00	49,733	25,120	1.00
	TOTALS		49,733	25,120	
B - DRUGS RECLASS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	2,930,040	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
	TOTALS		0	2,930,040	
C - LAUNDRY RECLASS					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	338,889	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
	TOTALS		0	338,889	
D - CHAPLAIN RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.01	38,853	0	1.00
	TOTALS		38,853	0	
E - PROPERTY FOR FUTURE RECLASS					
1.00	RENTAL PROPERTY	194.09	0	101,726	1.00
	TOTALS		0	101,726	
F - PHYSICIAN BILLING					
1.00	PHYSICIAN BILLING	194.15	111,243	0	1.00
	TOTALS		111,243	0	
G - CONTRA ACCOUNTS RECLASS					
1.00	ADMINISTRATIVE & GENERAL	5.01	15,392	0	1.00
2.00	OPERATION OF PLANT	7.00	212	0	2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	339	0	3.00
4.00	HOME HEALTH AGENCY	101.00	1,738	0	4.00
5.00	CONTRACT CLEANING	194.07	7,874	0	5.00
6.00	DIM MAINTENANCE	194.08	50,519	0	6.00
7.00	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	201,774	0	7.00
8.00	CONTRACTED ULTRASOUND	194.18	11,214	0	8.00
	TOTALS		289,062	0	

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
H - MEDICAL SUPPLIES RECLASS					
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	2,756,973	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
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
TOTALS			0	2,756,973	
I - IMPLANTABLE SUPPLIES RECLASS					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	4,601,731	1.00
2.00	SUBPROVIDER - IRF	41.00	0	6	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
TOTALS			0	4,601,737	
J - IT CHARGES					
1.00	ADMINISTRATIVE & GENERAL	5.01	0	4,075,149	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
	TOTALS		0	4,075,149		
K - A&P RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	82,631	33,524		1.00
	TOTALS		82,631	33,524		
L - IV THERAPY RECLASS						
1.00	INTRAVENOUS THERAPY	64.00	192,320	109,018		1.00
	TOTALS		192,320	109,018		
M - RADIOLOGY-DIAG RECLASS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	24,812	60,295		1.00
	TOTALS		24,812	60,295		
N - OR RECLASS						
1.00	OPERATING ROOM	50.00	89,826	140,259		1.00
2.00		0.00	0	0		2.00
	TOTALS		89,826	140,259		
O - BLOOD RECLASS						
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	414,834		1.00
	TOTALS		0	414,834		
P - ULTRASOUND RECLASS						
1.00	ULTRASOUND	54.02	12,137	20,213		1.00
	TOTALS		12,137	20,213		
Q - PULMONARY RECLASS						
1.00	PULMONARY FUNCTION	65.01	70,459	33,762		1.00
	TOTALS		70,459	33,762		
R - RADIOLOGY RECLASS						
1.00	CARDIOLOGY	69.01	86,921	44,350		1.00
	TOTALS		86,921	44,350		
S - CLINIC RECLASS						
1.00	CLINIC	90.00	289,097	151,786		1.00
2.00		0.00	0	0		2.00
	TOTALS		289,097	151,786		
T - RECOVERY RECLASS						
1.00	RECOVERY ROOM	51.00	313,549	121,780		1.00
2.00		0.00	0	0		2.00
	TOTALS		313,549	121,780		
U - OBSERVATION RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	52,728	21,374		1.00
2.00		0.00	0	0		2.00
3.00		0.00	0	0		3.00
	TOTALS		52,728	21,374		
V - SHOCKWAVE THERAPY RECLASS						
1.00	ELECTROSHOCK THERAPY	76.00	9,364	15,333		1.00
	TOTALS		9,364	15,333		
500.00	Grand Total: Increases		1,712,735	15,996,162		500.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6
Date/Time Prepared:
5/23/2013 11:28 am

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - SAME DAY ICU RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	49,733	25,120	0		1.00
	TOTALS		49,733	25,120			
B - DRUGS RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	23	0		1.00
2.00	PHARMACY	15.00	0	2,874,587	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	494	0		3.00
4.00	INTENSIVE CARE UNIT	31.00	0	377	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	6	0		5.00
6.00	NURSERY	43.00	0	184	0		6.00
7.00	OPERATING ROOM	50.00	0	31,497	0		7.00
8.00	RECOVERY ROOM	51.00	0	1,810	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	1,106	0		9.00
10.00	ANESTHESIOLOGY	53.00	0	9,465	0		10.00
11.00	RADIOLOGY-DIAGNOSTIC	54.00	0	463	0		11.00
12.00	NUCLEAR MEDICINE	54.01	0	1,210	0		12.00
13.00	ULTRASOUND	54.02	0	1,826	0		13.00
14.00	RADIOLOGY-THERAPEUTIC	55.00	0	215	0		14.00
15.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	533	0		15.00
16.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	117	0		16.00
17.00	INTRAVENOUS THERAPY	64.00	0	2,348	0		17.00
18.00	RESPIRATORY THERAPY	65.00	0	391	0		18.00
19.00	CARDIOLOGY	69.01	0	290	0		19.00
20.00	ELECTROENCEPHALOGRAPHY	70.00	0	170	0		20.00
21.00	EMERGENCY	91.00	0	2,928	0		21.00
	TOTALS		0	2,930,040			
C - LAUNDRY RECLASS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,870	0		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	84,477	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	20,940	0		3.00
4.00	SUBPROVIDER - IPF	40.00	0	6,526	0		4.00
5.00	SUBPROVIDER - IRF	41.00	0	12,453	0		5.00
6.00	NURSERY	43.00	0	4,055	0		6.00
7.00	OPERATING ROOM	50.00	0	37,256	0		7.00
8.00	RECOVERY ROOM	51.00	0	24,997	0		8.00
9.00	DELIVERY ROOM & LABOR ROOM	52.00	0	12,451	0		9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	24,176	0		10.00
11.00	RADIOLOGY-THERAPEUTIC	55.00	0	12,168	0		11.00
12.00	INTRAVENOUS THERAPY	64.00	0	3,962	0		12.00
13.00	RESPIRATORY THERAPY	65.00	0	157	0		13.00
14.00	PHYSICAL THERAPY	66.00	0	24,269	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	314	0		15.00
16.00	ELECTROENCEPHALOGRAPHY	70.00	0	1,329	0		16.00
17.00	RENAL DIALYSIS	74.00	0	1,078	0		17.00
18.00	HYPERBARIC OXYGEN THERAPY	76.98	0	30	0		18.00
19.00	EMERGENCY	91.00	0	39,255	0		19.00
20.00	BUSINESS HEALTH	194.01	0	3,665	0		20.00
21.00	VITACARE	194.02	0	4,522	0		21.00
22.00	CASCADE CLINIC	194.03	0	1,266	0		22.00
23.00	LIFESTYLES	194.12	0	1,673	0		23.00
	TOTALS		0	338,889			
D - CHAPLAIN RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.01	0	38,853	0		1.00
	TOTALS		0	38,853			
E - PROPERTY FOR FUTURE RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	101,726	9		1.00
	TOTALS		0	101,726			
F - PHYSICIAN BILLING							
1.00	PHYSICIAN BILLING	194.15	0	111,243	0		1.00
	TOTALS		0	111,243			
G - CONTRA ACCOUNTS RECLASS							
1.00	ADMINISTRATIVE & GENERAL	5.01	0	15,392	0		1.00
2.00	OPERATION OF PLANT	7.00	0	212	0		2.00
3.00	RADIOLOGY-THERAPEUTIC	55.00	0	339	0		3.00
4.00	HOME HEALTH AGENCY	101.00	0	1,738	0		4.00
5.00	CONTRACT CLEANING	194.07	0	7,874	0		5.00
6.00	DIM MAINTENANCE	194.08	0	50,519	0		6.00
7.00	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	0	201,774	0		7.00
8.00	CONTRACTED ULTRASOUND	194.18	0	11,214	0		8.00
	TOTALS		0	289,062			

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6
Date/Time Prepared:
5/23/2013 11:28 am

Decreases						
Cost Center	Line #	Salary	Other	Wkst.	A-7 Ref.	
6.00	7.00	8.00	9.00	10.00		
H - MEDICAL SUPPLIES RECLASS						
1.00	OPERATION OF PLANT	7.00	0	88	0	1.00
2.00	HOUSEKEEPING	9.00	0	17,252	0	2.00
3.00	DIETARY	10.00	0	17	0	3.00
4.00	NURSING ADMINISTRATION	13.00	0	35	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,988	0	5.00
6.00	PHARMACY	15.00	0	3,504	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	74,424	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	23,949	0	8.00
9.00	SUBPROVIDER - IPF	40.00	0	3,858	0	9.00
10.00	SUBPROVIDER - IRF	41.00	0	5,644	0	10.00
11.00	NURSERY	43.00	0	17,315	0	11.00
12.00	OPERATING ROOM	50.00	0	1,460,394	0	12.00
13.00	RECOVERY ROOM	51.00	0	106,204	0	13.00
14.00	DELIVERY ROOM & LABOR ROOM	52.00	0	11,954	0	14.00
15.00	ANESTHESIOLOGY	53.00	0	202,095	0	15.00
16.00	RADIOLOGY-DIAGNOSTIC	54.00	0	90,855	0	16.00
17.00	NUCLEAR MEDICINE	54.01	0	148,389	0	17.00
18.00	ULTRASOUND	54.02	0	3,169	0	18.00
19.00	RADIOLOGY-THERAPEUTIC	55.00	0	143,871	0	19.00
20.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	43,088	0	20.00
21.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	41,664	0	21.00
22.00	LABORATORY	60.00	0	132	0	22.00
23.00	INTRAVENOUS THERAPY	64.00	0	9,786	0	23.00
24.00	RESPIRATORY THERAPY	65.00	0	89,918	0	24.00
25.00	PHYSICAL THERAPY	66.00	0	7,693	0	25.00
26.00	OCCUPATIONAL THERAPY	67.00	0	166	0	26.00
27.00	SPEECH PATHOLOGY	68.00	0	1,968	0	27.00
28.00	ELECTROCARDIOLOGY	69.00	0	14,546	0	28.00
29.00	CARDIOLOGY	69.01	0	162,231	0	29.00
30.00	ELECTROENCEPHALOGRAPHY	70.00	0	7,045	0	30.00
31.00	CARDIAC REHABILITATION	76.97	0	397	0	31.00
32.00	HYPERBARIC OXYGEN THERAPY	76.98	0	651	0	32.00
33.00	CLINIC	90.00	0	3,302	0	33.00
34.00	EMERGENCY	91.00	0	59,381	0	34.00
TOTALS			0	2,756,973		
I - IMPLANTABLE SUPPLIES RECLASS						
1.00	PHARMACY	15.00	0	37,219	0	1.00
2.00	ADULTS & PEDIATRICS	30.00	0	1,265	0	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	5,041	0	3.00
4.00	NURSERY	43.00	0	615	0	4.00
5.00	OPERATING ROOM	50.00	0	4,219,813	0	5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	14,129	0	6.00
7.00	NUCLEAR MEDICINE	54.01	0	560	0	7.00
8.00	RADIOLOGY-THERAPEUTIC	55.00	0	331	0	8.00
9.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	1,276	0	9.00
10.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	116	0	10.00
11.00	INTRAVENOUS THERAPY	64.00	0	67,500	0	11.00
12.00	CARDIOLOGY	69.01	0	130,106	0	12.00
13.00	CLINIC	90.00	0	120,336	0	13.00
14.00	EMERGENCY	91.00	0	3,430	0	14.00
TOTALS			0	4,601,737		
J - IT CHARGES						
1.00	RADIOLOGY ADMINISTRATION	5.03	0	114,920	0	1.00
2.00	OPERATION OF PLANT	7.00	0	64,141	0	2.00
3.00	HOUSEKEEPING	9.00	0	24,053	0	3.00
4.00	DIETARY	10.00	0	74,831	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	359,013	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	21,380	0	6.00
7.00	PHARMACY	15.00	0	74,291	0	7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	210,241	0	8.00
9.00	SOCIAL SERVICE	17.00	0	42,761	0	9.00
10.00	ADULTS & PEDIATRICS	30.00	0	697,536	0	10.00
11.00	INTENSIVE CARE UNIT	31.00	0	96,212	0	11.00
12.00	SUBPROVIDER - IPF	40.00	0	74,831	0	12.00
13.00	SUBPROVIDER - IRF	41.00	0	64,141	0	13.00
14.00	OPERATING ROOM	50.00	0	184,456	0	14.00
15.00	RECOVERY ROOM	51.00	0	117,592	0	15.00
16.00	ANESTHESIOLOGY	53.00	0	5,345	0	16.00
17.00	RADIOLOGY-DIAGNOSTIC	54.00	0	120,265	0	17.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6
Date/Time Prepared:
5/23/2013 11:28 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
18.00	NUCLEAR MEDICINE	54.01	0	21,380	0		18.00
19.00	ULTRASOUND	54.02	0	21,380	0		19.00
20.00	RADIOLOGY-THERAPEUTIC	55.00	0	213,804	0		20.00
21.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	13,363	0		21.00
22.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10,690	0		22.00
23.00	LABORATORY	60.00	0	32,071	0		23.00
24.00	INTRAVENOUS THERAPY	64.00	0	77,504	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	53,451	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	216,477	0		26.00
27.00	CARDIOLOGY	69.01	0	13,363	0		27.00
28.00	RENAL DIALYSIS	74.00	0	10,690	0		28.00
29.00	CARDIAC REHABILITATION	76.97	0	21,380	0		29.00
30.00	HYPERBARIC OXYGEN THERAPY	76.98	0	10,690	0		30.00
31.00	CLINIC	90.00	0	120,265	0		31.00
32.00	EMERGENCY	91.00	0	149,663	0		32.00
33.00	HOME HEALTH AGENCY	101.00	0	427,608	0		33.00
34.00	MARKETING	194.00	0	50,778	0		34.00
35.00	BUSINESS HEALTH	194.01	0	58,796	0		35.00
36.00	VI TACARE	194.02	0	66,814	0		36.00
37.00	CASCADE CLINIC	194.03	0	21,380	0		37.00
38.00	LIFESTYLES	194.12	0	42,761	0		38.00
39.00	FOUNDATION	194.14	0	32,071	0		39.00
40.00	CARDIO SPECIALTY CARE CLINIC	194.19	0	42,761	0		40.00
	TOTALS		0	4,075,149			
K - A&P RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	82,631	33,524	0		1.00
	TOTALS		82,631	33,524			
L - IV THERAPY RECLASS							
1.00	EMERGENCY	91.00	192,320	109,018	0		1.00
	TOTALS		192,320	109,018			
M - RADIOLOGY-DIAG RECLASS							
1.00	CARDIOLOGY	69.01	24,812	60,295	0		1.00
	TOTALS		24,812	60,295			
N - OR RECLASS							
1.00	RADIOLOGY-DIAGNOSTIC	54.00	48,822	60,462	0		1.00
2.00	CARDIOLOGY	69.01	41,004	79,797	0		2.00
	TOTALS		89,826	140,259			
O - BLOOD RECLASS							
1.00	LABORATORY	60.00	0	414,834	0		1.00
	TOTALS		0	414,834			
P - ULTRASOUND RECLASS							
1.00	RADIOLOGY-THERAPEUTIC	55.00	12,137	20,213	0		1.00
	TOTALS		12,137	20,213			
Q - PULMONARY RECLASS							
1.00	RESPIRATORY THERAPY	65.00	70,459	33,762	0		1.00
	TOTALS		70,459	33,762			
R - RADIOLOGY RECLASS							
1.00	ELECTROCARDIOLOGY	69.00	86,921	44,350	0		1.00
	TOTALS		86,921	44,350			
S - CLINIC RECLASS							
1.00	INTRAVENOUS THERAPY	64.00	276,698	131,137	0		1.00
2.00	RADIOLOGY-THERAPEUTIC	55.00	12,399	20,649	0		2.00
	TOTALS		289,097	151,786			
T - RECOVERY RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	178,535	66,607	0		1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	135,014	55,173	0		2.00
	TOTALS		313,549	121,780			
U - OBSERVATION RECLASS							
1.00	INTENSIVE CARE UNIT	31.00	52,308	21,222	0		1.00
2.00	NURSERY	43.00	228	74	0		2.00
3.00	DELIVERY ROOM & LABOR ROOM	52.00	192	78	0		3.00
	TOTALS		52,728	21,374			
V - SHOCKWAVE THERAPY RECLASS							
1.00	OPERATING ROOM	50.00	9,364	15,333	0		1.00
	TOTALS		9,364	15,333			
500.00	Grand Total: Decreases		1,273,577	16,435,320			500.00

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/23/2013 11:28 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
A - SAME DAY ICU RECLASS						
1.00	ADULTS & PEDIATRICS	30.00	49,733	INTENSIVE CARE UNIT	31.00	49,733
	TOTALS		49,733	TOTALS		49,733
B - DRUGS RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00		CENTRAL SERVICES & SUPPLY	14.00	
2.00		0.00		PHARMACY	15.00	
3.00		0.00		ADULTS & PEDIATRICS	30.00	
4.00		0.00		INTENSIVE CARE UNIT	31.00	
5.00		0.00		SUBPROVIDER - IRF	41.00	
6.00		0.00		NURSERY	43.00	
7.00		0.00		OPERATING ROOM	50.00	
8.00		0.00		RECOVERY ROOM	51.00	
9.00		0.00		DELIVERY ROOM & LABOR ROOM	52.00	
10.00		0.00		ANESTHESIOLOGY	53.00	
11.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00	
12.00		0.00		NUCLEAR MEDICINE	54.01	
13.00		0.00		ULTRASOUND	54.02	
14.00		0.00		RADIOLOGY-THERAPEUTIC	55.00	
15.00		0.00		COMPUTED TOMOGRAPHY (CT)	57.00	
16.00		0.00		SCAN		
				MAGNETIC RESONANCE IMAGING (MRI)	58.00	
17.00		0.00		INTRAVENOUS THERAPY	64.00	
18.00		0.00		RESPIRATORY THERAPY	65.00	
19.00		0.00		CARDIOLOGY	69.01	
20.00		0.00		ELECTROENCEPHALOGRAPHY	70.00	
21.00		0.00		EMERGENCY	91.00	
	TOTALS			TOTALS		0
C - LAUNDRY RECLASS						
1.00	LAUNDRY & LINEN SERVICE	8.00		CENTRAL SERVICES & SUPPLY	14.00	
2.00		0.00		ADULTS & PEDIATRICS	30.00	
3.00		0.00		INTENSIVE CARE UNIT	31.00	
4.00		0.00		SUBPROVIDER - IPF	40.00	
5.00		0.00		SUBPROVIDER - IRF	41.00	
6.00		0.00		NURSERY	43.00	
7.00		0.00		OPERATING ROOM	50.00	
8.00		0.00		RECOVERY ROOM	51.00	
9.00		0.00		DELIVERY ROOM & LABOR ROOM	52.00	
10.00		0.00		RADIOLOGY-DIAGNOSTIC	54.00	
11.00		0.00		RADIOLOGY-THERAPEUTIC	55.00	
12.00		0.00		INTRAVENOUS THERAPY	64.00	
13.00		0.00		RESPIRATORY THERAPY	65.00	
14.00		0.00		PHYSICAL THERAPY	66.00	
15.00		0.00		ELECTROCARDIOLOGY	69.00	
16.00		0.00		ELECTROENCEPHALOGRAPHY	70.00	
17.00		0.00		RENAL DIALYSIS	74.00	
18.00		0.00		HYPERBARIC OXYGEN THERAPY	76.98	
19.00		0.00		EMERGENCY	91.00	
20.00		0.00		BUSINESS HEALTH	194.01	
21.00		0.00		VI TACARE	194.02	
22.00		0.00		CASCADE CLINIC	194.03	
23.00		0.00		LIFESTYLES	194.12	
	TOTALS			TOTALS		0
D - CHAPLAIN RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.01	38,853	ADMINISTRATIVE & GENERAL	5.01	0
	TOTALS		38,853	TOTALS		0
E - PROPERTY FOR FUTURE RECLASS						
1.00	RENTAL PROPERTY	194.09		CAP REL COSTS-BLDG & FIXT	1.00	
	TOTALS			TOTALS		0
F - PHYSICIAN BILLING						
1.00	PHYSICIAN BILLING	194.15	111,243	PHYSICIAN BILLING	194.15	0
	TOTALS		111,243	TOTALS		0
G - CONTRA ACCOUNTS RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.01	15,392	ADMINISTRATIVE & GENERAL	5.01	0
2.00	OPERATION OF PLANT	7.00	212	OPERATION OF PLANT	7.00	0
3.00	RADIOLOGY-THERAPEUTIC	55.00	339	RADIOLOGY-THERAPEUTIC	55.00	0
4.00	HOME HEALTH AGENCY	101.00	1,738	HOME HEALTH AGENCY	101.00	0
5.00	CONTRACT CLEANING	194.07	7,874	CONTRACT CLEANING	194.07	0
6.00	DIM MAINTENANCE	194.08	50,519	DIM MAINTENANCE	194.08	0
7.00	HEALTHCARE AFFILIATES OF TRI -STATES	194.13	201,774	HEALTHCARE AFFILIATES OF TRI -STATES	194.13	0
8.00	CONTRACTED ULTRASOUND	194.18	11,214	CONTRACTED ULTRASOUND	194.18	0
	TOTALS		289,062	TOTALS		0

RECLASSIFICATIONS

Provider CCN: 160117

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

Worksheet A-6
Non-CMS Worksheet
Date/Time Prepared:
5/23/2013 11:28 am

Increases			Decreases			
Cost Center	Line #	Salary	Cost Center	Line #	Salary	
2.00	3.00	4.00	6.00	7.00	8.00	
H - MEDICAL SUPPLIES RECLASS						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	OPERATION OF PLANT	7.00	0	1.00
2.00		0.00	HOUSEKEEPING	9.00	0	2.00
3.00		0.00	DIETARY	10.00	0	3.00
4.00		0.00	NURSING ADMINISTRATION	13.00	0	4.00
5.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	5.00
6.00		0.00	PHARMACY	15.00	0	6.00
7.00		0.00	ADULTS & PEDIATRICS	30.00	0	7.00
8.00		0.00	INTENSIVE CARE UNIT	31.00	0	8.00
9.00		0.00	SUBPROVIDER - IPF	40.00	0	9.00
10.00		0.00	SUBPROVIDER - IRF	41.00	0	10.00
11.00		0.00	NURSERY	43.00	0	11.00
12.00		0.00	OPERATING ROOM	50.00	0	12.00
13.00		0.00	RECOVERY ROOM	51.00	0	13.00
14.00		0.00	DELIVERY ROOM & LABOR ROOM	52.00	0	14.00
15.00		0.00	ANESTHESIOLOGY	53.00	0	15.00
16.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	16.00
17.00		0.00	NUCLEAR MEDICINE	54.01	0	17.00
18.00		0.00	ULTRASOUND	54.02	0	18.00
19.00		0.00	RADIOLOGY-THERAPEUTIC	55.00	0	19.00
20.00		0.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	20.00
21.00		0.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	21.00
22.00		0.00	LABORATORY	60.00	0	22.00
23.00		0.00	INTRAVENOUS THERAPY	64.00	0	23.00
24.00		0.00	RESPIRATORY THERAPY	65.00	0	24.00
25.00		0.00	PHYSICAL THERAPY	66.00	0	25.00
26.00		0.00	OCCUPATIONAL THERAPY	67.00	0	26.00
27.00		0.00	SPEECH PATHOLOGY	68.00	0	27.00
28.00		0.00	ELECTROCARDIOLOGY	69.00	0	28.00
29.00		0.00	CARDIOLOGY	69.01	0	29.00
30.00		0.00	ELECTROENCEPHALOGRAPHY	70.00	0	30.00
31.00		0.00	CARDIAC REHABILITATION	76.97	0	31.00
32.00		0.00	HYPERBARI C OXYGEN THERAPY	76.98	0	32.00
33.00		0.00	CLINIC	90.00	0	33.00
34.00		0.00	EMERGENCY	91.00	0	34.00
	TOTALS		TOTALS		0	0
I - IMPLANTABLE SUPPLIES RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	PHARMACY	15.00	0	1.00
2.00	SUBPROVIDER - IRF	41.00	ADULTS & PEDIATRICS	30.00	0	2.00
3.00		0.00	INTENSIVE CARE UNIT	31.00	0	3.00
4.00		0.00	NURSERY	43.00	0	4.00
5.00		0.00	OPERATING ROOM	50.00	0	5.00
6.00		0.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6.00
7.00		0.00	NUCLEAR MEDICINE	54.01	0	7.00
8.00		0.00	RADIOLOGY-THERAPEUTIC	55.00	0	8.00
9.00		0.00	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	9.00
10.00		0.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	10.00
11.00		0.00	INTRAVENOUS THERAPY	64.00	0	11.00
12.00		0.00	CARDIOLOGY	69.01	0	12.00
13.00		0.00	CLINIC	90.00	0	13.00
14.00		0.00	EMERGENCY	91.00	0	14.00
	TOTALS		TOTALS		0	0
J - IT CHARGES						
1.00	ADMINISTRATIVE & GENERAL	5.01	RADIOLOGY ADMINISTRATION	5.03	0	1.00
2.00		0.00	OPERATION OF PLANT	7.00	0	2.00
3.00		0.00	HOUSEKEEPING	9.00	0	3.00
4.00		0.00	DIETARY	10.00	0	4.00
5.00		0.00	NURSING ADMINISTRATION	13.00	0	5.00
6.00		0.00	CENTRAL SERVICES & SUPPLY	14.00	0	6.00
7.00		0.00	PHARMACY	15.00	0	7.00
8.00		0.00	MEDICAL RECORDS & LIBRARY	16.00	0	8.00
9.00		0.00	SOCIAL SERVICE	17.00	0	9.00
10.00		0.00	ADULTS & PEDIATRICS	30.00	0	10.00
11.00		0.00	INTENSIVE CARE UNIT	31.00	0	11.00
12.00		0.00	SUBPROVIDER - IPF	40.00	0	12.00
13.00		0.00	SUBPROVIDER - IRF	41.00	0	13.00
14.00		0.00	OPERATING ROOM	50.00	0	14.00
15.00		0.00	RECOVERY ROOM	51.00	0	15.00

Increases				Decreases				
Cost Center	Line #	Salary		Cost Center	Line #	Salary		
2.00	3.00	4.00		6.00	7.00	8.00		
16.00	0.00			0 ANESTHESIOLOGY	53.00	0	16.00	
17.00	0.00			0 RADIOLOGY-DIAGNOSTIC	54.00	0	17.00	
18.00	0.00			0 NUCLEAR MEDICINE	54.01	0	18.00	
19.00	0.00			0 ULTRASOUND	54.02	0	19.00	
20.00	0.00			0 RADIOLOGY-THERAPEUTIC	55.00	0	20.00	
21.00	0.00			0 COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0	21.00	
22.00	0.00			0 MAGNETIC RESONANCE IMAGING (MRI)	58.00	0	22.00	
23.00	0.00			0 LABORATORY	60.00	0	23.00	
24.00	0.00			0 INTRAVENOUS THERAPY	64.00	0	24.00	
25.00	0.00			0 RESPIRATORY THERAPY	65.00	0	25.00	
26.00	0.00			0 PHYSICAL THERAPY	66.00	0	26.00	
27.00	0.00			0 RADIOLOGY	69.01	0	27.00	
28.00	0.00			0 RENAL DIALYSIS	74.00	0	28.00	
29.00	0.00			0 CARDIAC REHABILITATION	76.97	0	29.00	
30.00	0.00			0 HYPERBARI C OXYGEN THERAPY	76.98	0	30.00	
31.00	0.00			0 CLINIC	90.00	0	31.00	
32.00	0.00			0 EMERGENCY	91.00	0	32.00	
33.00	0.00			0 HOME HEALTH AGENCY	101.00	0	33.00	
34.00	0.00			0 MARKETING	194.00	0	34.00	
35.00	0.00			0 BUSINESS HEALTH	194.01	0	35.00	
36.00	0.00			0 VITACARE	194.02	0	36.00	
37.00	0.00			0 CASCADE CLINIC	194.03	0	37.00	
38.00	0.00			0 LIFFESTYLES	194.12	0	38.00	
39.00	0.00			0 FOUNDATION	194.14	0	39.00	
40.00	0.00			0 CARDIO SPECIALTY CARE CLINIC	194.19	0	40.00	
				TOTALS		0		
K - A&P RECLASS								
1.00	ADULTS & PEDIATRICS	30.00	82,631	INTENSIVE CARE UNIT	31.00	82,631	1.00	
	TOTALS		82,631	TOTALS		82,631		
L - IV THERAPY RECLASS								
1.00	INTRAVENOUS THERAPY	64.00	192,320	EMERGENCY	91.00	192,320	1.00	
	TOTALS		192,320	TOTALS		192,320		
M - RADIOLOGY-DIAG RECLASS								
1.00	RADIOLOGY-DIAGNOSTIC	54.00	24,812	CARDIOLOGY	69.01	24,812	1.00	
	TOTALS		24,812	TOTALS		24,812		
N - OR RECLASS								
1.00	OPERATING ROOM	50.00	89,826	RADIOLOGY-DIAGNOSTIC	54.00	48,822	1.00	
2.00		0.00		CARDIOLOGY	69.01	41,004	2.00	
	TOTALS		89,826	TOTALS		89,826		
O - BLOOD RECLASS								
1.00	BLOOD STORING, PROCESSING & TRANS.	63.00		LABORATORY	60.00	0	1.00	
	TOTALS			TOTALS		0		
P - ULTRASOUND RECLASS								
1.00	ULTRASOUND	54.02	12,137	RADIOLOGY-THERAPEUTIC	55.00	12,137	1.00	
	TOTALS		12,137	TOTALS		12,137		
Q - PULMONARY RECLASS								
1.00	PULMONARY FUNCTION	65.01	70,459	RESPIRATORY THERAPY	65.00	70,459	1.00	
	TOTALS		70,459	TOTALS		70,459		
R - RADIOLOGY RECLASS								
1.00	CARDIOLOGY	69.01	86,921	ELECTROCARDIOLOGY	69.00	86,921	1.00	
	TOTALS		86,921	TOTALS		86,921		
S - CLINIC RECLASS								
1.00	CLINIC	90.00	289,097	INTRAVENOUS THERAPY	64.00	276,698	1.00	
2.00		0.00		RADIOLOGY-THERAPEUTIC	55.00	12,399	2.00	
	TOTALS		289,097	TOTALS		289,097		
T - RECOVERY RECLASS								
1.00	RECOVERY ROOM	51.00	313,549	ADULTS & PEDIATRICS	30.00	178,535	1.00	
2.00		0.00		DELIVERY ROOM & LABOR ROOM	52.00	135,014	2.00	
	TOTALS		313,549	TOTALS		313,549		
U - OBSERVATION RECLASS								
1.00	ADULTS & PEDIATRICS	30.00	52,728	INTENSIVE CARE UNIT	31.00	52,308	1.00	
2.00		0.00		NURSERY	43.00	228	2.00	
3.00		0.00		DELIVERY ROOM & LABOR ROOM	52.00	192	3.00	
	TOTALS		52,728	TOTALS		52,728		
V - SHOCKWAVE THERAPY RECLASS								
1.00	ELECTROSHOCK THERAPY	76.00	9,364	OPERATING ROOM	50.00	9,364	1.00	
	TOTALS		9,364	TOTALS		9,364		
500.00	Grand Total: Increases		1,712,735	Grand Total: Decreases		1,273,577	500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7
Part I
Date/Time Prepared:
5/23/2013 11:28 am

	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	3,531,743	0	0	0	1.00
2.00	Land Improvements	6,207,191	0	0	0	2.00
3.00	Buildings and Fixtures	65,262,334	636,668	0	636,668	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	37,397,112	11,308,906	0	11,308,906	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	112,398,380	11,945,574	0	11,945,574	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	112,398,380	11,945,574	0	11,945,574	10.00
	Ending Balance		Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,531,743	0			1.00
2.00	Land Improvements	6,207,191	0			2.00
3.00	Buildings and Fixtures	65,899,002	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	43,902,736	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)	119,540,672	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	119,540,672	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7
Part II
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	2,725,139	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)	2,725,139	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	2,725,139				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0				2.00
3.00	Total (sum of lines 1-2)	0	2,725,139				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 160117

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

Worksheet A-7
Part III
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description	COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL			
	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance		
	1.00	2.00	3.00	4.00	5.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	112,398,380	0	112,398,380	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)	112,398,380	0	112,398,380	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	2,623,413	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	2,623,413	0	3.00
Cost Center Description	SUMMARY OF CAPITAL						
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)		
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	1,851	28,286	0	0	2,653,550	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,851	28,286	0	0	2,653,550	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 160117

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

Worksheet A-8

Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted					
			Cost Center	Line #	Wkst.	A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00	
1.00 Investment income - 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	-296,215		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)		0			0.00		0	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0			0.00		0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0			0.00		0	7.00
8.00 Television and radio service (chapter 21)		0			0.00		0	8.00
9.00 Parking lot (chapter 21)		0			0.00		0	9.00
10.00 Provider-based physician adjustment	A-8-2	-2,985,423					0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00		0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	6,798,458					0	12.00
13.00 Laundry and linen service		0			0.00		0	13.00
14.00 Cafeteria-employees and guests	B	-510,851		DIETARY	10.00		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	B	-588,057		PHARMACY	15.00		0	17.00
18.00 Sale of medical records and abstracts	B	-2,536		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	-77,619		DIETARY	10.00		0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			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	NONPHYSICIAN ANESTHETISTS	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 OTHER ADJUSTMENTS (SPECIFY) (3)		0			0.00		0	33.00
33.01 NURSING ADMINISTRATION REVENUE	B	-11,039		NURSING ADMINISTRATION	13.00		0	33.01
33.02 A&G REVENUE	B	-113,976		ADMINISTRATIVE & GENERAL	5.01		0	33.02

ADJUSTMENTS TO EXPENSES

Provider CCN: 160117

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

Worksheet A-8

Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.03 GEROPYSCH REVENUE	B	-4,465	SUBPROVIDER - IPF	40.00	0 33.03
33.05 OPERATING ROOM REVENUE	B	-10,025	OPERATING ROOM	50.00	0 33.05
33.06 LABOR & DELIVERY REVENUE	B	-3,459	DELIVERY ROOM & LABOR ROOM	52.00	0 33.06
33.08 RADIOLOGY - THER REVENUE	B	-27,410	RADIOLOGY-THERAPEUTIC	55.00	0 33.08
33.09 PT REVENUE	B	-152,690	PHYSICAL THERAPY	66.00	0 33.09
33.10 CARDIAC REHAB REVENUE	B	-15,675	CARDIAC REHABILITATION	76.97	0 33.10
33.11 HHA REVENUE	B	-130	HOME HEALTH AGENCY	101.00	0 33.11
33.12 OPERATION OF PLANT REVENUE	B	-1,000	EMERGENCY	91.00	0 33.12
33.14 CLINIC REVENUE	B	-53,363	CLINIC	90.00	0 33.14
34.00 CRNA STANDBY COST	A	-264,000	ANESTHESIOLOGY	53.00	0 34.00
35.00 REMOVE CONTRA EXPENSE ACCOUNT	A	15,392	ADMINISTRATIVE & GENERAL	5.01	0 35.00
35.01 REMOVE CONTRA EXPENSE ACCOUNT	A	5,580	OPERATION OF PLANT	7.00	0 35.01
35.02 REMOVE CONTRA EXPENSE ACCOUNT	A	897	RADIOLOGY-THERAPEUTIC	55.00	0 35.02
35.07 REMOVE CONTRA EXPENSE ACCOUNT	A	890,305	LABORATORY	60.00	0 35.07
35.11 REMOVE CONTRA EXPENSE ACCOUNT	A	4,107	EMERGENCY	91.00	0 35.11
35.12 REMOVE CONTRA EXPENSE ACCOUNT	A	2,172	HOME HEALTH AGENCY	101.00	0 35.12
35.14 REMOVE CONTRA EXPENSE ACCOUNT	A	10,358	CONTRACT CLEANING	194.07	0 35.14
35.15 REMOVE CONTRA EXPENSE ACCOUNT	A	50,519	DI MAINTENANCE	194.08	0 35.15
35.16 REMOVE CONTRA EXPENSE ACCOUNT	A	246,280	HEALTHCARE AFFILIATES OF TRI-STATES	194.13	0 35.16
35.17 REMOVE CONTRA EXPENSE ACCOUNT	A	16,134	CONTRACTED ULTRASOUND	194.18	0 35.17
36.00 DISALLOWED INTEREST	A	-173,148	INTEREST EXPENSE	113.00	0 36.00
37.00 INSURANCE	A	28,286	CAP REL COSTS-BLDG & FIXT	1.00	12 37.00
38.00 BOND ISSUE COST	A	1,851	CAP REL COSTS-BLDG & FIXT	1.00	11 38.00
39.00 PHYSICIAN BILLING	A	157,773	PHYSICIAN BILLING	194.15	0 39.00
40.00 CHAPLAIN	A	38,853	ADMINISTRATIVE & GENERAL	5.01	0 40.00
41.00 SELF INSURANCE ADJUSTMENT	A	-1,839	ADMINISTRATIVE & GENERAL	5.01	0 41.00
41.01 SELF INSURANCE ADJUSTMENT	A	-8,682	REHAB ADMINISTRATION	5.02	0 41.01
41.02 SELF INSURANCE ADJUSTMENT	A	-8,963	RADIOLOGY ADMINISTRATION	5.03	0 41.02
41.03 SELF INSURANCE ADJUSTMENT	A	-23,294	OPERATION OF PLANT	7.00	0 41.03
41.04 SELF INSURANCE ADJUSTMENT	A	-32,277	HOUSEKEEPING	9.00	0 41.04
41.05 SELF INSURANCE ADJUSTMENT	A	-25,431	DIETARY	10.00	0 41.05
41.06 SELF INSURANCE ADJUSTMENT	A	-31,272	NURSING ADMINISTRATION	13.00	0 41.06
41.07 SELF INSURANCE ADJUSTMENT	A	-9,957	CENTRAL SERVICES & SUPPLY	14.00	0 41.07
41.08 SELF INSURANCE ADJUSTMENT	A	-16,878	PHARMACY	15.00	0 41.08
41.09 SELF INSURANCE ADJUSTMENT	A	-14,458	MEDICAL RECORDS & LIBRARY	16.00	0 41.09
41.10 SELF INSURANCE ADJUSTMENT	A	-2,099	SOCIAL SERVICE	17.00	0 41.10
41.11 SELF INSURANCE ADJUSTMENT	A	-110,342	ADULTS & PEDIATRICS	30.00	0 41.11
41.12 SELF INSURANCE ADJUSTMENT	A	-32,696	INTENSIVE CARE UNIT	31.00	0 41.12
41.13 SELF INSURANCE ADJUSTMENT	A	-5,173	SUBPROVIDER - IPF	40.00	0 41.13
41.14 SELF INSURANCE ADJUSTMENT	A	-15,545	SUBPROVIDER - IRF	41.00	0 41.14
41.15 SELF INSURANCE ADJUSTMENT	A	-9,315	NURSERY	43.00	0 41.15
41.16 SELF INSURANCE ADJUSTMENT	A	-57,156	OPERATING ROOM	50.00	0 41.16
41.17 SELF INSURANCE ADJUSTMENT	A	-27,553	RECOVERY ROOM	51.00	0 41.17
41.18 SELF INSURANCE ADJUSTMENT	A	-18,795	DELIVERY ROOM & LABOR ROOM	52.00	0 41.18
41.19 SELF INSURANCE ADJUSTMENT	A	-16,500	RADIOLOGY-DIAGNOSTIC	54.00	0 41.19
41.20 SELF INSURANCE ADJUSTMENT	A	-173	NUCLEAR MEDICINE	54.01	0 41.20
41.21 SELF INSURANCE ADJUSTMENT	A	-1,278	ULTRASOUND	54.02	0 41.21
41.22 SELF INSURANCE ADJUSTMENT	A	-21,221	RADIOLOGY-THERAPEUTIC	55.00	0 41.22
41.23 SELF INSURANCE ADJUSTMENT	A	-3,794	COMPUTED TOMOGRAPHY (CT) SCAN	57.00	0 41.23
41.24 SELF INSURANCE ADJUSTMENT	A	-6,906	MAGNETIC RESONANCE IMAGING (MRI)	58.00	0 41.24
41.25 SELF INSURANCE ADJUSTMENT	A	-7,660	INTRAVENOUS THERAPY	64.00	0 41.25
41.26 SELF INSURANCE ADJUSTMENT	A	-9,133	RESPIRATORY THERAPY	65.00	0 41.26
41.27 SELF INSURANCE ADJUSTMENT	A	-33,490	PHYSICAL THERAPY	66.00	0 41.27
41.28 SELF INSURANCE ADJUSTMENT	A	-6,754	OCCUPATIONAL THERAPY	67.00	0 41.28
41.29 SELF INSURANCE ADJUSTMENT	A	-1,444	SPEECH PATHOLOGY	68.00	0 41.29
41.30 SELF INSURANCE ADJUSTMENT	A	-2,350	ELECTROCARDIOLOGY	69.00	0 41.30
41.31 SELF INSURANCE ADJUSTMENT	A	-3,466	ELECTROENCEPHALOGRAPHY	70.00	0 41.31
41.32 SELF INSURANCE ADJUSTMENT	A	-4,345	CARDIAC REHABILITATION	76.97	0 41.32
41.33 SELF INSURANCE ADJUSTMENT	A	-2,646	HYPERBARIC OXYGEN THERAPY	76.98	0 41.33
41.34 SELF INSURANCE ADJUSTMENT	A	-10,141	CLINIC	90.00	0 41.34
41.35 SELF INSURANCE ADJUSTMENT	A	-51,076	EMERGENCY	91.00	0 41.35
41.36 SELF INSURANCE ADJUSTMENT	A	-46,160	HOME HEALTH AGENCY	101.00	0 41.36
41.37 SELF INSURANCE ADJUSTMENT	A	-6,613	MARKETING	194.03	0 41.37
41.38 SELF INSURANCE ADJUSTMENT	A	-5,494	BUSINESS HEALTH	194.01	0 41.38
41.39 SELF INSURANCE ADJUSTMENT	A	-10,832	VITACARE	194.02	0 41.39
41.40 SELF INSURANCE ADJUSTMENT	A	-2,904	CASCADE CLINIC	194.03	0 41.40

Provider CCN: 160117 Period: From 01/01/2012 To 12/31/2012 Worksheet A-8
 Date/Time Prepared: 5/23/2013 11:28 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
41.41 SELF INSURANCE ADJUSTMENT	A	-2,608	ORTHOPEDIC CLINIC	194.04	0 41.41
41.42 SELF INSURANCE ADJUSTMENT	A	-10	ENT CLINIC	194.05	0 41.42
41.43 SELF INSURANCE ADJUSTMENT	A	-61	RSVP	194.06	0 41.43
41.44 SELF INSURANCE ADJUSTMENT	A	-246	DIM MAINTENANCE	194.08	0 41.44
41.45 SELF INSURANCE ADJUSTMENT	A	-1,995	LI FESTYLES	194.12	0 41.45
41.46 SELF INSURANCE ADJUSTMENT	A	-2,598	HEALTHCARE AFFILIATES OF TRI -STATES	194.13	0 41.46
41.47 SELF INSURANCE ADJUSTMENT	A	-93	CONTRACTED ULTRASOUND	194.18	0 41.47
41.48 SELF INSURANCE ADJUSTMENT	A	-773	ANESTHESIOLOGY	53.00	0 41.48
41.49 SELF INSURANCE ADJUSTMENT	A	-4,277	CARDIOLOGY	69.01	0 41.49
42.00 OFFSET PROVIDER TAX ASSESSMENT	A	-636,669	ADMINISTRATIVE & GENERAL	5.01	0 42.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		1,620,449			50.00

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

Provider CCN: 160117

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2013 11:28 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	4.00	EMPLOYEE BENEFITS	FINLEY TRI-STATES ALLOCAT	449,357	0
2.00	5.01	ADMINISTRATIVE & GENERAL	FINLEY TRI-STATES ALLOCAT	12,140,103	3,956,185
3.00	113.00	INTEREST EXPENSE	FINLEY TRI-STATES ALLOCAT	443,134	401,344
4.00	101.00	HOME HEALTH AGENCY	FINLEY TRI-STATES ALLOCAT	154,153	321,504
4.01	60.00	LABORATORY	PURCHASED LAB	3,359,700	5,068,956
5.00	0		0	16,546,447	9,747,989

* 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	IOWA HEALTH SYSTEM	100.00	HOME OFFICE	100.00	6.00
7.00	C		0.00	UNITED CLINICAL LAB	100.00	7.00
8.00	B	FINLEY TRI-STAT	100.00	HOME OFFICE	100.00	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

(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: 160117

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

Worksheet A-8-1

Date/Time Prepared:
5/23/2013 11:28 am

	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	449,357	0		1.00
2.00	8,183,918	0		2.00
3.00	41,790	11		3.00
4.00	-167,351	0		4.00
4.01	-1,709,256	0		4.01
5.00	6,798,458			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	HEALTHCARE		6.00
7.00	LAB SERVICE		7.00
8.00	HEALTHCARE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 160117

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

Worksheet A-8-2

Date/Time Prepared:
5/23/2013 11:28 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	41.00	AGGREGATE-SUBPROVIDER - IRF	108,000	108,000	0	171,400	0	1.00
2.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	25,088	7,168	17,920	231,100	80	2.00
3.00	76.97	AGGREGATE-CARDIAC REHABILITATION	324	324	0	171,400	0	3.00
4.00	90.00	AGGREGATE-CLINIC	376,387	358,237	18,150	171,400	132	4.00
5.00	91.00	AGGREGATE-EMERGENCY	2,701,976	1,974,147	727,829	171,400	2,507	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			3,211,775	2,447,876	763,899		2,719	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	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	0	0	1.00
2.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	8,889	444	0	0	0	2.00
3.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	0	0	3.00
4.00	90.00	AGGREGATE-CLINIC	10,877	544	0	0	0	4.00
5.00	91.00	AGGREGATE-EMERGENCY	206,586	10,329	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			226,352	11,317	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	41.00	AGGREGATE-SUBPROVIDER - IRF	0	0	0	108,000		1.00
2.00	55.00	AGGREGATE-RADIOLOGY-THERAPEUTIC	0	8,889	9,031	16,199		2.00
3.00	76.97	AGGREGATE-CARDIAC REHABILITATION	0	0	0	324		3.00
4.00	90.00	AGGREGATE-CLINIC	0	10,877	7,273	365,510		4.00
5.00	91.00	AGGREGATE-EMERGENCY	0	206,586	521,243	2,495,390		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	226,352	537,547	2,985,423		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

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

Worksheet B
Part I
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,653,550	2,653,550			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	0		0		2.00
4.00 00400	EMPLOYEE BENEFITS	449,357	23,406	0	472,763	4.00
5.01 00590	ADMINISTRATIVE & GENERAL	12,276,763	210,401	0	1,492	12,488,656
5.02 00591	REHAB ADMINISTRATION	326,299	0	0	3,636	329,935
5.03 00592	RADIOLOGY ADMINISTRATION	357,401	0	0	4,059	361,460
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	2,092,011	39,156	0	9,171	2,140,338
8.00 00800	LAUNDRY & LINEN SERVICE	338,889	0	0	0	338,889
9.00 00900	HOUSEKEEPING	1,238,560	34,124	0	10,654	1,283,338
10.00 01000	DIETARY	1,462,027	85,924	0	12,950	1,560,901
11.00 01100	CAFETERIA	0	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	2,622,887	32,998	0	24,749	2,680,634
14.00 01400	CENTRAL SERVICES & SUPPLY	594,287	37,515	0	4,102	635,904
15.00 01500	PHARMACY	866,761	44,493	0	14,791	926,045
16.00 01600	MEDICAL RECORDS & LIBRARY	990,078	39,462	0	7,415	1,036,955
17.00 01700	SOCIAL SERVICE	156,442	0	0	1,873	158,315
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	6,187,386	594,575	0	65,363	6,847,324
31.00 03100	INTENSIVE CARE UNIT	1,457,902	56,032	0	15,237	1,529,171
40.00 04000	SUBPROVIDER - I/PF	1,268,246	60,921	0	7,941	1,337,108
41.00 04100	SUBPROVIDER - I/RF	1,402,829	71,585	0	10,449	1,484,863
43.00 04300	NURSERY	742,855	14,547	0	8,064	765,466
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,469,790	148,387	0	29,888	5,648,065
51.00 05100	RECOVERY ROOM	1,838,672	130,450	0	19,374	1,988,496
52.00 05200	DELIVERY ROOM & LABOR ROOM	676,628	25,386	0	7,132	709,146
53.00 05300	ANESTHESIOLOGY	261,198	0	0	408	261,606
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,608,955	140,807	0	10,626	1,760,388
54.01 03450	NUCLEAR MEDICINE	278,411	0	0	1,014	279,425
54.02 03630	ULTRASOUND	354,402	1,837	0	2,217	358,456
55.00 05500	RADIOLOGY-THERAPEUTIC	2,185,851	128,667	0	11,991	2,326,509
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	829,639	0	0	3,243	832,882
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	590,456	0	0	2,652	593,108
60.00 06000	LABORATORY	3,360,257	48,562	0	0	3,408,819
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	414,834	0	0	0	414,834
64.00 06400	INTRAVENOUS THERAPY	341,206	15,564	0	3,210	359,980
65.00 06500	RESPIRATORY THERAPY	489,273	22,345	0	4,761	516,379
65.01 03560	PULMONARY FUNCTION	104,221	4,670	0	995	109,886
66.00 06600	PHYSICAL THERAPY	2,209,183	71,268	0	26,303	2,306,754
67.00 06700	OCCUPATIONAL THERAPY	558,677	36,443	0	5,300	600,420
68.00 06800	SPEECH PATHOLOGY	234,671	0	0	2,816	237,487
69.00 06900	ELECTROCARDIOLOGY	53,296	0	0	510	53,806
69.01 03140	CARDIOLOGY	668,397	9,253	0	3,311	680,961
70.00 07000	ELECTROENCEPHALOGRAPHY	229,370	8,269	0	1,400	239,039
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,756,973	0	0	0	2,756,973
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	4,601,731	0	0	0	4,601,731
73.00 07300	DRUGS CHARGED TO PATIENTS	2,930,040	0	0	0	2,930,040
74.00 07400	RENAL DIALYSIS	245,925	13,858	0	0	259,783
76.00 03320	ELECTROSHOCK THERAPY	24,697	0	0	132	24,829
76.97 07697	CARDIAC REHABILITATION	190,273	18,101	0	2,134	210,508
76.98 07698	HYPERTHERMIC OXYGEN THERAPY	220,915	9,701	0	518	231,134
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	1,300,756	100,798	0	16,173	1,417,727
91.00 09100	EMERGENCY	2,683,859	138,346	0	46,569	2,868,774
92.00 09200	OBSERVATION BEDS					0
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	63,799	0	0	0	63,799
101.00 10100	HOME HEALTH AGENCY	2,441,062	54,862	0	24,632	2,520,556

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 160117

Period:
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Cost Center Description		Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
			BLDG & FIXT	MVBLE EQUIP			
		0	1.00	2.00	4.00	4A	
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	77,701,947	2,472,713	0	429,255	77,477,602 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,422	0	8,422	190.00
194.00	07950	MARKETING	706,911	22,104	0	3,216	732,231 194.00
194.01	07951	BUSINESS HEALTH	555,659	43,574	0	5,770	605,003 194.01
194.02	07952	VI TACARE	1,441,667	55,212	0	13,419	1,510,298 194.02
194.03	07953	CASCADE CLINIC	207,382	27,343	0	1,742	236,467 194.03
194.04	07954	ORTHOPEDIC CLINIC	957,683	0	0	8,325	966,008 194.04
194.05	07955	ENT CLINIC	512,894	0	0	3,878	516,772 194.05
194.06	07956	RSVP	65,518	0	0	666	66,184 194.06
194.07	07957	CONTRACT CLEANING	1,686	0	0	24	1,710 194.07
194.08	07958	DIM MAINTENANCE	32,321	0	0	412	32,733 194.08
194.09	07959	RENTAL PROPERTY	340,840	0	0	0	340,840 194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	64,001	0	0	0	64,001 194.10
194.11	07961	NORTH GRANDVIEW OFFICE	71,048	0	0	0	71,048 194.11
194.12	07962	LIFESTYLES	178,971	0	0	1,476	180,447 194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	221,671	0	0	2,850	224,521 194.13
194.14	07964	FOUNDATION	59,884	7,120	0	5,088	67,004 194.14
194.15	07965	PHYSICIAN BILLING	157,773	0	0	1,571	159,344 194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0 194.16
194.17	07967	NONREIMBURSABLE	0	17,062	0	0	17,062 194.17
194.18	07968	CONTRACTED ULTRASOUND	13,974	0	0	159	14,133 194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	1,199,587	0	0	0	1,199,587 194.19
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers					0 201.00
202.00		TOTAL (sum lines 118-201)	84,491,417	2,653,550	0	472,763	84,491,417 202.00
Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB	RADIOLOGY	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.02	5.03	6.00	7.00	
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	00590	ADMINISTRATIVE & GENERAL	12,488,656				5.01
5.02	00591	REHAB ADMINISTRATION	57,226	387,161			5.02
5.03	00592	RADIOLOGY ADMINISTRATION	62,694	0	424,154		5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	371,235	0	0	0	2,511,573 7.00
8.00	00800	LAUNDRY & LINEN SERVICE	58,779	0	0	0	0 8.00
9.00	00900	HOUSEKEEPING	222,591	0	0	0	36,002 9.00
10.00	01000	DIETARY	270,734	0	0	0	90,651 10.00
11.00	01100	CAFETERIA	0	0	0	0	0 11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0 11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0 12.00
13.00	01300	NURSING ADMINISTRATION	464,948	0	0	0	34,814 13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	110,296	0	0	0	39,579 14.00
15.00	01500	PHARMACY	160,620	0	0	0	46,941 15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	179,857	0	0	0	41,633 16.00
17.00	01700	SOCIAL SERVICE	27,459	0	0	0	0 17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0 20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0 22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,187,642	0	0	0	627,292 30.00
31.00	03100	INTENSIVE CARE UNIT	265,230	0	0	0	59,115 31.00
40.00	04000	SUBPROVIDER - IPF	231,917	0	0	0	64,273 40.00
41.00	04100	SUBPROVIDER - IRF	257,545	0	0	0	75,524 41.00
43.00	04300	NURSERY	132,768	0	0	0	15,347 43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	979,640	0	0	0	156,551 50.00
51.00	05100	RECOVERY ROOM	344,899	0	0	0	137,627 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	122,999	0	0	0	26,782 52.00
53.00	05300	ANESTHESIOLOGY	45,375	0	0	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	305,334	0	189,977	0	148,555 54.00
54.01	03450	NUCLEAR MEDICINE	48,465	0	45,018	0	0 54.01

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
		5.01	5.02	5.03	6.00	7.00	
54.02	03630 ULTRASOUND	62,173	0	34,975	0	1,939	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	403,526	0	0	0	135,746	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	144,461	0	89,181	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	102,873	0	65,003	0	0	58.00
60.00	06000 LABORATORY	591,249	0	0	0	51,234	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	71,952	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	62,437	0	0	0	16,420	64.00
65.00	06500 RESPIRATORY THERAPY	89,564	0	0	0	23,574	65.00
65.01	03560 PULMONARY FUNCTION	19,059	0	0	0	4,927	65.01
66.00	06600 PHYSICAL THERAPY	400,100	156,807	0	0	75,189	66.00
67.00	06700 OCCUPATIONAL THERAPY	104,141	33,546	0	0	38,448	67.00
68.00	06800 SPEECH PATHOLOGY	41,191	14,121	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	9,332	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	118,111	0	0	0	9,762	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	41,461	0	0	0	8,724	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	478,189	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	798,156	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	508,207	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	45,059	0	0	0	14,620	74.00
76.00	03320 ELECTROSHOCK THERAPY	4,307	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	36,512	0	0	0	19,097	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	40,089	0	0	0	10,235	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	245,900	0	0	0	106,345	90.00
91.00	09100 EMERGENCY	497,580	0	0	0	145,958	91.00
92.00	09200 OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	11,066	0	0	0	0	95.00
101.00	10100 HOME HEALTH AGENCY	437,183	182,687	0	0	57,880	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300 INTEREST EXPENSE						113.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	11,272,131	387,161	424,154	0	2,320,784	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,461	0	0	0	8,885	190.00
194.00	07950 MARKETING	127,003	0	0	0	23,321	194.00
194.01	07951 BUSINESS HEALTH	104,936	0	0	0	45,972	194.01
194.02	07952 VI TACARE	261,957	0	0	0	58,250	194.02
194.03	07953 CASCADE CLINIC	41,014	0	0	0	28,848	194.03
194.04	07954 ORTHOPEDIC CLINIC	167,551	0	0	0	0	194.04
194.05	07955 ENT CLINIC	89,633	0	0	0	0	194.05
194.06	07956 RSVP	11,479	0	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	297	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	5,677	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	59,118	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	11,101	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	12,323	0	0	0	0	194.11
194.12	07962 LIFESTYLES	31,298	0	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	38,942	0	0	0	0	194.13
194.14	07964 FOUNDATION	11,622	0	0	0	7,512	194.14
194.15	07965 PHYSICIAN BILLING	27,638	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	2,959	0	0	0	18,001	194.17
194.18	07968 CONTRACTED ULTRASOUND	2,451	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	208,065	0	0	0	0	194.19
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)	12,488,656	387,161	424,154	0	2,511,573	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
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	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	397,668				8.00
9.00	00900	HOUSEKEEPING	0	1,541,931			9.00
10.00	01000	DIETARY	0	56,463	1,978,749		10.00
11.00	01100	CAFETERIA	0	0	1,254,555	1,254,555	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	1,247,053	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	21,684	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	23,037	24,652	0	0	14.00
15.00	01500	PHARMACY	335	29,238	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	25,932	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	127,983	390,714	392,469	0	30.00
31.00	03100	INTENSIVE CARE UNIT	20,356	36,820	42,681	0	31.00
40.00	04000	SUBPROVIDER - I/PF	7,885	40,033	48,563	0	40.00
41.00	04100	SUBPROVIDER - I/RF	15,791	47,041	39,249	0	41.00
43.00	04300	NURSERY	0	9,559	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	47,713	97,509	16,090	0	50.00
51.00	05100	RECOVERY ROOM	35,024	85,722	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	16,682	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	25,482	92,529	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	03630	ULTRASOUND	228	1,207	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	15,905	84,551	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	221	31,911	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,781	10,227	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	581	14,684	0	0	65.00
65.01	03560	PULMONARY FUNCTION	121	3,069	0	0	65.01
66.00	06600	PHYSICAL THERAPY	16,188	46,832	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	23,948	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	83	0	0	0	69.00
69.01	03140	CARDIOLOGY	618	6,080	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	1,302	5,434	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	841	9,106	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	71	11,895	0	0	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	4,579	6,375	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	4,768	66,238	0	0	90.00
91.00	09100	EMERGENCY	39,592	90,912	0	0	91.00
92.00	09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	1,707	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	36,051	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	396,192	1,423,098	1,793,607	1,247,053	1,162,424
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,534	0	0	190.00

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA		
		8.00	9.00	10.00	11.00	11.01		
194.00	07950	MARKETING	0	14,525	0	0	10,664	194.00
194.01	07951	BUSINESS HEALTH	0	28,634	0	0	13,317	194.01
194.02	07952	VI TACARE	0	36,281	0	0	25,695	194.02
194.03	07953	CASCADE CLINIC	393	17,968	0	0	5,344	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	2,701	194.04
194.05	07955	ENT CLINIC	0	0	0	0	1,816	194.05
194.06	07956	RSVP	0	0	0	0	2,936	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	168	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	1,958	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	1,083	0	0	0	5,452	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	4,679	0	0	5,368	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	8,612	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	185,142	7,502	0	194.16
194.17	07967	NONREIMBURSABLE	0	11,212	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	598	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
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)	397,668	1,541,931	1,978,749	1,254,555	1,247,053	202.00
Cost Center Description		MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		12.00	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	00590	ADMINISTRATIVE & GENERAL					5.01	
5.02	00591	REHAB ADMINISTRATION					5.02	
5.03	00592	RADIOLOGY ADMINISTRATION					5.03	
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	
11.01	01101	EMPLOYEE CAFETERIA					11.01	
12.00	01200	MAINTENANCE OF PERSONNEL	0				12.00	
13.00	01300	NURSING ADMINISTRATION	0	3,274,818			13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	856,688		14.00	
15.00	01500	PHARMACY	0	0	42,019	1,240,958	15.00	
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	659	0	1,319,175	16.00
17.00	01700	SOCIAL SERVICE	0	0	96	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	874,817	33,074	0	89,885	30.00
31.00	03100	INTENSIVE CARE UNIT	0	205,958	8,849	0	18,876	31.00
40.00	04000	SUBPROVIDER - I PF	0	126,975	2,514	0	21,181	40.00
41.00	04100	SUBPROVIDER - I RF	0	133,609	4,155	0	22,028	41.00
43.00	04300	NURSERY	0	98,912	2,572	0	11,495	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	410,329	214,307	0	236,064	50.00
51.00	05100	RECOVERY ROOM	0	238,920	12,283	0	47,828	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	80,341	6,548	0	17,008	52.00
53.00	05300	ANESTHESIOLOGY	0	7,471	10,996	0	47,143	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	150,276	7,529	0	38,297	54.00
54.01	03450	NUCLEAR MEDICINE	0	9,507	83	0	9,167	54.01
54.02	03630	ULTRASOUND	0	21,495	546	0	15,711	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	131,966	1,448	0	121,742	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	21,781	3,894	0	52,689	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	28,905	191	0	32,889	58.00
60.00	06000	LABORATORY	0	0	1	0	74,933	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	5,927	63.00
64.00	06400	INTRAVENOUS THERAPY	0	39,668	2,428	0	11,233	64.00
65.00	06500	RESPIRATORY THERAPY	0	69,752	2,012	0	16,464	65.00

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
65.01	03560	PULMONARY FUNCTION	0	14,580	421	0	6,888	65.01
66.00	06600	PHYSICAL THERAPY	0	288,616	5,282	0	44,572	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	51,696	462	0	13,131	67.00
68.00	06800	SPEECH PATHOLOGY	0	22,694	0	0	3,528	68.00
69.00	06900	ELECTROCARDIOLOGY	0	5,165	125	0	5,029	69.00
69.01	03140	CARDIOLOGY	0	29,773	2,870	0	16,114	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	19,586	117	0	5,551	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	261,379	0	46,025	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	195,870	0	43,280	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,240,168	103,064	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,770	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	1,827	984	0	1,326	76.00
76.97	07697	CARDIAC REHABILITATION	0	25,644	459	0	2,484	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	11,753	166	0	7,985	76.98
76.99	07699	LITHOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	152,802	12,788	0	38,926	90.00
91.00	09100	EMERGENCY	0	0	13,093	0	66,317	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	653	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	4,052	0	21,972	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	3,274,818	854,272	1,240,168	1,319,175	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	31	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	768	0	0	194.01
194.02	07952	VITACARE	0	0	1,067	692	0	194.02
194.03	07953	CASCADE CLINIC	0	0	199	6	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	23	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	46	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	34	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	248	92	0	194.19
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)	0	3,274,818	856,688	1,240,958	1,319,175	202.00
INTERNS & RESIDENTS								
Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCS-SALARY & FRINGES	SRVCS-OTHER PRGM COSTS	
			17.00	19.00	20.00	21.00	22.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.01	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION						13.00
14.00	01400	CENTRAL SERVICES & SUPPLY						14.00
15.00	01500	PHARMACY						15.00

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
				17.00	19.00	
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE	194,834					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
20.00 02000 NURSING SCHOOL	0	0	0			20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0		21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	120,885	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	18,254	0	0	0	0	31.00
40.00 04000 SUBPROVIDER - I PF	17,982	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	21,543	0	0	0	0	41.00
43.00 04300 NURSERY	16,170	0	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02 03630 ULTRASOUND	0	0	0	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	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)	194,834	0	0	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00 07950 MARKETING	0	0	0	0	0	194.00
194.01 07951 BUSINESS HEALTH	0	0	0	0	0	194.01
194.02 07952 VI TACARE	0	0	0	0	0	194.02
194.03 07953 CASCADE CLINIC	0	0	0	0	0	194.03
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05
194.06 07956 RSVP	0	0	0	0	0	194.06
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08 07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12 07962 LI FESTYLES	0	0	0	0	0	194.12
194.13 07963 HEALTHCARE AFFILIATES OF TRI -STATES	0	0	0	0	0	194.13
194.14 07964 FOUNDATION	0	0	0	0	0	194.14
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15

COST ALLOCATION - GENERAL SERVICE COSTS

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
				17.00	19.00	
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17 07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00 Cross Foot Adjustments		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)	194,834	0	0	0	0	202.00
Cost Center Description	PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
	23.00	24.00	25.00	26.00		
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00590 ADMINSTRATIVE & GENERAL						5.01
5.02 00591 REHAB ADMINISTRATION						5.02
5.03 00592 RADIOLOGY ADMINISTRATION						5.03
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
11.01 01101 EMPLOYEE CAFETERIA						11.01
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
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
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD						22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0					23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	10,913,181	0	10,913,181		30.00
31.00 03100 INTENSIVE CARE UNIT	0	2,257,363	0	2,257,363		31.00
40.00 04000 SUBPROVIDER - I PF	0	1,930,522	0	1,930,522		40.00
41.00 04100 SUBPROVIDER - I RF	0	2,135,116	0	2,135,116		41.00
43.00 04300 NURSERY	0	1,077,287	0	1,077,287		43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	7,909,973	0	7,909,973		50.00
51.00 05100 RECOVERY ROOM	0	2,951,182	0	2,951,182		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	999,811	0	999,811		52.00
53.00 05300 ANESTHESIOLOGY	0	374,479	0	374,479		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	2,756,347	0	2,756,347		54.00
54.01 03450 NUCLEAR MEDICINE	0	394,068	0	394,068		54.01
54.02 03630 ULTRASOUND	0	502,163	0	502,163		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	3,254,745	0	3,254,745		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	1,150,393	0	1,150,393		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	830,274	0	830,274		58.00
60.00 06000 LABORATORY	0	4,158,368	0	4,158,368		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	492,713	0	492,713		63.00
64.00 06400 INTRAVENOUS THERAPY	0	518,199	0	518,199		64.00
65.00 06500 RESPIRATORY THERAPY	0	750,639	0	750,639		65.00
65.01 03560 PULMONARY FUNCTION	0	162,636	0	162,636		65.01
66.00 06600 PHYSICAL THERAPY	0	3,413,283	0	3,413,283		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	878,857	0	878,857		67.00
68.00 06800 SPEECH PATHOLOGY	0	324,757	0	324,757		68.00
69.00 06900 ELECTROCARDIOLOGY	0	74,845	0	74,845		69.00
69.01 03140 CARDIOLOGY	0	871,814	0	871,814		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	326,164	0	326,164		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	3,542,566	0	3,542,566		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	5,639,037	0	5,639,037		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	4,781,479	0	4,781,479		73.00
74.00 07400 RENAL DIALYSIS	0	331,179	0	331,179		74.00
76.00 03320 ELECTROSHOCK THERAPY	0	33,735	0	33,735		76.00

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Cost Center Description		PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total		
		23.00	24.00	25.00	26.00		
76.97	07697	CARDIAC REHABILITATION	0	313,151	0	313,151	76.97
76.98	07698	HYPERBARI C OXYGEN THERAPY	0	315,286	0	315,286	76.98
76.99	07699	LI THOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	2,084,113	0	2,084,113	90.00
91.00	09100	EMERGENCY	0	3,801,055	0	3,801,055	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	77,225	0	77,225	95.00
101.00	10100	HOME HEALTH AGENCY	0	3,341,495	0	3,341,495	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE	0	0	0	0	113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	75,669,500	0	75,669,500	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	24,302	0	24,302	190.00
194.00	07950	MARKETING	0	907,775	0	907,775	194.00
194.01	07951	BUSINESS HEALTH	0	798,630	0	798,630	194.01
194.02	07952	VI TACARE	0	1,894,240	0	1,894,240	194.02
194.03	07953	CASCADE CLINIC	0	330,239	0	330,239	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	1,136,260	0	1,136,260	194.04
194.05	07955	ENT CLINIC	0	608,221	0	608,221	194.05
194.06	07956	RSVP	0	80,622	0	80,622	194.06
194.07	07957	CONTRACT CLEANING	0	2,175	0	2,175	194.07
194.08	07958	DI M MAINTENANCE	0	40,368	0	40,368	194.08
194.09	07959	RENTAL PROPERTY	0	399,958	0	399,958	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	75,102	0	75,102	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	83,371	0	83,371	194.11
194.12	07962	LIFESTYLES	0	218,326	0	218,326	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	263,463	0	263,463	194.13
194.14	07964	FOUNDATION	0	96,219	0	96,219	194.14
194.15	07965	PHYSICIAN BILLING	0	195,594	0	195,594	194.15
194.16	07966	GUEST MEALS / MOW'S	0	192,644	0	192,644	194.16
194.17	07967	NONREIMBURSABLE	0	49,234	0	49,234	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	17,182	0	17,182	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	1,407,992	0	1,407,992	194.19
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	84,491,417	0	84,491,417	202.00

COST ALLOCATION STATISTICS

Provider CCN: 160117

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

Worksheet Non-CMS W
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		Statistics Code	Statistics Description	
		1.00	2.00	
GENERAL SERVICE COST CENTERS				
1.00	CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS SALARIES	4.00
5.01	ADMINISTRATIVE & GENERAL	-1	ACCUM COST	5.01
5.02	REHAB ADMINISTRATION	4	DOLLAR VALUE	5.02
5.03	RADIOLOGY ADMINISTRATION	5	DOLLAR VALUE	5.03
6.00	MAINTENANCE & REPAIRS	6	SQUARE FEET	6.00
7.00	OPERATION OF PLANT	1	SQUARE FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	7	POUNDS OF LAUNDRY	8.00
9.00	HOUSEKEEPING	1	SQUARE FEET	9.00
10.00	DIETARY	8	MEALS SERVED	10.00
11.00	CAFETERIA	9	MEALS SERVED	11.00
11.01	EMPLOYEE CAFETERIA	10	FTE'S	11.01
12.00	MAINTENANCE OF PERSONNEL	11	NUMBER HOUSED	12.00
13.00	NURSING ADMINISTRATION	12	DIRECT NRSNG HRS	13.00
14.00	CENTRAL SERVICES & SUPPLY	13	COSTED REQUIS.	14.00
15.00	PHARMACY	14	COSTED REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS CHARGES	16.00
17.00	SOCIAL SERVICE	P	PATIENT DAYS	17.00
19.00	NONPHYSICIAN ANESTHETISTS	16	ASSIGNED TIME	19.00
20.00	NURSING SCHOOL	17	ASSIGNED TIME	20.00
21.00	I&R SRVCES-SALARY & FRINGES APPRVD	18	ASSIGNED TIME	21.00
22.00	I&R SRVCES-OTHER PRGM COSTS APPRVD	19	ASSIGNED TIME	22.00
23.00	PARAMED ED PRGM-(SPECIFY)	20	ASSIGNED TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	23,406	0	23,406	4.00
5.01 00590	ADMINISTRATIVE & GENERAL	0	210,401	0	210,401	5.01
5.02 00591	REHAB ADMINISTRATION	0	0	0	0	5.02
5.03 00592	RADIOLOGY ADMINISTRATION	0	0	0	0	5.03
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	27,585	39,156	0	66,741	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	9,250	34,124	0	43,374	9.00
10.00 01000	DIETARY	32,920	85,924	0	118,844	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,257	32,998	0	36,255	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	34,729	37,515	0	72,244	14.00
15.00 01500	PHARMACY	8,151	44,493	0	52,644	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	32,832	39,462	0	72,294	16.00
17.00 01700	SOCIAL SERVICE	40	0	0	40	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	236,872	594,575	0	831,447	30.00
31.00 03100	INTENSIVE CARE UNIT	82,964	56,032	0	138,996	31.00
40.00 04000	SUBPROVIDER - IPF	5,900	60,921	0	66,821	40.00
41.00 04100	SUBPROVIDER - IRF	10,646	71,585	0	82,231	41.00
43.00 04300	NURSERY	18,905	14,547	0	33,452	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	530,503	148,387	0	678,890	50.00
51.00 05100	RECOVERY ROOM	31,769	130,450	0	162,219	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	21,797	25,386	0	47,183	52.00
53.00 05300	ANESTHESIOLOGY	20,135	0	0	20,135	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	344,739	140,807	0	485,546	54.00
54.01 03450	NUCLEAR MEDICINE	2,056	0	0	2,056	54.01
54.02 03630	ULTRASOUND	44,944	1,837	0	46,781	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	524,429	128,667	0	653,096	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	354,288	0	0	354,288	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	221,653	0	0	221,653	58.00
60.00 06000	LABORATORY	461	48,562	0	49,023	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	4,511	15,564	0	20,075	64.00
65.00 06500	RESPIRATORY THERAPY	16,445	22,345	0	38,790	65.00
65.01 03560	PULMONARY FUNCTION	3,438	4,670	0	8,108	65.01
66.00 06600	PHYSICAL THERAPY	17,170	71,268	0	88,438	66.00
67.00 06700	OCCUPATIONAL THERAPY	705	36,443	0	37,148	67.00
68.00 06800	SPEECH PATHOLOGY	5,069	0	0	5,069	68.00
69.00 06900	ELECTROCARDIOLOGY	5,499	0	0	5,499	69.00
69.01 03140	CARDIOLOGY	104,505	9,253	0	113,758	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	6,995	8,269	0	15,264	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	13,858	0	13,858	74.00
76.00 03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97 07697	CARDIAC REHABILITATION	7,694	18,101	0	25,795	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	5,643	9,701	0	15,344	76.98
76.99 07699	LITHOTRIPSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	28,123	100,798	0	128,921	90.00
91.00 09100	EMERGENCY	30,542	138,346	0	168,888	91.00
92.00 09200	OBSERVATION BEDS				0	92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	12,778	54,862	0	67,640	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 11:28 am

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
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE				113.00		
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,849,942	2,472,713	0	5,322,655	21,253	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,422	0	8,422	0	190.00
194.00	07950	MARKETING	214	22,104	0	22,318	159	194.00
194.01	07951	BUSINESS HEALTH	5,207	43,574	0	48,781	286	194.01
194.02	07952	VI TACARE	13,002	55,212	0	68,214	664	194.02
194.03	07953	CASCADE CLINIC	532	27,343	0	27,875	86	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	412	194.04
194.05	07955	ENT CLINIC	0	0	0	0	192	194.05
194.06	07956	RSVP	27	0	0	27	33	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	1	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	20	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	6,995	0	0	6,995	73	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	141	194.13
194.14	07964	FOUNDATION	0	7,120	0	7,120	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	78	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	17,062	0	17,062	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	8	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	2,017	0	0	2,017	0	194.19
200.00		Cross Foot Adjustments				0		200.00
201.00		Negative Cost Centers				0		201.00
202.00		TOTAL (sum lines 118-201)	2,877,936	2,653,550	0	5,531,486	23,406	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 11:28 am			
Cost Center Description			ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY	MAINTENANCE & REPAIRS	OPERATION OF PLANT	
			5.01	5.02	5.03	6.00	7.00	
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	00590	ADMINISTRATIVE & GENERAL	210,475					5.01
5.02	00591	REHAB ADMINISTRATION	964	1,144				5.02
5.03	00592	RADIOLOGY ADMINISTRATION	1,057		1,258			5.03
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	6,256	0	0	0	73,451	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	991	0	0	0	0	8.00
9.00	00900	HOUSEKEEPING	3,751	0	0	0	1,053	9.00
10.00	01000	DIETARY	4,563	0	0	0	2,651	10.00
11.00	01100	CAFETERIA	0	0	0	0	0	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	0	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	7,835	0	0	0	1,018	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	1,859	0	0	0	1,157	14.00
15.00	01500	PHARMACY	2,707	0	0	0	1,373	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,031	0	0	0	1,218	16.00
17.00	01700	SOCIAL SERVICE	463	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	20,025	0	0	0	18,346	30.00
31.00	03100	INTENSIVE CARE UNIT	4,470	0	0	0	1,729	31.00
40.00	04000	SUBPROVIDER - I/PF	3,908	0	0	0	1,880	40.00
41.00	04100	SUBPROVIDER - I/RF	4,340	0	0	0	2,209	41.00
43.00	04300	NURSERY	2,237	0	0	0	449	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	16,509	0	0	0	4,578	50.00
51.00	05100	RECOVERY ROOM	5,812	0	0	0	4,025	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,073	0	0	0	783	52.00
53.00	05300	ANESTHESIOLOGY	765	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,146	0	562	0	4,344	54.00
54.01	03450	NUCLEAR MEDICINE	817	0	134	0	0	54.01
54.02	03630	ULTRASOUND	1,048	0	104	0	57	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	6,800	0	0	0	3,970	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	2,435	0	265	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,734	0	193	0	0	58.00
60.00	06000	LABORATORY	9,964	0	0	0	1,498	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,213	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	1,052	0	0	0	480	64.00
65.00	06500	RESPIRATORY THERAPY	1,509	0	0	0	689	65.00
65.01	03560	PULMONARY FUNCTION	321	0	0	0	144	65.01
66.00	06600	PHYSICAL THERAPY	6,743	463	0	0	2,199	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,755	99	0	0	1,124	67.00
68.00	06800	SPEECH PATHOLOGY	694	42	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	157	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	1,990	0	0	0	285	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	699	0	0	0	255	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	8,059	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,451	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	8,565	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	759	0	0	0	428	74.00
76.00	03320	ELECTROSHOCK THERAPY	73	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	615	0	0	0	558	76.97
76.98	07698	HYPERBARIIC OXYGEN THERAPY	676	0	0	0	299	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	4,144	0	0	0	3,110	90.00
91.00	09100	EMERGENCY	8,385	0	0	0	4,269	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	186	0	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	7,368	540	0	0	1,693	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	189,974	1,144	1,258	0	67,871	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	25	0	0	0	260	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		ADMINISTRATIVE & GENERAL	REHAB ADMINISTRATION	RADIOLOGY ADMINISTRATION	MAINTENANCE & REPAIRS	OPERATION OF PLANT		
		5.01	5.02	5.03	6.00	7.00		
194.00	07950	MARKETING	2,140	0	0	0	682	194.00
194.01	07951	BUSINESS HEALTH	1,768	0	0	0	1,344	194.01
194.02	07952	VITACARE	4,415	0	0	0	1,704	194.02
194.03	07953	CASCADE CLINIC	691	0	0	0	844	194.03
194.04	07954	ORTHOPEDIC CLINIC	2,824	0	0	0	0	194.04
194.05	07955	ENT CLINIC	1,511	0	0	0	0	194.05
194.06	07956	RSVP	193	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	5	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	96	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	996	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	187	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	208	0	0	0	0	194.11
194.12	07962	LIFESTYLES	527	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	656	0	0	0	0	194.13
194.14	07964	FOUNDATION	196	0	0	0	220	194.14
194.15	07965	PHYSICIAN BILLING	466	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	50	0	0	0	526	194.17
194.18	07968	CONTRACTED ULTRASOUND	41	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	3,506	0	0	0	0	194.19
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)	210,475	1,144	1,258	0	73,451	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 11:28 am			
Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
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	00590	ADMINISTRATIVE & GENERAL					5.01
5.02	00591	REHAB ADMINISTRATION					5.02
5.03	00592	RADIOLOGY ADMINISTRATION					5.03
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	991				8.00
9.00	00900	HOUSEKEEPING	0	48,705			9.00
10.00	01000	DIETARY	0	1,784	128,483		10.00
11.00	01100	CAFETERIA	0	0	81,460	81,460	11.00
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	80,973	11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	0	685	0	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	57	779	0	0	14.00
15.00	01500	PHARMACY	1	924	0	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	819	0	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIALTY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	320	12,338	25,484	0	30.00
31.00	03100	INTENSIVE CARE UNIT	51	1,163	2,771	0	31.00
40.00	04000	SUBPROVIDER - I/PF	20	1,265	3,153	0	40.00
41.00	04100	SUBPROVIDER - I/RF	39	1,486	2,548	0	41.00
43.00	04300	NURSERY	0	302	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	119	3,080	1,045	0	50.00
51.00	05100	RECOVERY ROOM	87	2,708	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	527	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	63	2,923	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	54.01
54.02	03630	ULTRASOUND	1	38	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	40	2,671	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
60.00	06000	LABORATORY	1	1,008	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	14	323	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1	464	0	0	65.00
65.01	03560	PULMONARY FUNCTION	0	97	0	0	65.01
66.00	06600	PHYSICAL THERAPY	40	1,479	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	756	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
69.01	03140	CARDIOLOGY	2	192	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3	172	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2	288	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	376	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	11	201	0	0	76.98
76.99	07699	LITHOTRIpsy	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	12	2,092	0	0	90.00
91.00	09100	EMERGENCY	99	2,872	0	0	91.00
92.00	09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	4	0	0	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	1,139	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	987	44,951	116,461	80,973	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	175	0	0	190.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

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Cost Center Description		LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	
		8.00	9.00	10.00	11.00	11.01	
194.00	07950	MARKETING	0	459	0	0	692 194.00
194.01	07951	BUSINESS HEALTH	0	904	0	0	865 194.01
194.02	07952	VI TACARE	0	1,146	0	0	1,668 194.02
194.03	07953	CASCADE CLINIC	1	568	0	0	347 194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	175 194.04
194.05	07955	ENT CLINIC	0	0	0	0	118 194.05
194.06	07956	RSVP	0	0	0	0	191 194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	11 194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	127 194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0 194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0 194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0 194.11
194.12	07962	LIFESTYLES	3	0	0	0	354 194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0 194.13
194.14	07964	FOUNDATION	0	148	0	0	349 194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	559 194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	12,022	487	0 194.16
194.17	07967	NONREIMBURSABLE	0	354	0	0	0 194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	39 194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0 194.19
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)	991	48,705	128,483	81,460	80,973 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160117		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/23/2013 11:28 am	
Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	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	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL	0					12.00
13.00	01300	NURSING ADMINISTRATION	0	51,741				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	77,807			14.00
15.00	01500	PHARMACY	0	0	3,816	64,519		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	60	0	80,006	16.00
17.00	01700	SOCIAL SERVICE	0	0	9	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	13,822	3,004	0	5,455	30.00
31.00	03100	INTENSIVE CARE UNIT	0	3,254	804	0	1,146	31.00
40.00	04000	SUBPROVIDER - I PF	0	2,006	228	0	1,285	40.00
41.00	04100	SUBPROVIDER - I RF	0	2,111	377	0	1,337	41.00
43.00	04300	NURSERY	0	1,563	234	0	698	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	6,483	19,464	0	14,273	50.00
51.00	05100	RECOVERY ROOM	0	3,775	1,116	0	2,903	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,269	595	0	1,032	52.00
53.00	05300	ANESTHESIOLOGY	0	118	999	0	2,861	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	2,374	684	0	2,324	54.00
54.01	03450	NUCLEAR MEDICINE	0	150	8	0	556	54.01
54.02	03630	ULTRASOUND	0	340	50	0	953	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	2,085	132	0	7,388	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	344	354	0	3,198	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	457	17	0	1,996	58.00
60.00	06000	LABORATORY	0	0	0	0	4,548	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	360	63.00
64.00	06400	INTRAVENOUS THERAPY	0	627	221	0	682	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,102	183	0	999	65.00
65.01	03560	PULMONARY FUNCTION	0	230	38	0	418	65.01
66.00	06600	PHYSICAL THERAPY	0	4,560	480	0	2,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	817	42	0	797	67.00
68.00	06800	SPEECH PATHOLOGY	0	359	0	0	214	68.00
69.00	06900	ELECTROCARDIOLOGY	0	82	11	0	305	69.00
69.01	03140	CARDIOLOGY	0	470	261	0	978	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	309	11	0	337	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	23,736	0	2,793	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	17,789	0	2,627	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	64,478	6,255	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	107	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	29	89	0	80	76.00
76.97	07697	CARDIAC REHABILITATION	0	405	42	0	151	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	186	15	0	485	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	2,414	1,161	0	2,362	90.00
91.00	09100	EMERGENCY	0	0	1,189	0	4,025	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	40	95.00
101.00	10100	HOME HEALTH AGENCY	0	0	368	0	1,333	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	51,741	77,587	64,478	80,006	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

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Cost Center Description			MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			12.00	13.00	14.00	15.00	16.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	3	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	70	0	0	194.01
194.02	07952	VI TACARE	0	0	97	36	0	194.02
194.03	07953	CASCADE CLINIC	0	0	18	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	0	194.05
194.06	07956	RSVP	0	0	2	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958	DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	4	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	3	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	23	5	0	194.19
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)	0	51,741	77,807	64,519	80,006	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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Cost Center Description	INTERNS & RESIDENTS				
	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS
	17.00	19.00	20.00	21.00	22.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.01 00590 ADMINISTRATIVE & GENERAL					5.01
5.02 00591 REHAB ADMINISTRATION					5.02
5.03 00592 RADIOLOGY ADMINISTRATION					5.03
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
11.01 01101 EMPLOYEE CAFETERIA					11.01
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
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	1,187				17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000 NURSING SCHOOL	0		0		20.00
21.00 02100 I&R SRVCES-SALARY & FRINGES APPRVD	0			0	21.00
22.00 02200 I&R SRVCES-OTHER PRGM COSTS APPRVD	0				0 22.00
23.00 02300 PARAMED ED PRGM-(SPECIFY)	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	736				30.00
31.00 03100 INTENSIVE CARE UNIT	111				31.00
40.00 04000 SUBPROVIDER - I PF	110				40.00
41.00 04100 SUBPROVIDER - I RF	131				41.00
43.00 04300 NURSERY	99				43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0				50.00
51.00 05100 RECOVERY ROOM	0				51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0				52.00
53.00 05300 ANESTHESIOLOGY	0				53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0				54.00
54.01 03450 NUCLEAR MEDICINE	0				54.01
54.02 03630 ULTRASOUND	0				54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0				55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0				57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0				58.00
60.00 06000 LABORATORY	0				60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0				62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0				63.00
64.00 06400 INTRAVENOUS THERAPY	0				64.00
65.00 06500 RESPIRATORY THERAPY	0				65.00
65.01 03560 PULMONARY FUNCTION	0				65.01
66.00 06600 PHYSICAL THERAPY	0				66.00
67.00 06700 OCCUPATIONAL THERAPY	0				67.00
68.00 06800 SPEECH PATHOLOGY	0				68.00
69.00 06900 ELECTROCARDIOLOGY	0				69.00
69.01 03140 CARDIOLOGY	0				69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0				70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0				71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0				72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0				73.00
74.00 07400 RENAL DIALYSIS	0				74.00
76.00 03320 ELECTROSHOCK THERAPY	0				76.00
76.97 07697 CARDIAC REHABILITATION	0				76.97
76.98 07698 HYPERBARI C OXYGEN THERAPY	0				76.98
76.99 07699 LI THOTRI PSY	0				76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0				90.00
91.00 09100 EMERGENCY	0				91.00
92.00 09200 OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0				95.00
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)	1,187	0	0	0 118.00

ALLOCATION OF CAPITAL RELATED COSTS

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Cost Center Description	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS		
				SRVCES-SALARY & FRINGES	SRVCES-OTHER PRGM COSTS	
				17.00	19.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0				190.00
194.00 07950	MARKETING	0				194.00
194.01 07951	BUSINESS HEALTH	0				194.01
194.02 07952	VITACARE	0				194.02
194.03 07953	CASCADE CLINIC	0				194.03
194.04 07954	ORTHOPEDIC CLINIC	0				194.04
194.05 07955	ENT CLINIC	0				194.05
194.06 07956	RSVP	0				194.06
194.07 07957	CONTRACT CLEANING	0				194.07
194.08 07958	DIM MAINTENANCE	0				194.08
194.09 07959	RENTAL PROPERTY	0				194.09
194.10 07960	GRANDVIEW MEDICAL CENTER	0				194.10
194.11 07961	NORTH GRANDVIEW OFFICE	0				194.11
194.12 07962	LIFESTYLES	0				194.12
194.13 07963	HEALTHCARE AFFILIATES OF TRI-STATES	0				194.13
194.14 07964	FOUNDATION	0				194.14
194.15 07965	PHYSICIAN BILLING	0				194.15
194.16 07966	GUEST MEALS / MOW'S	0				194.16
194.17 07967	NONREIMBURSABLE	0				194.17
194.18 07968	CONTRACTED ULTRASOUND	0				194.18
194.19 07969	CARDIO SPECIALTY CARE CLINIC	0				194.19
200.00	Cross Foot Adjustments	0	0	0	0	0 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	1,187	0	0	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/23/2013 11:28 am
Cost Center Description	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	23.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.01 00590	ADMINISTRATIVE & GENERAL				5.01
5.02 00591	REHAB ADMINISTRATION				5.02
5.03 00592	RADIOLOGY ADMINISTRATION				5.03
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
11.01 01101	EMPLOYEE CAFETERIA				11.01
12.00 01200	MAINTENANCE OF PERSONNEL				12.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS				19.00
20.00 02000	NURSING SCHOOL				20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD				21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				22.00
23.00 02300	PARAMED PRGM-(SPECIFY)	0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	948,575	0	948,575	30.00
31.00 03100	INTENSIVE CARE UNIT	158,629	0	158,629	31.00
40.00 04000	SUBPROVIDER - I PF	83,153	0	83,153	40.00
41.00 04100	SUBPROVIDER - I RF	99,519	0	99,519	41.00
43.00 04300	NURSERY	41,056	0	41,056	43.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	752,654	0	752,654	50.00
51.00 05100	RECOVERY ROOM	187,525	0	187,525	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	55,133	0	55,133	52.00
53.00 05300	ANESTHESIOLOGY	25,021	0	25,021	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	506,958	0	506,958	54.00
54.01 03450	NUCLEAR MEDICINE	3,927	0	3,927	54.01
54.02 03630	ULTRASOUND	49,835	0	49,835	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	678,941	0	678,941	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	361,402	0	361,402	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	226,655	0	226,655	58.00
60.00 06000	LABORATORY	66,042	0	66,042	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	1,573	0	1,573	63.00
64.00 06400	INTRAVENOUS THERAPY	24,284	0	24,284	64.00
65.00 06500	RESPIRATORY THERAPY	45,118	0	45,118	65.00
65.01 03560	PULMONARY FUNCTION	9,644	0	9,644	65.01
66.00 06600	PHYSICAL THERAPY	113,145	0	113,145	66.00
67.00 06700	OCCUPATIONAL THERAPY	43,648	0	43,648	67.00
68.00 06800	SPEECH PATHOLOGY	6,889	0	6,889	68.00
69.00 06900	ELECTROCARDIOLOGY	6,164	0	6,164	69.00
69.01 03140	CARDIOLOGY	118,589	0	118,589	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	17,440	0	17,440	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	34,588	0	34,588	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	33,867	0	33,867	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	79,298	0	79,298	73.00
74.00 07400	RENAL DIALYSIS	15,442	0	15,442	74.00
76.00 03320	ELECTROSHOCK THERAPY	308	0	308	76.00
76.97 07697	CARDIAC REHABILITATION	28,469	0	28,469	76.97
76.98 07698	HYPERBARIC OXYGEN THERAPY	17,436	0	17,436	76.98
76.99 07699	LITHOTRIPSY	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	147,524	0	147,524	90.00
91.00 09100	EMERGENCY	197,150	0	197,150	91.00
92.00 09200	OBSERVATION BEDS		0		92.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	230	0	230	95.00
101.00 10100	HOME HEALTH AGENCY	86,567	0	86,567	101.00
SPECIAL PURPOSE COST CENTERS					
113.00 11300	INTEREST EXPENSE				113.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 160117

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

Worksheet B
Part II
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		PARAMED ED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		23.00	24.00	25.00	26.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	5,272,398	0	5,272,398	118.00
	NONREIMBURSABLE COST CENTERS					
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		8,882	0	8,882	190.00
194.00	07950 MARKETING		26,453	0	26,453	194.00
194.01	07951 BUSINESS HEALTH		54,018	0	54,018	194.01
194.02	07952 VI TACARE		77,944	0	77,944	194.02
194.03	07953 CASCADE CLINIC		30,430	0	30,430	194.03
194.04	07954 ORTHOPEDIC CLINIC		3,411	0	3,411	194.04
194.05	07955 ENT CLINIC		1,821	0	1,821	194.05
194.06	07956 RSVP		446	0	446	194.06
194.07	07957 CONTRACT CLEANING		17	0	17	194.07
194.08	07958 DIM MAINTENANCE		243	0	243	194.08
194.09	07959 RENTAL PROPERTY		996	0	996	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER		187	0	187	194.10
194.11	07961 NORTH GRANDVIEW OFFICE		208	0	208	194.11
194.12	07962 LIFESTYLES		7,956	0	7,956	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES		797	0	797	194.13
194.14	07964 FOUNDATION		8,036	0	8,036	194.14
194.15	07965 PHYSICIAN BILLING		1,103	0	1,103	194.15
194.16	07966 GUEST MEALS / MOW'S		12,509	0	12,509	194.16
194.17	07967 NONREIMBURSABLE		17,992	0	17,992	194.17
194.18	07968 CONTRACTED ULTRASOUND		88	0	88	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC		5,551	0	5,551	194.19
200.00	Cross Foot Adjustments	0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	5,531,486	0	5,531,486	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	242,614				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		0			2.00
4.00 00400	EMPLOYEE BENEFITS	2,140	0	33,472,557		4.00
5.01 00590	ADMINISTRATIVE & GENERAL	19,237	0	105,622	-12,488,656	5.01
5.02 00591	REHAB ADMINISTRATION	0	0	257,458	0	5.02
5.03 00592	RADIOLOGY ADMINISTRATION	0	0	287,398	0	5.03
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	3,580	0	649,304	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	0	0	0	8.00
9.00 00900	HOUSEKEEPING	3,120	0	754,295	0	9.00
10.00 01000	DIETARY	7,856	0	916,893	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
11.01 01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01
12.00 01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00
13.00 01300	NURSING ADMINISTRATION	3,017	0	1,752,234	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	3,430	0	290,409	0	14.00
15.00 01500	PHARMACY	4,068	0	1,047,213	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,608	0	525,024	0	16.00
17.00 01700	SOCIAL SERVICE	0	0	132,606	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00 02000	NURSING SCHOOL	0	0	0	0	20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	54,362	0	4,628,317	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,123	0	1,078,806	0	31.00
40.00 04000	SUBPROVIDER - IPF	5,570	0	562,265	0	40.00
41.00 04100	SUBPROVIDER - IRF	6,545	0	739,786	0	41.00
43.00 04300	NURSERY	1,330	0	570,967	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	13,567	0	2,116,116	0	50.00
51.00 05100	RECOVERY ROOM	11,927	0	1,371,696	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,321	0	504,974	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	28,873	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,874	0	752,303	0	54.00
54.01 03450	NUCLEAR MEDICINE	0	0	71,780	0	54.01
54.02 03630	ULTRASOUND	168	0	156,955	0	54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	11,764	0	848,973	0	55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	229,631	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	187,739	0	58.00
60.00 06000	LABORATORY	4,440	0	0	0	60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	1,423	0	227,254	0	64.00
65.00 06500	RESPIRATORY THERAPY	2,043	0	337,054	0	65.00
65.01 03560	PULMONARY FUNCTION	427	0	70,459	0	65.01
66.00 06600	PHYSICAL THERAPY	6,516	0	1,862,269	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	3,332	0	375,220	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	199,370	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	36,078	0	69.00
69.01 03140	CARDIOLOGY	846	0	234,446	0	69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	756	0	99,140	0	70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	1,267	0	0	0	74.00
76.00 03320	ELECTROSHOCK THERAPY	0	0	9,364	0	76.00
76.97 07697	CARDIAC REHABILITATION	1,655	0	151,084	0	76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	887	0	36,656	0	76.98
76.99 07699	LITHOTRI PSY	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	9,216	0	1,145,041	0	90.00
91.00 09100	EMERGENCY	12,649	0	3,297,164	0	91.00
92.00 09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	95.00
101.00 10100	HOME HEALTH AGENCY	5,016	0	1,743,969	0	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
		1.00	2.00				
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	226,080	0	30,392,205	-12,488,656	64,988,946
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	770	0	0	0	8,422
194.00	07950	MARKETING	2,021	0	227,665	0	732,231
194.01	07951	BUSINESS HEALTH	3,984	0	408,533	0	605,003
194.02	07952	VI TACARE	5,048	0	950,110	0	1,510,298
194.03	07953	CASCADE CLINIC	2,500	0	123,369	0	236,467
194.04	07954	ORTHOPEDIC CLINIC	0	0	589,408	0	966,008
194.05	07955	ENT CLINIC	0	0	274,538	0	516,772
194.06	07956	RSVP	0	0	47,157	0	66,184
194.07	07957	CONTRACT CLEANING	0	0	1,686	0	1,710
194.08	07958	DIM MAINTENANCE	0	0	29,137	0	32,733
194.09	07959	RENTAL PROPERTY	0	0	0	0	340,840
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	64,001
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	71,048
194.12	07962	LIFESTYLES	0	0	104,484	0	180,447
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	201,774	0	224,521
194.14	07964	FOUNDATION	651	0	0	0	67,004
194.15	07965	PHYSICIAN BILLING	0	0	111,243	0	159,344
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	0
194.17	07967	NONREIMBURSABLE	1,560	0	0	0	17,062
194.18	07968	CONTRACTED ULTRASOUND	0	0	11,248	0	14,133
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	1,199,587
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers					
202.00		Cost to be allocated (per Wkst. B, Part I)	2,653,550	0	472,763		12,488,656
203.00		Unit cost multiplier (Wkst. B, Part I)	10.937333	0.000000	0.014124		0.173447
204.00		Cost to be allocated (per Wkst. B, Part II)			23,406		210,475
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000699		0.002923

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		REHAB ADMINISTRATION (DOLLAR VALUE)	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)		
		5.02	5.03	6.00	7.00	8.00		
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	00590	ADMINISTRATIVE & GENERAL					5.01	
5.02	00591	REHAB ADMINISTRATION	6,527,622				5.02	
5.03	00592	RADIOLOGY ADMINISTRATION	0	4,240,989			5.03	
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00	
7.00	00700	OPERATION OF PLANT	0	0	217,657		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	629,149	8.00	
9.00	00900	HOUSEKEEPING	0	0	0	0	9.00	
10.00	01000	DIETARY	0	0	0	3,120	10.00	
11.00	01100	CAFETERIA	0	0	0	7,856	11.00	
11.01	01101	EMPLOYEE CAFETERIA	0	0	0	0	11.01	
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	12.00	
13.00	01300	NURSING ADMINISTRATION	0	0	0	3,017	13.00	
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	3,430	36,446	14.00
15.00	01500	PHARMACY	0	0	0	4,068	530	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	0	3,608	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	54,362	202,483	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	5,123	32,205	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	5,570	12,475	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	6,545	24,983	41.00
43.00	04300	NURSERY	0	0	0	1,330	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	13,567	75,486	50.00
51.00	05100	RECOVERY ROOM	0	0	0	11,927	55,411	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	2,321	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,899,520	0	12,874	40,315	54.00
54.01	03450	NUCLEAR MEDICINE	0	450,123	0	0	0	54.01
54.02	03630	ULTRASOUND	0	349,704	0	168	360	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	11,764	25,164	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	891,693	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	649,949	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	4,440	349	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	1,423	9,146	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	2,043	919	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	427	192	65.01
66.00	06600	PHYSICAL THERAPY	2,643,802	0	0	6,516	25,611	66.00
67.00	06700	OCCUPATIONAL THERAPY	565,597	0	0	3,332	0	67.00
68.00	06800	SPEECH PATHOLOGY	238,084	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	132	69.00
69.01	03140	CARDIOLOGY	0	0	0	846	977	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	756	2,060	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	1,267	1,331	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	1,655	113	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	887	7,245	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	9,216	7,543	90.00
91.00	09100	EMERGENCY	0	0	0	12,649	62,638	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0	2,700	95.00
101.00	10100	HOME HEALTH AGENCY	3,080,139	0	0	5,016	0	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)	6,527,622	4,240,989	0	201,123	626,814	118.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	REHAB	RADIOLOGY	MAINTENANCE &	OPERATION OF	LAUNDRY &	
	ADMINISTRATIVE	ADMINISTRATIVE	REPAIRS	PLANT	LINEN SERVICE	
	(DOLLAR VALUE)	(DOLLAR VALUE)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	
	5.02	5.03	6.00	7.00	8.00	
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	770	0	190.00
194.00 07950 MARKETING	0	0	0	2,021	0	194.00
194.01 07951 BUSINESS HEALTH	0	0	0	3,984	0	194.01
194.02 07952 VITACARE	0	0	0	5,048	0	194.02
194.03 07953 CASCADE CLINIC	0	0	0	2,500	621	194.03
194.04 07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05 07955 ENT CLINIC	0	0	0	0	0	194.05
194.06 07956 RSVP	0	0	0	0	0	194.06
194.07 07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08 07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09 07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10 07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11 07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12 07962 LIFESTYLES	0	0	0	0	1,714	194.12
194.13 07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14 07964 FOUNDATION	0	0	0	651	0	194.14
194.15 07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16 07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17 07967 NONREIMBURSABLE	0	0	0	1,560	0	194.17
194.18 07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19 07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
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)	387,161	424,154	0	2,511,573	397,668	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.059311	0.100013	0.000000	11.539133	0.632073	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)	1,144	1,258	0	73,451	991	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)	0.000175	0.000297	0.000000	0.337462	0.001575	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00590						5.01
5.02	00591						5.02
5.03	00592						5.03
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	214,537					10.00
11.00	01100	7,856	424,902				11.00
11.01	01101	0	269,394	269,394			11.01
11.01	01101	0	0	267,783	966,875		11.01
12.00	01200	0	0	0	0	0	12.00
13.00	01300	3,017	0	0	56,396	0	13.00
14.00	01400	3,430	0	0	18,003	0	14.00
15.00	01500	4,068	0	0	27,726	0	15.00
16.00	01600	3,608	0	0	26,469	0	16.00
17.00	01700	0	0	0	6,950	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	54,362	84,276	0	171,423	0	30.00
31.00	03100	5,123	9,165	0	40,358	0	31.00
40.00	04000	5,570	10,428	0	24,881	0	40.00
41.00	04100	6,545	8,428	0	26,181	0	41.00
43.00	04300	1,330	0	0	19,382	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	13,567	3,455	0	80,405	0	50.00
51.00	05100	11,927	0	0	46,817	0	51.00
52.00	05200	2,321	0	0	15,743	0	52.00
53.00	05300	0	0	0	1,464	0	53.00
54.00	05400	12,874	0	0	29,447	0	54.00
54.01	03450	0	0	0	1,863	0	54.01
54.02	03630	168	0	0	4,212	0	54.02
55.00	05500	11,764	0	0	25,859	0	55.00
57.00	05700	0	0	0	4,268	0	57.00
58.00	05800	0	0	0	5,664	0	58.00
60.00	06000	4,440	0	0	0	0	60.00
62.30	06250	0	0	0	0	0	62.30
63.00	06300	0	0	0	0	0	63.00
64.00	06400	1,423	0	0	7,773	0	64.00
65.00	06500	2,043	0	0	13,668	0	65.00
65.01	03560	427	0	0	2,857	0	65.01
66.00	06600	6,516	0	0	56,555	0	66.00
67.00	06700	3,332	0	0	10,130	0	67.00
68.00	06800	0	0	0	4,447	0	68.00
69.00	06900	0	0	0	1,012	0	69.00
69.01	03140	846	0	0	5,834	0	69.01
70.00	07000	756	0	0	3,838	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	1,267	0	0	0	0	74.00
76.00	03320	0	0	0	358	0	76.00
76.97	07697	1,655	0	0	5,025	0	76.97
76.98	07698	887	0	0	2,303	0	76.98
76.99	07699	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	9,216	0	0	29,942	0	90.00
91.00	09100	12,649	0	0	61,118	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
101.00	10100	5,016	0	0	62,890	0	101.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300						113.00
118.00							118.00
SUBTOTALS (SUM OF LINES 1-117)		198,003	385,146	267,783	901,261	0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	
		9.00	10.00	11.00	11.01	12.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	770	0	0	0	0	190.00
194.00	07950 MARKETING	2,021	0	0	8,268	0	194.00
194.01	07951 BUSINESS HEALTH	3,984	0	0	10,325	0	194.01
194.02	07952 VITACARE	5,048	0	0	19,922	0	194.02
194.03	07953 CASCADE CLINIC	2,500	0	0	4,143	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	2,094	0	194.04
194.05	07955 ENT CLINIC	0	0	0	1,408	0	194.05
194.06	07956 RSVP	0	0	0	2,276	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	130	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	1,518	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	0	0	4,227	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	651	0	0	4,162	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	6,677	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	39,756	1,611	0	0	194.16
194.17	07967 NONREIMBURSABLE	1,560	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	464	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	0	0	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,541,931	1,978,749	1,254,555	1,247,053	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	7.187250	4.656954	4.656952	1.289777	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	48,705	128,483	81,460	80,973	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.227024	0.302383	0.302382	0.083747	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1
Date/Time Prepared:
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Cost Center Description			NURSING ADMINISTRATION (DIRECT NRSNG HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
			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	00590	ADMINISTRATIVE & GENERAL						5.01
5.02	00591	REHAB ADMINISTRATION						5.02
5.03	00592	RADIOLOGY ADMINISTRATION						5.03
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
11.01	01101	EMPLOYEE CAFETERIA						11.01
12.00	01200	MAINTENANCE OF PERSONNEL						12.00
13.00	01300	NURSING ADMINISTRATION	641,709					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	4,820,960				14.00
15.00	01500	PHARMACY	0	236,458	2,931,903			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	3,708	0	207,953,043		16.00
17.00	01700	SOCIAL SERVICE	0	543	0	0	21,507	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	0	20.00
21.00	02100	I&R SRVCES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SRVCES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	171,423	186,124	0	14,168,572	13,344	30.00
31.00	03100	INTENSIVE CARE UNIT	40,358	49,795	0	2,975,429	2,015	31.00
40.00	04000	SUBPROVIDER - I PF	24,881	14,148	0	3,338,732	1,985	40.00
41.00	04100	SUBPROVIDER - I RF	26,181	23,383	0	3,472,247	2,378	41.00
43.00	04300	NURSERY	19,382	14,471	0	1,811,900	1,785	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	80,405	1,205,997	0	37,223,050	0	50.00
51.00	05100	RECOVERY ROOM	46,817	69,123	0	7,539,099	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	15,743	36,851	0	2,680,981	0	52.00
53.00	05300	ANESTHESIOLOGY	1,464	61,881	0	7,431,051	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	29,447	42,367	0	6,036,770	0	54.00
54.01	03450	NUCLEAR MEDICINE	1,863	469	0	1,445,063	0	54.01
54.02	03630	ULTRASOUND	4,212	3,074	0	2,476,581	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	25,859	8,150	0	19,190,055	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	4,268	21,913	0	8,305,392	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	5,664	1,074	0	5,184,210	0	58.00
60.00	06000	LABORATORY	0	7	0	11,811,697	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	934,325	0	63.00
64.00	06400	INTRAVENOUS THERAPY	7,773	13,663	0	1,770,572	0	64.00
65.00	06500	RESPIRATORY THERAPY	13,668	11,322	0	2,595,162	0	65.00
65.01	03560	PULMONARY FUNCTION	2,857	2,367	0	1,085,756	0	65.01
66.00	06600	PHYSICAL THERAPY	56,555	29,725	0	7,025,811	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	10,130	2,600	0	2,069,760	0	67.00
68.00	06800	SPEECH PATHOLOGY	4,447	0	0	556,152	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,012	706	0	792,727	0	69.00
69.01	03140	CARDIOLOGY	5,834	16,151	0	2,540,096	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	3,838	659	0	874,922	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	1,470,895	0	7,254,830	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	1,102,247	0	6,822,124	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	2,930,039	16,245,972	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	279,046	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	358	5,535	0	209,035	0	76.00
76.97	07697	CARDIAC REHABILITATION	5,025	2,581	0	391,560	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	2,303	936	0	1,258,629	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	29,942	71,965	0	6,135,896	0	90.00
91.00	09100	EMERGENCY	0	73,679	0	10,453,434	0	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	102,949	0	95.00
101.00	10100	HOME HEALTH AGENCY	0	22,804	0	3,463,456	0	101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	641,709	4,807,371	2,930,039	207,953,043	21,507	118.00
	NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
194.00	07950 MARKETING	0	175	0	0	0	194.00
194.01	07951 BUSINESS HEALTH	0	4,321	0	0	0	194.01
194.02	07952 VI TACARE	0	6,005	1,634	0	0	194.02
194.03	07953 CASCADE CLINIC	0	1,118	13	0	0	194.03
194.04	07954 ORTHOPEDIC CLINIC	0	0	0	0	0	194.04
194.05	07955 ENT CLINIC	0	0	0	0	0	194.05
194.06	07956 RSVP	0	128	0	0	0	194.06
194.07	07957 CONTRACT CLEANING	0	0	0	0	0	194.07
194.08	07958 DIM MAINTENANCE	0	0	0	0	0	194.08
194.09	07959 RENTAL PROPERTY	0	0	0	0	0	194.09
194.10	07960 GRANDVIEW MEDICAL CENTER	0	0	0	0	0	194.10
194.11	07961 NORTH GRANDVIEW OFFICE	0	0	0	0	0	194.11
194.12	07962 LIFESTYLES	0	257	0	0	0	194.12
194.13	07963 HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	0	194.13
194.14	07964 FOUNDATION	0	189	0	0	0	194.14
194.15	07965 PHYSICIAN BILLING	0	0	0	0	0	194.15
194.16	07966 GUEST MEALS / MOW'S	0	0	0	0	0	194.16
194.17	07967 NONREIMBURSABLE	0	0	0	0	0	194.17
194.18	07968 CONTRACTED ULTRASOUND	0	0	0	0	0	194.18
194.19	07969 CARDIO SPECIALTY CARE CLINIC	0	1,396	217	0	0	194.19
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,274,818	856,688	1,240,958	1,319,175	194,834	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.103276	0.177701	0.423260	0.006344	9.059097	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	51,741	77,807	64,519	80,006	1,187	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.080630	0.016139	0.022006	0.000385	0.055191	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED PRGM (ASSIGNED TIME)	
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)		
			19.00	20.00		
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 00590	ADMINISTRATIVE & GENERAL					5.01
5.02 00591	REHAB ADMINISTRATION					5.02
5.03 00592	RADIOLOGY ADMINISTRATION					5.03
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
11.01 01101	EMPLOYEE CAFETERIA					11.01
12.00 01200	MAINTENANCE OF PERSONNEL					12.00
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
19.00 01900	NONPHYSICIAN ANESTHETISTS	0				19.00
20.00 02000	NURSING SCHOOL		0			20.00
21.00 02100	I&R SRVCES-SALARY & FRINGES APPRVD			0		21.00
22.00 02200	I&R SRVCES-OTHER PRGM COSTS APPRVD				0	22.00
23.00 02300	PARAMED ED PRGM-(SPECIFY)					0 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS		0	0	0	0 30.00
31.00 03100	INTENSIVE CARE UNIT		0	0	0	0 31.00
40.00 04000	SUBPROVIDER - IPF		0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF		0	0	0	0 41.00
43.00 04300	NURSERY		0	0	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	0 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0 54.00
54.01 03450	NUCLEAR MEDICINE	0	0	0	0	0 54.01
54.02 03630	ULTRASOUND	0	0	0	0	0 54.02
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
60.00 06000	LABORATORY	0	0	0	0	0 60.00
62.30 06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0 62.30
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	0 65.00
65.01 03560	PULMONARY FUNCTION	0	0	0	0	0 65.01
66.00 06600	PHYSICAL THERAPY	0	0	0	0	0 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
69.01 03140	CARDIOLOGY	0	0	0	0	0 69.01
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
76.00 03320	ELECTROSHOCK THERAPY	0	0	0	0	0 76.00
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0 76.97
76.98 07698	HYPERBARI C OXYGEN THERAPY	0	0	0	0	0 76.98
76.99 07699	LITHOTRI PSY	0	0	0	0	0 76.99
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	0	0	0	0 91.00
92.00 09200	OBSERVATION BEDS	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 160117

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

Worksheet B-1

Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		PARAMED ED PRGM (ASSIGNED TIME)		
			SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)			
			19.00	20.00			21.00
SPECIAL PURPOSE COST CENTERS							
113.00	11300	INTEREST EXPENSE					113.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
194.00	07950	MARKETING	0	0	0	0	194.00
194.01	07951	BUSINESS HEALTH	0	0	0	0	194.01
194.02	07952	VITACARE	0	0	0	0	194.02
194.03	07953	CASCADE CLINIC	0	0	0	0	194.03
194.04	07954	ORTHOPEDIC CLINIC	0	0	0	0	194.04
194.05	07955	ENT CLINIC	0	0	0	0	194.05
194.06	07956	RSVP	0	0	0	0	194.06
194.07	07957	CONTRACT CLEANING	0	0	0	0	194.07
194.08	07958	DIAM MAINTENANCE	0	0	0	0	194.08
194.09	07959	RENTAL PROPERTY	0	0	0	0	194.09
194.10	07960	GRANDVIEW MEDICAL CENTER	0	0	0	0	194.10
194.11	07961	NORTH GRANDVIEW OFFICE	0	0	0	0	194.11
194.12	07962	LIFESTYLES	0	0	0	0	194.12
194.13	07963	HEALTHCARE AFFILIATES OF TRI-STATES	0	0	0	0	194.13
194.14	07964	FOUNDATION	0	0	0	0	194.14
194.15	07965	PHYSICIAN BILLING	0	0	0	0	194.15
194.16	07966	GUEST MEALS / MOW'S	0	0	0	0	194.16
194.17	07967	NONREIMBURSABLE	0	0	0	0	194.17
194.18	07968	CONTRACTED ULTRASOUND	0	0	0	0	194.18
194.19	07969	CARDIO SPECIALTY CARE CLINIC	0	0	0	0	194.19
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)	0	0	0	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	0.000000	0.000000	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	0	0	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160117

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 11:28 am

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	10,913,181		10,913,181	0	10,913,181	13,074,361	30.00
31.00	03100	INTENSIVE CARE UNIT	2,257,363		2,257,363	0	2,257,363	2,975,429	31.00
40.00	04000	SUBPROVIDER - IPF	1,930,522		1,930,522	0	1,930,522	3,338,732	40.00
41.00	04100	SUBPROVIDER - IRF	2,135,116		2,135,116	0	2,135,116	3,472,247	41.00
43.00	04300	NURSERY	1,077,287		1,077,287	0	1,077,287	1,811,900	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	7,909,973		7,909,973	0	7,909,973	11,912,642	50.00
51.00	05100	RECOVERY ROOM	2,951,182		2,951,182	0	2,951,182	2,409,471	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	999,811		999,811	0	999,811	2,436,709	52.00
53.00	05300	ANESTHESIOLOGY	374,479		374,479	0	374,479	1,871,362	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,756,347		2,756,347	0	2,756,347	1,244,305	54.00
54.01	03450	NUCLEAR MEDICINE	394,068		394,068	0	394,068	181,069	54.01
54.02	03630	ULTRASOUND	502,163		502,163	0	502,163	557,565	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	3,254,745		3,254,745	9,031	3,263,776	82,602	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,150,393		1,150,393	0	1,150,393	2,498,700	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	830,274		830,274	0	830,274	637,009	58.00
60.00	06000	LABORATORY	4,158,368		4,158,368	0	4,158,368	6,542,295	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0		0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	492,713		492,713	0	492,713	556,188	63.00
64.00	06400	INTRAVENOUS THERAPY	518,199		518,199	0	518,199	75,228	64.00
65.00	06500	RESPIRATORY THERAPY	750,639	0	750,639	0	750,639	2,401,425	65.00
65.01	03560	PULMONARY FUNCTION	162,636	0	162,636	0	162,636	901,690	65.01
66.00	06600	PHYSICAL THERAPY	3,413,283	0	3,413,283	0	3,413,283	2,174,427	66.00
67.00	06700	OCCUPATIONAL THERAPY	878,857	0	878,857	0	878,857	1,247,947	67.00
68.00	06800	SPEECH PATHOLOGY	324,757	0	324,757	0	324,757	318,955	68.00
69.00	06900	ELECTROCARDIOLOGY	74,845		74,845	0	74,845	262,048	69.00
69.01	03140	CARDIOLOGY	871,814		871,814	0	871,814	1,967,351	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	326,164		326,164	0	326,164	88,314	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	3,542,566		3,542,566	0	3,542,566	4,704,724	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	5,639,037		5,639,037	0	5,639,037	4,606,798	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	4,781,479		4,781,479	0	4,781,479	9,860,492	73.00
74.00	07400	RENAL DIALYSIS	331,179		331,179	0	331,179	279,046	74.00
76.00	03320	ELECTROSHOCK THERAPY	33,735		33,735	0	33,735	0	76.00
76.97	07697	CARDIAC REHABILITATION	313,151		313,151	0	313,151	2,407	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	315,286		315,286	0	315,286	0	76.98
76.99	07699	LITHOTRIpsy	0		0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	2,084,113		2,084,113	7,273	2,091,386	370,441	90.00
91.00	09100	EMERGENCY	3,801,055		3,801,055	521,243	4,322,298	2,103,748	91.00
92.00	09200	OBSERVATION BEDS	843,654		843,654		843,654	204,522	92.00
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES	77,225		77,225	0	77,225	59,676	95.00
101.00	10100	HOME HEALTH AGENCY	3,341,495		3,341,495		3,341,495	0	101.00
SPECIAL PURPOSE COST CENTERS									
113.00	11300	INTEREST EXPENSE							113.00
200.00		Subtotal (see instructions)	76,513,154	0	76,513,154	537,547	77,050,701	87,231,825	200.00
201.00		Less Observation Beds	843,654		843,654		843,654		201.00
202.00		Total (see instructions)	75,669,500	0	75,669,500	537,547	76,207,047	87,231,825	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 160117

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

Worksheet C
Part I
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS	
		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		13,074,361				30.00
31.00	03100	INTENSIVE CARE UNIT		2,975,429				31.00
40.00	04000	SUBPROVIDER - I PF		3,338,732				40.00
41.00	04100	SUBPROVIDER - I RF		3,472,247				41.00
43.00	04300	NURSERY		1,811,900				43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	25,310,408	37,223,050	0.212502	0.000000	0.212502	50.00
51.00	05100	RECOVERY ROOM	5,129,628	7,539,099	0.391450	0.000000	0.391450	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	244,272	2,680,981	0.372927	0.000000	0.372927	52.00
53.00	05300	ANESTHESIOLOGY	5,559,689	7,431,051	0.050394	0.000000	0.050394	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,792,465	6,036,770	0.456593	0.000000	0.456593	54.00
54.01	03450	NUCLEAR MEDICINE	1,263,994	1,445,063	0.272700	0.000000	0.272700	54.01
54.02	03630	ULTRASOUND	1,919,016	2,476,581	0.202765	0.000000	0.202765	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	19,107,453	19,190,055	0.169606	0.000000	0.170076	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	5,806,692	8,305,392	0.138512	0.000000	0.138512	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,547,201	5,184,210	0.160154	0.000000	0.160154	58.00
60.00	06000	LABORATORY	5,269,402	11,811,697	0.352055	0.000000	0.352055	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0.000000	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	378,137	934,325	0.527346	0.000000	0.527346	63.00
64.00	06400	INTRAVENOUS THERAPY	1,695,344	1,770,572	0.292673	0.000000	0.292673	64.00
65.00	06500	RESPIRATORY THERAPY	193,737	2,595,162	0.289246	0.000000	0.289246	65.00
65.01	03560	PULMONARY FUNCTION	184,066	1,085,756	0.149791	0.000000	0.149791	65.01
66.00	06600	PHYSICAL THERAPY	4,851,384	7,025,811	0.485820	0.000000	0.485820	66.00
67.00	06700	OCCUPATIONAL THERAPY	821,813	2,069,760	0.424618	0.000000	0.424618	67.00
68.00	06800	SPEECH PATHOLOGY	237,197	556,152	0.583936	0.000000	0.583936	68.00
69.00	06900	ELECTROCARDIOLOGY	530,679	792,727	0.094415	0.000000	0.094415	69.00
69.01	03140	CARDIOLOGY	572,745	2,540,096	0.343221	0.000000	0.343221	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	786,608	874,922	0.372792	0.000000	0.372792	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	2,550,106	7,254,830	0.488304	0.000000	0.488304	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,215,326	6,822,124	0.826581	0.000000	0.826581	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,385,480	16,245,972	0.294318	0.000000	0.294318	73.00
74.00	07400	RENAL DIALYSIS	0	279,046	1.186826	0.000000	1.186826	74.00
76.00	03320	ELECTROSHOCK THERAPY	209,035	209,035	0.161384	0.000000	0.161384	76.00
76.97	07697	CARDIAC REHABILITATION	389,153	391,560	0.799752	0.000000	0.799752	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	1,258,629	1,258,629	0.250500	0.000000	0.250500	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0.000000	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,765,455	6,135,896	0.339659	0.000000	0.340844	90.00
91.00	09100	EMERGENCY	8,349,686	10,453,434	0.363618	0.000000	0.413481	91.00
92.00	09200	OBSERVATION BEDS	889,689	1,094,211	0.771016	0.000000	0.771016	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	43,273	102,949	0.750129	0.000000	0.750129	95.00
101.00	10100	HOME HEALTH AGENCY	3,463,456	3,463,456				101.00
SPECIAL PURPOSE COST CENTERS								
113.00	11300	INTEREST EXPENSE						113.00
200.00		Subtotal (see instructions)	120,721,218	207,953,043				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	120,721,218	207,953,043				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/23/2013 11:28 am
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
Title XVIII Hospital PPS							
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	948,575	0	948,575	14,462	65.59	30.00
31.00	INTENSIVE CARE UNIT	158,629		158,629	2,015	78.72	31.00
40.00	SUBPROVIDER - IPF	83,153	0	83,153	1,985	41.89	40.00
41.00	SUBPROVIDER - IRF	99,519	0	99,519	2,378	41.85	41.00
43.00	NURSERY	41,056		41,056	1,785	23.00	43.00
200.00	Total (lines 30-199)	1,330,932		1,330,932	22,625		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	8,462	555,023				
31.00	INTENSIVE CARE UNIT	1,209	95,172				
40.00	SUBPROVIDER - IPF	1,731	72,512				
41.00	SUBPROVIDER - IRF	1,908	79,850				
43.00	NURSERY	0	0				
200.00	Total (lines 30-199)	13,310	802,557				

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/23/2013 11:28 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	752,654	37,223,050	0.020220	6,091,751	123,175	50.00
51.00	05100 RECOVERY ROOM	187,525	7,539,099	0.024874	937,575	23,321	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	55,133	2,680,981	0.020564	4,383	90	52.00
53.00	05300 ANESTHESIOLOGY	25,021	7,431,051	0.003367	885,785	2,982	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	506,958	6,036,770	0.083978	876,680	73,622	54.00
54.01	03450 NUCLEAR MEDICINE	3,927	1,445,063	0.002718	128,224	349	54.01
54.02	03630 ULTRASOUND	49,835	2,476,581	0.020122	332,202	6,685	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	678,941	19,190,055	0.035380	45,391	1,606	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	361,402	8,305,392	0.043514	1,572,334	68,419	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	226,655	5,184,210	0.043720	370,609	16,203	58.00
60.00	06000 LABORATORY	66,042	11,811,697	0.005591	3,908,362	21,852	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,573	934,325	0.001684	437,214	736	63.00
64.00	06400 INTRAVENOUS THERAPY	24,284	1,770,572	0.013715	19,884	273	64.00
65.00	06500 RESPIRATORY THERAPY	45,118	2,595,162	0.017385	1,477,253	25,682	65.00
65.01	03560 PULMONARY FUNCTION	9,644	1,085,756	0.008882	470,285	4,177	65.01
66.00	06600 PHYSICAL THERAPY	113,145	7,025,811	0.016104	965,196	15,544	66.00
67.00	06700 OCCUPATIONAL THERAPY	43,648	2,069,760	0.021088	320,545	6,760	67.00
68.00	06800 SPEECH PATHOLOGY	6,889	556,152	0.012387	117,143	1,451	68.00
69.00	06900 ELECTROCARDIOLOGY	6,164	792,727	0.007776	218,845	1,702	69.00
69.01	03140 RADIOLOGY	118,589	2,540,096	0.046687	1,604,555	74,912	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	17,440	874,922	0.019933	42,644	850	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	34,588	7,254,830	0.004768	3,150,091	15,020	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	33,867	6,822,124	0.004964	2,796,439	13,882	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	79,298	16,245,972	0.004881	5,561,092	27,144	73.00
74.00	07400 RENAL DIALYSIS	15,442	279,046	0.055339	207,400	11,477	74.00
76.00	03320 ELECTROSHOCK THERAPY	308	209,035	0.001473	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	28,469	391,560	0.072707	1,536	112	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	17,436	1,258,629	0.013853	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	147,524	6,135,896	0.024043	356,150	8,563	90.00
91.00	09100 EMERGENCY	197,150	10,453,434	0.018860	1,296,487	24,452	91.00
92.00	09200 OBSERVATION BEDS	73,330	1,094,211	0.067016	97,277	6,519	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	3,927,999	179,713,969		34,293,332	577,560	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/23/2013 11:28 am
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Cost Center Description	Title XVIII					Hospital	
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS	
	1.00	2.00	3.00	4.00	5.00		

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	14,462	0.00	8,462	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	2,015	0.00	1,209	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	1,985	0.00	1,731	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	2,378	0.00	1,908	0	0	41.00
43.00	04300	NURSERY	1,785	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	22,625		13,310	0	0	200.00

Cost Center Description	PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost
	12.00	13.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0				41.00
43.00	04300	NURSERY	0	0				43.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160117

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		Title XVIII				Hospital		PPS	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01	
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00	
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
65.01	03560	PULMONARY FUNCTION	0	0	0	0	0	65.01	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00	
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97	
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98	
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99	
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	0	0	0	91.00	
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00	
OTHER REIMBURSABLE COST CENTERS									
95.00	09500	AMBULANCE SERVICES						95.00	
200.00		Total (lines 50-199)	0	0	0	0	0	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 160117

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

Worksheet D
Part IV
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	37,223,050	0.000000	0.000000	6,091,751	50.00
51.00	05100	RECOVERY ROOM	0	7,539,099	0.000000	0.000000	937,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,680,981	0.000000	0.000000	4,383	52.00
53.00	05300	ANESTHESIOLOGY	0	7,431,051	0.000000	0.000000	885,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,036,770	0.000000	0.000000	876,680	54.00
54.01	03450	NUCLEAR MEDICINE	0	1,445,063	0.000000	0.000000	128,224	54.01
54.02	03630	ULTRASOUND	0	2,476,581	0.000000	0.000000	332,202	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,190,055	0.000000	0.000000	45,391	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	8,305,392	0.000000	0.000000	1,572,334	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,184,210	0.000000	0.000000	370,609	58.00
60.00	06000	LABORATORY	0	11,811,697	0.000000	0.000000	3,908,362	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	934,325	0.000000	0.000000	437,214	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,770,572	0.000000	0.000000	19,884	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,595,162	0.000000	0.000000	1,477,253	65.00
65.01	03560	PULMONARY FUNCTION	0	1,085,756	0.000000	0.000000	470,285	65.01
66.00	06600	PHYSICAL THERAPY	0	7,025,811	0.000000	0.000000	965,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,069,760	0.000000	0.000000	320,545	67.00
68.00	06800	SPEECH PATHOLOGY	0	556,152	0.000000	0.000000	117,143	68.00
69.00	06900	ELECTROCARDIOLOGY	0	792,727	0.000000	0.000000	218,845	69.00
69.01	03140	CARDIOLOGY	0	2,540,096	0.000000	0.000000	1,604,555	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	874,922	0.000000	0.000000	42,644	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	7,254,830	0.000000	0.000000	3,150,091	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,822,124	0.000000	0.000000	2,796,439	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,245,972	0.000000	0.000000	5,561,092	73.00
74.00	07400	RENAL DIALYSIS	0	279,046	0.000000	0.000000	207,400	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	209,035	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	391,560	0.000000	0.000000	1,536	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,258,629	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,135,896	0.000000	0.000000	356,150	90.00
91.00	09100	EMERGENCY	0	10,453,434	0.000000	0.000000	1,296,487	91.00
92.00	09200	OBSERVATION BEDS	0	1,094,211	0.000000	0.000000	97,277	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (Lines 50-199)	0	179,713,969			34,293,332	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
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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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
Title VIII Hospital PPS							
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	9,122,442	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,641,241	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,582	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,948,173	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	1,608,783	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	690,882	0	0	0	54.01
54.02	03630 ULTRASOUND	0	620,603	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	11,454,637	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	1,858,450	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	1,558,273	0	0	0	58.00
60.00	06000 LABORATORY	0	253,995	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	361,522	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	342,380	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	93,879	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	90,033	0	0	0	65.01
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	210,868	0	0	0	69.00
69.01	03140 RADIOLOGY	0	571,347	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	253,153	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	787,093	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	1,010,155	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,495,200	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	60,200	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	235,010	0	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	806,844	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	2,958,538	0	0	0	90.00
91.00	09100 EMERGENCY	0	1,900,351	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	380,525	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	0	43,318,159	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
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Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
54.01	03450 NUCLEAR MEDICINE	0	0			54.01
54.02	03630 ULTRASOUND	0	0			54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0			55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0			58.00
60.00	06000 LABORATORY	0	0			60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0			62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
64.00	06400 INTRAVENOUS THERAPY	0	0			64.00
65.00	06500 RESPIRATORY THERAPY	0	0			65.00
65.01	03560 PULMONARY FUNCTION	0	0			65.01
66.00	06600 PHYSICAL THERAPY	0	0			66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0			67.00
68.00	06800 SPEECH PATHOLOGY	0	0			68.00
69.00	06900 ELECTROCARDIOLOGY	0	0			69.00
69.01	03140 CARDIOLOGY	0	0			69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0			76.00
76.97	07697 CARDIAC REHABILITATION	0	0			76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	0			76.98
76.99	07699 LI THOTRI PSY	0	0			76.99
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0			90.00
91.00	09100 EMERGENCY	0	0			91.00
92.00	09200 OBSERVATION BEDS	0	0			92.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0			200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 11:28 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0.212502	9,122,442	0	0	1,938,537	50.00
51.00	05100 RECOVERY ROOM	0.391450	1,641,241	0	0	642,464	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.372927	3,582	0	0	1,336	52.00
53.00	05300 ANESTHESIOLOGY	0.050394	1,948,173	0	0	98,176	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.456593	1,608,783	0	0	734,559	54.00
54.01	03450 NUCLEAR MEDICINE	0.272700	690,882	0	0	188,404	54.01
54.02	03630 ULTRASOUND	0.202765	620,603	0	0	125,837	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.169606	11,454,637	0	0	1,942,775	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.138512	1,858,450	0	0	257,418	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.160154	1,558,273	0	0	249,564	58.00
60.00	06000 LABORATORY	0.352055	253,995	0	0	89,420	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.527346	361,522	0	0	190,647	63.00
64.00	06400 INTRAVENOUS THERAPY	0.292673	342,380	0	0	100,205	64.00
65.00	06500 RESPIRATORY THERAPY	0.289246	93,879	0	0	27,154	65.00
65.01	03560 PULMONARY FUNCTION	0.149791	90,033	0	0	13,486	65.01
66.00	06600 PHYSICAL THERAPY	0.485820	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.424618	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0.583936	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094415	210,868	0	0	19,909	69.00
69.01	03140 RADIOLOGY	0.343221	571,347	0	0	196,098	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.372792	253,153	0	0	94,373	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.488304	787,093	0	0	384,341	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.826581	1,010,155	14,050	0	834,975	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.294318	2,495,200	0	1,577	734,382	73.00
74.00	07400 RENAL DIALYSIS	1.186826	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.161384	60,200	0	0	9,715	76.00
76.97	07697 CARDIAC REHABILITATION	0.799752	235,010	0	0	187,950	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.250500	806,844	0	0	202,114	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0.339659	2,958,538	0	0	1,004,894	90.00
91.00	09100 EMERGENCY	0.363618	1,900,351	0	0	691,002	91.00
92.00	09200 OBSERVATION BEDS	0.771016	380,525	0	0	293,391	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0.750129	0	0	0	0	95.00
200.00	Subtotal (see instructions)		43,318,159	14,050	1,577	11,253,126	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00	Net Charges (line 200 +/- line 201)		43,318,159	14,050	1,577	11,253,126	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/23/2013 11:28 am
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01 03450 NUCLEAR MEDICINE	0	0		54.01
54.02 03630 ULTRASOUND	0	0		54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
60.00 06000 LABORATORY	0	0		60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0		62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 03560 PULMONARY FUNCTION	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
69.01 03140 RADIOLOGY	0	0		69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,613	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	464		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0		76.00
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0		76.98
76.99 07699 LI THOTRI PSY	0	0		76.99
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00	Subtotal (see instructions)	11,613	464	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00	Net Charges (line 200 +/- line 201)	11,613	464	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS			Provider CCN: 160117 Component CCN: 16S117		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/23/2013 11:28 am	
			Title XVIII		Subprovider - IPF		PPS	
Cost Center Description			Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
			1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	752,654	37,223,050	0.020220	6,744	136	50.00
51.00	05100	RECOVERY ROOM	187,525	7,539,099	0.024874	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	55,133	2,680,981	0.020564	0	0	52.00
53.00	05300	ANESTHESIOLOGY	25,021	7,431,051	0.003367	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	506,958	6,036,770	0.083978	15,961	1,340	54.00
54.01	03450	NUCLEAR MEDICINE	3,927	1,445,063	0.002718	1,708	5	54.01
54.02	03630	ULTRASOUND	49,835	2,476,581	0.020122	8,862	178	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	678,941	19,190,055	0.035380	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	361,402	8,305,392	0.043514	30,187	1,314	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	226,655	5,184,210	0.043720	8,841	387	58.00
60.00	06000	LABORATORY	66,042	11,811,697	0.005591	155,799	871	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	1,573	934,325	0.001684	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	24,284	1,770,572	0.013715	484	7	64.00
65.00	06500	RESPIRATORY THERAPY	45,118	2,595,162	0.017385	44,296	770	65.00
65.01	03560	PULMONARY FUNCTION	9,644	1,085,756	0.008882	4,614	41	65.01
66.00	06600	PHYSICAL THERAPY	113,145	7,025,811	0.016104	69,978	1,127	66.00
67.00	06700	OCCUPATIONAL THERAPY	43,648	2,069,760	0.021088	38,591	814	67.00
68.00	06800	SPEECH PATHOLOGY	6,889	556,152	0.012387	15,421	191	68.00
69.00	06900	ELECTROCARDIOLOGY	6,164	792,727	0.007776	3,627	28	69.00
69.01	03140	CARDIOLOGY	118,589	2,540,096	0.046687	2,329	109	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	17,440	874,922	0.019933	2,768	55	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	34,588	7,254,830	0.004768	74,002	353	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,867	6,822,124	0.004964	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	79,298	16,245,972	0.004881	239,832	1,171	73.00
74.00	07400	RENAL DIALYSIS	15,442	279,046	0.055339	8,000	443	74.00
76.00	03320	ELECTROSHOCK THERAPY	308	209,035	0.001473	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	28,469	391,560	0.072707	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	17,436	1,258,629	0.013853	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	147,524	6,135,896	0.024043	2,383	57	90.00
91.00	09100	EMERGENCY	197,150	10,453,434	0.018860	22,786	430	91.00
92.00	09200	OBSERVATION BEDS	0	1,094,211	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	3,854,669	179,713,969		757,213	9,827	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 160117 Component CCN: 16S117		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am		
				Title XVIII		Subprovider - IPF	PPS	
Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	37,223,050	0.000000	0.000000	6,744	50.00
51.00	05100	RECOVERY ROOM	0	7,539,099	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,680,981	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	7,431,051	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	6,036,770	0.000000	0.000000	15,961	54.00
54.01	03450	NUCLEAR MEDICINE	0	1,445,063	0.000000	0.000000	1,708	54.01
54.02	03630	ULTRASOUND	0	2,476,581	0.000000	0.000000	8,862	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	19,190,055	0.000000	0.000000	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	8,305,392	0.000000	0.000000	30,187	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,184,210	0.000000	0.000000	8,841	58.00
60.00	06000	LABORATORY	0	11,811,697	0.000000	0.000000	155,799	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	934,325	0.000000	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	1,770,572	0.000000	0.000000	484	64.00
65.00	06500	RESPIRATORY THERAPY	0	2,595,162	0.000000	0.000000	44,296	65.00
65.01	03560	PULMONARY FUNCTION	0	1,085,756	0.000000	0.000000	4,614	65.01
66.00	06600	PHYSICAL THERAPY	0	7,025,811	0.000000	0.000000	69,978	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	2,069,760	0.000000	0.000000	38,591	67.00
68.00	06800	SPEECH PATHOLOGY	0	556,152	0.000000	0.000000	15,421	68.00
69.00	06900	ELECTROCARDIOLOGY	0	792,727	0.000000	0.000000	3,627	69.00
69.01	03140	CARDIOLOGY	0	2,540,096	0.000000	0.000000	2,329	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	874,922	0.000000	0.000000	2,768	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	7,254,830	0.000000	0.000000	74,002	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	6,822,124	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	16,245,972	0.000000	0.000000	239,832	73.00
74.00	07400	RENAL DIALYSIS	0	279,046	0.000000	0.000000	8,000	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	209,035	0.000000	0.000000	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	391,560	0.000000	0.000000	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	1,258,629	0.000000	0.000000	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	6,135,896	0.000000	0.000000	2,383	90.00
91.00	09100	EMERGENCY	0	10,453,434	0.000000	0.000000	22,786	91.00
92.00	09200	OBSERVATION BEDS	0	1,094,211	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	179,713,969			757,213	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
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)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16S117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	54.01
54.02 03630 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03140 RADIOLOGY	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 160117		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/23/2013 11:28 am	
		Component CCN: 16T117		Title XVIII		Subprovider - IRF	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	752,654	37,223,050	0.020220	55,696	1,126	50.00
51.00	05100 RECOVERY ROOM	187,525	7,539,099	0.024874	2,382	59	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	55,133	2,680,981	0.020564	0	0	52.00
53.00	05300 ANESTHESIOLOGY	25,021	7,431,051	0.003367	5,861	20	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	506,958	6,036,770	0.083978	33,412	2,806	54.00
54.01	03450 NUCLEAR MEDICINE	3,927	1,445,063	0.002718	3,666	10	54.01
54.02	03630 ULTRASOUND	49,835	2,476,581	0.020122	13,077	263	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	678,941	19,190,055	0.035380	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	361,402	8,305,392	0.043514	31,490	1,370	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	226,655	5,184,210	0.043720	19,867	869	58.00
60.00	06000 LABORATORY	66,042	11,811,697	0.005591	179,701	1,005	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	1,573	934,325	0.001684	6,772	11	63.00
64.00	06400 INTRAVENOUS THERAPY	24,284	1,770,572	0.013715	394	5	64.00
65.00	06500 RESPIRATORY THERAPY	45,118	2,595,162	0.017385	83,267	1,448	65.00
65.01	03560 PULMONARY FUNCTION	9,644	1,085,756	0.008882	31,491	280	65.01
66.00	06600 PHYSICAL THERAPY	113,145	7,025,811	0.016104	635,142	10,228	66.00
67.00	06700 OCCUPATIONAL THERAPY	43,648	2,069,760	0.021088	646,353	13,630	67.00
68.00	06800 SPEECH PATHOLOGY	6,889	556,152	0.012387	96,779	1,199	68.00
69.00	06900 ELECTROCARDIOLOGY	6,164	792,727	0.007776	4,068	32	69.00
69.01	03140 RADIOLOGY	118,589	2,540,096	0.046687	14,602	682	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	17,440	874,922	0.019933	8,026	160	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	34,588	7,254,830	0.004768	125,284	597	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	33,867	6,822,124	0.004964	3,244	16	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	79,298	16,245,972	0.004881	323,676	1,580	73.00
74.00	07400 RENAL DIALYSIS	15,442	279,046	0.055339	26,000	1,439	74.00
76.00	03320 ELECTROSHOCK THERAPY	308	209,035	0.001473	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	28,469	391,560	0.072707	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	17,436	1,258,629	0.013853	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	147,524	6,135,896	0.024043	11,908	286	90.00
91.00	09100 EMERGENCY	197,150	10,453,434	0.018860	2,462	46	91.00
92.00	09200 OBSERVATION BEDS	0	1,094,211	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	3,854,669	179,713,969		2,364,620	39,167	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450 NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630 ULTRASOUND	0	0	0	0	0	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560 PULMONARY FUNCTION	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140 RADIOLOGY	0	0	0	0	0	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698 HYPERBARI C OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	37,223,050	0.000000	0.000000	55,696	50.00
51.00	05100 RECOVERY ROOM	0	7,539,099	0.000000	0.000000	2,382	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,680,981	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	7,431,051	0.000000	0.000000	5,861	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,036,770	0.000000	0.000000	33,412	54.00
54.01	03450 NUCLEAR MEDICINE	0	1,445,063	0.000000	0.000000	3,666	54.01
54.02	03630 ULTRASOUND	0	2,476,581	0.000000	0.000000	13,077	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0	19,190,055	0.000000	0.000000	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	8,305,392	0.000000	0.000000	31,490	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,184,210	0.000000	0.000000	19,867	58.00
60.00	06000 LABORATORY	0	11,811,697	0.000000	0.000000	179,701	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0.000000	0.000000	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	934,325	0.000000	0.000000	6,772	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,770,572	0.000000	0.000000	394	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,595,162	0.000000	0.000000	83,267	65.00
65.01	03560 PULMONARY FUNCTION	0	1,085,756	0.000000	0.000000	31,491	65.01
66.00	06600 PHYSICAL THERAPY	0	7,025,811	0.000000	0.000000	635,142	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	2,069,760	0.000000	0.000000	646,353	67.00
68.00	06800 SPEECH PATHOLOGY	0	556,152	0.000000	0.000000	96,779	68.00
69.00	06900 ELECTROCARDIOLOGY	0	792,727	0.000000	0.000000	4,068	69.00
69.01	03140 RADIOLOGY	0	2,540,096	0.000000	0.000000	14,602	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0	874,922	0.000000	0.000000	8,026	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	7,254,830	0.000000	0.000000	125,284	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	6,822,124	0.000000	0.000000	3,244	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	16,245,972	0.000000	0.000000	323,676	73.00
74.00	07400 RENAL DIALYSIS	0	279,046	0.000000	0.000000	26,000	74.00
76.00	03320 ELECTROSHOCK THERAPY	0	209,035	0.000000	0.000000	0	76.00
76.97	07697 CARDIAC REHABILITATION	0	391,560	0.000000	0.000000	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0	1,258,629	0.000000	0.000000	0	76.98
76.99	07699 LI THOTRI PSY	0	0	0.000000	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	6,135,896	0.000000	0.000000	11,908	90.00
91.00	09100 EMERGENCY	0	10,453,434	0.000000	0.000000	2,462	91.00
92.00	09200 OBSERVATION BEDS	0	1,094,211	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	0	179,713,969			2,364,620	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
Title XVIII		Subprovider - IRF	PPS

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	03450	NUCLEAR MEDICINE	0	0	0	0	0	54.01
54.02	03630	ULTRASOUND	0	0	0	0	0	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0	0	0	0	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	03560	PULMONARY FUNCTION	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
69.01	03140	CARDIOLOGY	0	0	0	0	0	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03320	ELECTROSHOCK THERAPY	0	0	0	0	0	76.00
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	76.98
76.99	07699	LITHOTRIPSY	0	0	0	0	0	76.99
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 160117 Component CCN: 16T117	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/23/2013 11:28 am
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01 03450 NUCLEAR MEDICINE	0	0	54.01
54.02 03630 ULTRASOUND	0	0	54.02
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
60.00 06000 LABORATORY	0	0	60.00
62.30 06250 BLOOD CLOTTING FOR HEMOPHILIACS	0	0	62.30
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
65.01 03560 PULMONARY FUNCTION	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
69.01 03140 CARDIOLOGY	0	0	69.01
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03320 ELECTROSHOCK THERAPY	0	0	76.00
76.97 07697 CARDIAC REHABILITATION	0	0	76.97
76.98 07698 HYPERBARIC OXYGEN THERAPY	0	0	76.98
76.99 07699 LI THOTRI PSY	0	0	76.99
OUTPATIENT SERVICE COST CENTERS			
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	92.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/23/2013 11:28 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		14,462	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		14,462	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)		13,344	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		8,462	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)		10,913,181	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)		10,913,181	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		14,656,191	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		14,656,191	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.744612	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)		1,098.34	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)		10,913,181	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)		754.61	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,385,510	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)		6,385,510	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/23/2013 11:28 am	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	2,257,363	2,015	1,120.28	1,209	1,354,419		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,332,303		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					20,072,232		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)					650,195		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					577,560		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,227,755		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					18,844,477		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					1,118		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					754.61		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					843,654		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 11:28 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	948,575	10,913,181	0.086920	843,654	73,330	90.00
91.00	Nursing School cost	0	10,913,181	0.000000	843,654	0	91.00
92.00	Allied health cost	0	10,913,181	0.000000	843,654	0	92.00
93.00	All other Medical Education	0	10,913,181	0.000000	843,654	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 16S117		Date/Time Prepared: 5/23/2013 11:28 am
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		1,985	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		1,985	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		1,985	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)		1,731	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		1,930,522	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		1,930,522	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,210,725	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,210,725	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.601273	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)		1,617.49	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		1,930,522	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)		972.56	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,683,501	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,683,501	41.00

COMPUTATION OF INPATIENT OPERATING COST					Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
					Component CCN: 16S117		Date/Time Prepared: 5/23/2013 11:28 am
					Title XVIII	Subprovider - IPF	PPS
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0	0	43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
						1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)						273,088	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						1,956,589	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)						72,512	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						9,827	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)						82,339	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						1,874,250	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: 160117 Component CCN: 16S117		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 11:28 am	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	83,153	1,930,522	0.043073	0	0	90.00
91.00	Nursing School cost	0	1,930,522	0.000000	0	0	91.00
92.00	Allied health cost	0	1,930,522	0.000000	0	0	92.00
93.00	All other Medical Education	0	1,930,522	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 16T117		Date/Time Prepared: 5/23/2013 11:28 am
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,378	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,378	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,378	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)		1,908	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,135,116	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,135,116	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		3,497,349	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		3,497,349	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.610496	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)		1,470.71	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)		2,135,116	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)		897.86	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		1,713,117	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		1,713,117	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 160117		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 16T117				Date/Time Prepared: 5/23/2013 11:28 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					978,243		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,691,360		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)					79,850		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					39,167		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					119,017		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,572,343		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: 160117 Component CCN: 16T117		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/23/2013 11:28 am	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	99,519	2,135,116	0.046611	0	0	90.00
91.00	Nursing School cost	0	2,135,116	0.000000	0	0	91.00
92.00	Allied health cost	0	2,135,116	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,135,116	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/23/2013 11:28 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		7,779,916	30.00
31.00	03100	INTENSIVE CARE UNIT		2,089,639	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212502	6,091,751	50.00
51.00	05100	RECOVERY ROOM	0.391450	937,575	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.372927	4,383	52.00
53.00	05300	ANESTHESIOLOGY	0.050394	885,785	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.456593	876,680	54.00
54.01	03450	NUCLEAR MEDICINE	0.272700	128,224	54.01
54.02	03630	ULTRASOUND	0.202765	332,202	54.02
55.00	05500	RADIOLOGY-THERAPEUTIC	0.170076	45,391	55.00
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.138512	1,572,334	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.160154	370,609	58.00
60.00	06000	LABORATORY	0.352055	3,908,362	60.00
62.30	06250	BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	62.30
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.527346	437,214	63.00
64.00	06400	INTRAVENOUS THERAPY	0.292673	19,884	64.00
65.00	06500	RESPIRATORY THERAPY	0.289246	1,477,253	65.00
65.01	03560	PULMONARY FUNCTION	0.149791	470,285	65.01
66.00	06600	PHYSICAL THERAPY	0.485820	965,196	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.424618	320,545	67.00
68.00	06800	SPEECH PATHOLOGY	0.583936	117,143	68.00
69.00	06900	ELECTROCARDIOLOGY	0.094415	218,845	69.00
69.01	03140	CARDIOLOGY	0.343221	1,604,555	69.01
70.00	07000	ELECTROENCEPHALOGRAPHY	0.372792	42,644	70.00
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.488304	3,150,091	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.826581	2,796,439	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.294318	5,561,092	73.00
74.00	07400	RENAL DIALYSIS	1.186826	207,400	74.00
76.00	03320	ELECTROSHOCK THERAPY	0.161384	0	76.00
76.97	07697	CARDIAC REHABILITATION	0.799752	1,536	76.97
76.98	07698	HYPERBARIC OXYGEN THERAPY	0.250500	0	76.98
76.99	07699	LITHOTRIPSY	0.000000	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.340844	356,150	90.00
91.00	09100	EMERGENCY	0.413481	1,296,487	91.00
92.00	09200	OBSERVATION BEDS	0.771016	97,277	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		34,293,332	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)		34,293,332	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 16S117		Date/Time Prepared: 5/23/2013 11:28 am	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		2,794,806		40.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212502	6,744	1,433	50.00
51.00	05100 RECOVERY ROOM	0.391450	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.372927	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.050394	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.456593	15,961	7,288	54.00
54.01	03450 NUCLEAR MEDICINE	0.272700	1,708	466	54.01
54.02	03630 ULTRASOUND	0.202765	8,862	1,797	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.170076	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.138512	30,187	4,181	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.160154	8,841	1,416	58.00
60.00	06000 LABORATORY	0.352055	155,799	54,850	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.527346	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.292673	484	142	64.00
65.00	06500 RESPIRATORY THERAPY	0.289246	44,296	12,812	65.00
65.01	03560 PULMONARY FUNCTION	0.149791	4,614	691	65.01
66.00	06600 PHYSICAL THERAPY	0.485820	69,978	33,997	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.424618	38,591	16,386	67.00
68.00	06800 SPEECH PATHOLOGY	0.583936	15,421	9,005	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094415	3,627	342	69.00
69.01	03140 RADIOLOGY	0.343221	2,329	799	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.372792	2,768	1,032	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.488304	74,002	36,135	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.826581	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.294318	239,832	70,587	73.00
74.00	07400 RENAL DIALYSIS	1.186826	8,000	9,495	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.161384	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.799752	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.250500	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.340844	2,383	812	90.00
91.00	09100 EMERGENCY	0.413481	22,786	9,422	91.00
92.00	09200 OBSERVATION BEDS	0.771016	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		757,213	273,088	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)		757,213		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 16T117		Date/Time Prepared: 5/23/2013 11:28 am	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
40.00	04000 SUBPROVIDER - IPF		0		40.00
41.00	04100 SUBPROVIDER - IRF		2,781,775		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212502	55,696	11,836	50.00
51.00	05100 RECOVERY ROOM	0.391450	2,382	932	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.372927	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.050394	5,861	295	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.456593	33,412	15,256	54.00
54.01	03450 NUCLEAR MEDICINE	0.272700	3,666	1,000	54.01
54.02	03630 ULTRASOUND	0.202765	13,077	2,652	54.02
55.00	05500 RADIOLOGY-THERAPEUTIC	0.170076	0	0	55.00
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.138512	31,490	4,362	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.160154	19,867	3,182	58.00
60.00	06000 LABORATORY	0.352055	179,701	63,265	60.00
62.30	06250 BLOOD CLOTTING FOR HEMOPHILIACS	0.000000	0	0	62.30
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.527346	6,772	3,571	63.00
64.00	06400 INTRAVENOUS THERAPY	0.292673	394	115	64.00
65.00	06500 RESPIRATORY THERAPY	0.289246	83,267	24,085	65.00
65.01	03560 PULMONARY FUNCTION	0.149791	31,491	4,717	65.01
66.00	06600 PHYSICAL THERAPY	0.485820	635,142	308,565	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.424618	646,353	274,453	67.00
68.00	06800 SPEECH PATHOLOGY	0.583936	96,779	56,513	68.00
69.00	06900 ELECTROCARDIOLOGY	0.094415	4,068	384	69.00
69.01	03140 RADIOLOGY	0.343221	14,602	5,012	69.01
70.00	07000 ELECTROENCEPHALOGRAPHY	0.372792	8,026	2,992	70.00
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.488304	125,284	61,177	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.826581	3,244	2,681	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.294318	323,676	95,264	73.00
74.00	07400 RENAL DIALYSIS	1.186826	26,000	30,857	74.00
76.00	03320 ELECTROSHOCK THERAPY	0.161384	0	0	76.00
76.97	07697 CARDIAC REHABILITATION	0.799752	0	0	76.97
76.98	07698 HYPERBARIC OXYGEN THERAPY	0.250500	0	0	76.98
76.99	07699 LI THOTRI PSY	0.000000	0	0	76.99
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.340844	11,908	4,059	90.00
91.00	09100 EMERGENCY	0.413481	2,462	1,018	91.00
92.00	09200 OBSERVATION BEDS	0.771016	0	0	92.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		2,364,620	978,243	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)		2,364,620		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 11:28 am
		Title XVIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		13,955,797	1.00
2.00	Outlier payments for discharges. (see instructions)		208,191	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		94.95	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.78	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		13.40	31.00
32.00	Sum of lines 30 and 31		16.18	32.00
33.00	Allowable disproportionate share percentage (see instructions)		3.27	33.00
34.00	Disproportionate share adjustment (see instructions)		456,355	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)		14,620,343	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)		14,620,343	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,120,679	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/23/2013 11:28 am
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			15,741,022 59.00
60.00	Primary payer payments			6,580 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			15,734,442 61.00
62.00	Deductibles billed to program beneficiaries			1,881,224 62.00
63.00	Coinurance billed to program beneficiaries			31,200 63.00
64.00	Allowable bad debts (see instructions)			33,305 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			23,314 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			13,929 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			13,845,332 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			-843 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			0 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			13,844,489 71.00
72.00	Interim payments			13,941,516 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)			-97,027 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			13,388 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

LOW VOLUME CALCULATION EXHIBIT 4

Provider CCN: 160117

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

Worksheet E
Part A Exhibit 4
Date/Time Prepared:
5/23/2013 11:28 am

		Title XVIII			Hospital		PPS	
	W/S E, Part A line	Amounts (from E, Part A)	Pre/Post Entitlement	Period Prior to 10/01	Period On/After 10/01			
	0	1.00	2.00	3.00	4.00			
1.00	DRG amounts other than outlier payments	1.00	13,955,797	0	0	13,955,797	1.00	
2.00	Outlier payments for discharges (see instructions)	2.00	208,191	0	0	208,191	2.00	
3.00	Operating outlier reconciliation	2.01	0	0	0	0	3.00	
4.00	Managed care simulated payments	3.00	0	0	0	0	4.00	
Indirect Medical Education Adjustment								
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)	21.00	0.000000	0.000000	0.000000	0.000000	5.00	
6.00	IME payment adjustment (see instructions)	22.00	0	0	0	0	6.00	
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA								
7.00	Amount from Worksheet E Part A, line 27 (see instructions)	27.00	0.000000	0.000000	0.000000	0.000000	7.00	
8.00	IME adjustment (see instructions)	28.00	0	0	0	0	8.00	
9.00	Total IME payment (sum of lines 6 and 8)	29.00	0	0	0	0	9.00	
Disproportionate Share Adjustment								
10.00	Allowable disproportionate share percentage (see instructions)	33.00	0.0327	0.0327	0.0327	0.0327	10.00	
11.00	Disproportionate share adjustment (see instructions)	34.00	456,355	0	0	456,355	11.00	
Additional payment for high percentage of ESRD beneficiary discharges								
12.00	Total ESRD additional payment (see instructions)	46.00	0	0	0	0	12.00	
13.00	Subtotal (see instructions)	47.00	14,620,343	0	0	14,620,343	13.00	
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	48.00	0	0	0	0	14.00	
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	49.00	14,620,343	0	0	14,620,343	15.00	
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	50.00	1,120,679	0	0	1,120,679	16.00	
17.00	Special add-on payments for new technologies	54.00	0	0	0	0	17.00	
18.00	Capital outlier reconciliation adjustment amount (see instructions)	93.00	0	0	0	0	18.00	
19.00	SUBTOTAL			0	0	15,741,022	19.00	
		W/S L, line	(Amounts from L)					
		0	1.00	2.00	3.00	4.00		
20.00	Capital DRG other than outlier	1.00	1,107,905	0	0	1,107,905	20.00	
21.00	Capital DRG outlier payments	2.00	12,774	0	0	12,774	21.00	
22.00	Indirect medical education percentage (see instructions)	5.00	0.0000	0.0000	0.0000	0.0000	22.00	
23.00	Indirect medical education adjustment (line 20 times line 22)	6.00	0	0	0	0	23.00	
24.00	Allowable disproportionate share percentage (see instructions)	10.00	0.0000	0.0000	0.0000	0.0000	24.00	
25.00	Disproportionate share adjustment (line 20 times line 24)	11.00	0	0	0	0	25.00	
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	12.00	1,120,679	0	0	1,120,679	26.00	
		W/S E, Part A line	(Amounts to E, Part A)					
		0	1.00	2.00	3.00	4.00		
27.00	Low volume adjustment factor				0.000000	0.000000	27.00	
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.96			0	0	28.00	
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	70.97				0	29.00	

LOW VOLUME CALCULATION EXHIBIT 4		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Exhibit 4 Date/Time Prepared: 5/23/2013 11:28 am
		Title XVII	Hospital	PPS
		Total (Col 2 through 4) 5.00		
1.00	DRG amounts other than outlier payments	13,955,797		1.00
2.00	Outlier payments for discharges (see instructions)	208,191		2.00
3.00	Operating outlier reconciliation	0		3.00
4.00	Managed care simulated payments	0		4.00
Indirect Medical Education Adjustment				
5.00	Amount from Worksheet E, Part A, line 21 (see instructions)			5.00
6.00	IME payment adjustment (see instructions)	0		6.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
7.00	Amount from Worksheet E Part A, line 27 (see instructions)			7.00
8.00	IME adjustment (see instructions)	0		8.00
9.00	Total IME payment (sum of lines 6 and 8)	0		9.00
Disproportionate Share Adjustment				
10.00	Allowable disproportionate share percentage (see instructions)			10.00
11.00	Disproportionate share adjustment (see instructions)	456,355		11.00
Additional payment for high percentage of ESRD beneficiary discharges				
12.00	Total ESRD additional payment (see instructions)	0		12.00
13.00	Subtotal (see instructions)	14,620,343		13.00
14.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)	0		14.00
15.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	14,620,343		15.00
16.00	Payment for inpatient program capital (from Worksheet L, Parts I, as applicable)	1,120,679		16.00
17.00	Special add-on payments for new technologies	0		17.00
18.00	Capital outlier reconciliation adjustment amount (see instructions)	0		18.00
19.00	SUBTOTAL	15,741,022		19.00
		5.00		
20.00	Capital DRG other than outlier	1,107,905		20.00
21.00	Capital DRG outlier payments	12,774		21.00
22.00	Indirect medical education percentage (see instructions)			22.00
23.00	Indirect medical education adjustment (line 20 times line 22)	0		23.00
24.00	Allowable disproportionate share percentage (see instructions)			24.00
25.00	Disproportionate share adjustment (line 20 times line 24)	0		25.00
26.00	Total prospective capital payments (sum of lines 20-21, 23 and 25)	1,120,679		26.00
		5.00		
27.00	Low volume adjustment factor			27.00
28.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		28.00
29.00	Low volume adjustment (transfer amount to W/S E Part A line)	0		29.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/23/2013 11:28 am
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		12,077	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		11,253,126	2.00
3.00	PPS payments		10,787,912	3.00
4.00	Outlier payment (see instructions)		40,894	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		12,077	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		15,627	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)		15,627	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)		15,627	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		3,550	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)		12,077	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)		10,828,806	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		2,810	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,598,351	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)		8,239,722	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		8,239,722	30.00
31.00	Primary payer payments		3,223	31.00
32.00	Subtotal (line 30 minus line 31)		8,236,499	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)		61,279	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		42,895	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		31,141	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,279,394	37.00
38.00	MSP-LCC reconciliation amount from PS&R		21	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)		8,279,373	40.00
41.00	Interim payments		8,271,132	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)		8,241	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
			Overrides	
			1.00	
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0.112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 160117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 11:28 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		13,941,516		8,271,132	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)		13,941,516		8,271,132	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		8,241	6.01	
6.02	SETTLEMENT TO PROGRAM		97,027		0	6.02	
7.00	Total Medicare program liability (see instructions)		13,844,489		8,279,373	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: 160117
Component CCN: 16S117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 11:28 am

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider				0	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		1,300,115		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)		1,300,115		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		5,517		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		1,305,632		0	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: 160117
Component CCN: 16T117

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

Worksheet E-1
Part I
Date/Time Prepared:
5/23/2013 11:28 am

Title XVIII

Subprovider -
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		2,575,311		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)		2,575,311		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		29,230		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		2,604,541		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/23/2013 11:28 am
		Component CCN: 16S117	Title XVIIII	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)		1,346,258	1.00
2.00	Net IPF PPS Outlier Payments		80,911	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)		5.423497	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)		1,427,169	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)		1,427,169	16.00
17.00	Primary payer payments		0	17.00
18.00	Subtotal (line 16 less line 17).		1,427,169	18.00
19.00	Deductibles		113,699	19.00
20.00	Subtotal (line 18 minus line 19)		1,313,470	20.00
21.00	Coinsurance		13,355	21.00
22.00	Subtotal (line 20 minus line 21)		1,300,115	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)		7,881	23.00
24.00	Adjusted reimbursable bad debts (see instructions)		5,517	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		2,325	25.00
26.00	Subtotal (sum of lines 22 and 24)		1,305,632	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)		0	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)		1,305,632	31.00
32.00	Interim payments		1,300,115	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)		5,517	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		80,911	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: 160117 Component CCN: 16T117	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/23/2013 11:28 am
		Title XVIIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			2,468,000 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0432 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			79,534 3.00
4.00	Outlier Payments			97,178 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			6.497268 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line } 9/\text{line } 10)) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			2,644,712 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			2,644,712 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			2,644,712 19.00
20.00	Deductibles			39,304 20.00
21.00	Subtotal (line 19 minus line 20)			2,605,408 21.00
22.00	Coinsurance			867 22.00
23.00	Subtotal (line 21 minus line 22)			2,604,541 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			2,604,541 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			0 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			2,604,541 32.00
33.00	Interim payments			2,575,311 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			29,230 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			5,167 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			97,178 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

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

Provider CCN: 160117

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

Worksheet G

Date/Time Prepared:
5/23/2013 11:28 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	4,813,236	0	0	0	1.00
2.00	Temporary investments	1,204,826	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	34,802,443	0	0	0	4.00
5.00	Other receivable	3,149,401	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-19,364,065	0	0	0	6.00
7.00	Inventory	0	0	0	0	7.00
8.00	Prepaid expenses	2,257,713	0	0	0	8.00
9.00	Other current assets	577,994	0	0	0	9.00
10.00	Due from other funds	329,519	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	27,771,067	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,530,573	0	0	0	12.00
13.00	Land improvements	6,207,191	0	0	0	13.00
14.00	Accumulated depreciation	-4,922,792	0	0	0	14.00
15.00	Buildings	65,899,002	0	0	0	15.00
16.00	Accumulated depreciation	-36,457,789	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	40,875,016	0	0	0	23.00
24.00	Accumulated depreciation	-27,789,747	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	3,027,720	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	50,369,174	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	62,935,385	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	4,688,175	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	67,623,560	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	145,763,801	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	5,137,022	0	0	0	37.00
38.00	Salaries, wages, and fees payable	5,222,456	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,879,520	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	15,238,998	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,558,570	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	7,558,570	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	22,797,568	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	122,966,233				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)	122,966,233	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	145,763,801	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 160117

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

Worksheet G-1

Date/Time Prepared:
5/23/2013 11:28 am

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		114,171,757		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		10,632,708			2.00
3.00	Total (sum of line 1 and line 2)		124,804,465		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00	CHANGE IN BENEFICIAL INTEREST	217,956		0		5.00
6.00	FHF PERM RESTR NA-CURRENT YR	385,000		0		6.00
7.00		0		0		7.00
8.00	ROUNDING	5		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		602,961		0	10.00
11.00	Subtotal (line 3 plus line 10)		125,407,426		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00	UNRESTRICTED FUND BALANCE	1,371,624		0		13.00
14.00	FHF TEMP RESTR NA-CURRENT YR	1,069,569		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		2,441,193		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		122,966,233		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	CHANGE IN BENEFICIAL INTEREST		0			5.00
6.00	FHF PERM RESTR NA-CURRENT YR		0			6.00
7.00			0			7.00
8.00	ROUNDING		0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00	UNRESTRICTED FUND BALANCE		0			13.00
14.00	FHF TEMP RESTR NA-CURRENT YR		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: 160117

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/23/2013 11:28 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	14,656,191		14,656,191	1.00
2.00	SUBPROVIDER - IPF	3,210,725		3,210,725	2.00
3.00	SUBPROVIDER - IRF	3,497,349		3,497,349	3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	21,364,265		21,364,265	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,325,938		3,325,938	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,325,938		3,325,938	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	24,690,203		24,690,203	17.00
18.00	Ancillary services	63,167,073	118,936,746	182,103,819	18.00
19.00	Outpatient services	0	1,330,847	1,330,847	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		3,463,456	3,463,456	22.00
23.00	AMBULANCE SERVICES	59,674	43,254	102,928	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER - PHYSICIANS	0	15,364,000	15,364,000	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	87,916,950	139,138,303	227,055,253	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		82,870,968		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)		82,870,968		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 160117

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

Worksheet G-3

Date/Time Prepared:
5/23/2013 11:28 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	227,055,253	1.00
2.00	Less contractual allowances and discounts on patients' accounts	134,285,033	2.00
3.00	Net patient revenues (line 1 minus line 2)	92,770,220	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	82,870,968	4.00
5.00	Net income from service to patients (line 3 minus line 4)	9,899,252	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	7,523,485	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	741,464	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	588,151	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	77,639	21.00
22.00	Rental of hospital space	397,633	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER - FINLEY TRI-STATES-NET	-9,205,900	24.00
24.01	OTHER - GRANTS	76,471	24.01
24.02	OTHER - MEANINGFUL USE	-27,800	24.02
24.03	OTHER - MISCELLANEOUS	562,313	24.03
25.00	Total other income (sum of lines 6-24)	733,456	25.00
26.00	Total (line 5 plus line 25)	10,632,708	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	10,632,708	29.00

ANALYSIS OF PROVIDER-BASED HOME HEALTH AGENCY COSTS

Provider CCN: 160117

Period: From 01/01/2012

Worksheet H

HHA CCN: 167002

To 12/31/2012

Date/Time Prepared: 5/23/2013 11:28 am

Home Health Agency I

PPS

	Salaries	Employee Benefits	Transportation (see instructions)	Contracted/Purchased Services	Other Costs	Total (sum of col.s. 1 thru 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
GENERAL SERVICE COST CENTERS							
1.00			0		0	0	1.00
2.00			0		0	0	2.00
3.00	0	0	0	0	0	0	3.00
4.00	0	0	0	0	0	0	4.00
5.00	252,450	92,137	40	7,244	719,664	1,071,535	5.00
HHA REIMBURSABLE SERVICES							
6.00	1,016,570	244,531	41,419	475	46,259	1,349,254	6.00
7.00	292,337	77,981	21,077	225	4,374	395,994	7.00
8.00	86,467	22,796	5,789	0	62	115,114	8.00
9.00	7,162	1,337	359	0	0	8,858	9.00
10.00	4,409	1,102	289	274	0	6,074	10.00
11.00	82,836	36,648	10,774	0	1,263	131,521	11.00
12.00	0	0	0	0	1,789	1,789	12.00
13.00	0	0	0	0	0	0	13.00
14.00	0	0	0	0	0	0	14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0	0	0	15.00
16.00	0	0	0	0	0	0	16.00
17.00	0	0	0	0	0	0	17.00
18.00	0	0	0	0	0	0	18.00
19.00	0	0	0	0	0	0	19.00
20.00	0	0	0	0	0	0	20.00
21.00	0	0	0	0	0	0	21.00
22.00	0	0	0	0	0	0	22.00
23.00	0	0	0	0	0	0	23.00
24.00	1,742,231	476,532	79,747	8,218	773,411	3,080,139	24.00
	Reclassifi cation	Reclassifi ed Trial Balance (col. 6 + col. 7)	Adjustments	Net Expenses for Allocation (col. 8 + col. 9)			
	7.00	8.00	9.00	10.00			
GENERAL SERVICE COST CENTERS							
1.00	0	0	0	0			1.00
2.00	0	0	0	0			2.00
3.00	0	0	0	0			3.00
4.00	0	0	0	0			4.00
5.00	-427,608	643,927	-175,002	468,925			5.00
HHA REIMBURSABLE SERVICES							
6.00	0	1,349,254	-25,277	1,323,977			6.00
7.00	0	395,994	-5,149	390,845			7.00
8.00	0	115,114	-2,783	112,331			8.00
9.00	0	8,858	-120	8,738			9.00
10.00	0	6,074	0	6,074			10.00
11.00	0	131,521	-3,138	128,383			11.00
12.00	0	1,789	0	1,789			12.00
13.00	0	0	0	0			13.00
14.00	0	0	0	0			14.00
HHA NONREIMBURSABLE SERVICES							
15.00	0	0	0	0			15.00
16.00	0	0	0	0			16.00
17.00	0	0	0	0			17.00
18.00	0	0	0	0			18.00
19.00	0	0	0	0			19.00
20.00	0	0	0	0			20.00
21.00	0	0	0	0			21.00
22.00	0	0	0	0			22.00
23.00	0	0	0	0			23.00
24.00	-427,608	2,652,531	-211,469	2,441,062			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: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part I Date/Time Prepared: 5/23/2013 11:28 am
		HHA CCN: 167002	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	0	0			0	2.00
3.00	Plant Operation & Maintenance	0	0	0		0	3.00
4.00	Transportation	0	0	0	0	0	4.00
5.00	Administrative and General	468,925	0	0	0	468,925	5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	1,323,977	0	0	0	1,323,977	6.00
7.00	Physical Therapy	390,845	0	0	0	390,845	7.00
8.00	Occupational Therapy	112,331	0	0	0	112,331	8.00
9.00	Speech Pathology	8,738	0	0	0	8,738	9.00
10.00	Medical Social Services	6,074	0	0	0	6,074	10.00
11.00	Home Health Aide	128,383	0	0	0	128,383	11.00
12.00	Supplies (see instructions)	1,789	0	0	0	1,789	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)	2,441,062	0	0	0	2,441,062	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	468,925					5.00
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	314,809	1,638,786				6.00
7.00	Physical Therapy	92,933	483,778				7.00
8.00	Occupational Therapy	26,710	139,041				8.00
9.00	Speech Pathology	2,078	10,816				9.00
10.00	Medical Social Services	1,444	7,518				10.00
11.00	Home Health Aide	30,526	158,909				11.00
12.00	Supplies (see instructions)	425	2,214				12.00
13.00	Drugs	0	0				13.00
14.00	DME	0	0				14.00
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0				15.00
16.00	Respiratory Therapy	0	0				16.00
17.00	Private Duty Nursing	0	0				17.00
18.00	Clinic	0	0				18.00
19.00	Health Promotion Activities	0	0				19.00
20.00	Day Care Program	0	0				20.00
21.00	Home Delivered Meals Program	0	0				21.00
22.00	Homemaker Service	0	0				22.00
23.00	All Others (specify)	0	0				23.00
24.00	Total (sum of lines 1-23)		2,441,062				24.00

COST ALLOCATION - HHA STATISTICAL BASIS		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2012 To 12/31/2012	Worksheet H-1 Part II Date/Time Prepared: 5/23/2013 11:28 am
			Home Health Agency I	PPS

	Capital Related Costs		Plant Operation & Maintenance (SQUARE FEET)	Transportation (MILEAGE)	Reconciliation	Administrative & General (ACCUM. COST)	
	Bl dgs & Fixtures (SQUARE FEET)	Movable Equipment (DOLLAR VALUE)					
	1.00	2.00					
GENERAL SERVICE COST CENTERS							
1.00	Capital Related - Bldg. & Fixtures	0			0		1.00
2.00	Capital Related - Movable Equipment		0		0		2.00
3.00	Plant Operation & Maintenance	0	0	0	0		3.00
4.00	Transportation (see instructions)	0	0	0	0		4.00
5.00	Administrative and General	0	0	0	0	-468,925	1,972,137
HHA REIMBURSABLE SERVICES							
6.00	Skilled Nursing Care	0	0	0	0	0	1,323,977
7.00	Physical Therapy	0	0	0	0	0	390,845
8.00	Occupational Therapy	0	0	0	0	0	112,331
9.00	Speech Pathology	0	0	0	0	0	8,738
10.00	Medical Social Services	0	0	0	0	0	6,074
11.00	Home Health Aide	0	0	0	0	0	128,383
12.00	Supplies (see instructions)	0	0	0	0	0	1,789
13.00	Drugs	0	0	0	0	0	0
14.00	DME	0	0	0	0	0	0
HHA NONREIMBURSABLE SERVICES							
15.00	Home Dialysis Aide Services	0	0	0	0	0	0
16.00	Respiratory Therapy	0	0	0	0	0	0
17.00	Private Duty Nursing	0	0	0	0	0	0
18.00	Clinic	0	0	0	0	0	0
19.00	Health Promotion Activities	0	0	0	0	0	0
20.00	Day Care Program	0	0	0	0	0	0
21.00	Home Delivered Meals Program	0	0	0	0	0	0
22.00	Homemaker Service	0	0	0	0	0	0
23.00	All Others (specify)	0	0	0	0	0	0
24.00	Total (sum of lines 1-23)	0	0	0	0	-468,925	1,972,137
25.00	Cost To Be Allocated (per Worksheet H-1, Part I)	0	0	0	0		468,925
26.00	Unit Cost Multiplier	0.000000	0.000000	0.000000	0.000000		0.237775

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS

Provider CCN: 160117

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 167002

To 12/31/2012

Part I
Date/Time Prepared: 5/23/2013 11:28 am

Home Health Agency I

PPS

Cost Center Description	HHA Trial Balance (1)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	ADMINISTRATIVE & GENERAL	
		BLDG & FIXT	MVBLE EQUIP					
		1.00	2.00	4.00				
1.00 Administrative and General	0	54,862	0	3,590	58,452	10,138	1.00	
2.00 Skilled Nursing Care	1,638,786	0	0	14,359	1,653,145	286,733	2.00	
3.00 Physical Therapy	483,778	0	0	4,129	487,907	84,626	3.00	
4.00 Occupational Therapy	139,041	0	0	1,221	140,262	24,328	4.00	
5.00 Speech Pathology	10,816	0	0	101	10,917	1,894	5.00	
6.00 Medical Social Services	7,518	0	0	62	7,580	1,315	6.00	
7.00 Home Health Aide	158,909	0	0	1,170	160,079	27,765	7.00	
8.00 Supplies (see instructions)	2,214	0	0	0	2,214	384	8.00	
9.00 Drugs	0	0	0	0	0	0	9.00	
10.00 DME	0	0	0	0	0	0	10.00	
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00	
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00	
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00	
14.00 Clinic	0	0	0	0	0	0	14.00	
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00	
16.00 Day Care Program	0	0	0	0	0	0	16.00	
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00	
18.00 Homemaker Service	0	0	0	0	0	0	18.00	
19.00 All Others (specify)	0	0	0	0	0	0	19.00	
20.00 Total (sum of lines 1-19) (2)	2,441,062	54,862	0	24,632	2,520,556	437,183	20.00	
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.					0.000000		21.00	
Cost Center Description	REHAB	RADIOLOGY	MAINTENANCE &	OPERATION OF	LAUNDRY &	HOUSEKEEPING		
	ADMINISTRATIVE	ADMINISTRATIVE	REPAIRS	PLANT	LINEN SERVICE			
	5.02	5.03	6.00	7.00	8.00	9.00		
1.00 Administrative and General	182,687	0	0	57,880	0	36,051	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)	182,687	0	0	57,880	0	36,051	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: 160117

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 167002

To 12/31/2012

Part I
Date/Time Prepared:
5/23/2013 11:28 am

Home Health Agency I

PPS

Cost Center Description		DIETARY	CAFETERIA	EMPLOYEE CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	
		10.00	11.00	11.01	12.00	13.00	14.00	
1.00	Administrative and General	0	0	81,114	0	0	4,052	1.00
2.00	Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00	Physical Therapy	0	0	0	0	0	0	3.00
4.00	Occupational Therapy	0	0	0	0	0	0	4.00
5.00	Speech Pathology	0	0	0	0	0	0	5.00
6.00	Medical Social Services	0	0	0	0	0	0	6.00
7.00	Home Health Aide	0	0	0	0	0	0	7.00
8.00	Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00	Drugs	0	0	0	0	0	0	9.00
10.00	DME	0	0	0	0	0	0	10.00
11.00	Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00	Respiratory Therapy	0	0	0	0	0	0	12.00
13.00	Private Duty Nursing	0	0	0	0	0	0	13.00
14.00	Clinic	0	0	0	0	0	0	14.00
15.00	Health Promotion Activities	0	0	0	0	0	0	15.00
16.00	Day Care Program	0	0	0	0	0	0	16.00
17.00	Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00	Homemaker Service	0	0	0	0	0	0	18.00
19.00	All Others (specify)	0	0	0	0	0	0	19.00
20.00	Total (sum of lines 1-19) (2)	0	0	81,114	0	0	4,052	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	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES	
		15.00	16.00	17.00	19.00	20.00	21.00	
1.00	Administrative and General	0	21,972	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) (2)	0	21,972	0	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: 160117

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 167002

To 12/31/2012

Part I
Date/Time Prepared:
5/23/2013 11:28 am

Home Health
Agency I

PPS

Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Subtotal	Allocated HHA A&G (see Part II)	
	SRVCES-OTHER PRGM COSTS						
	22.00						
1.00 Administrative and General	0	0	452,346	0	452,346		1.00
2.00 Skilled Nursing Care	0	0	1,939,878	0	1,939,878	303,721	2.00
3.00 Physical Therapy	0	0	572,533	0	572,533	89,640	3.00
4.00 Occupational Therapy	0	0	164,590	0	164,590	25,769	4.00
5.00 Speech Pathology	0	0	12,811	0	12,811	2,006	5.00
6.00 Medical Social Services	0	0	8,895	0	8,895	1,393	6.00
7.00 Home Health Aide	0	0	187,844	0	187,844	29,410	7.00
8.00 Supplies (see instructions)	0	0	2,598	0	2,598	407	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	3,341,495	0	3,341,495	452,346	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.						0.156567	21.00
Cost Center Description	Total HHA Costs						
	28.00						
1.00 Administrative and General							1.00
2.00 Skilled Nursing Care	2,243,599						2.00
3.00 Physical Therapy	662,173						3.00
4.00 Occupational Therapy	190,359						4.00
5.00 Speech Pathology	14,817						5.00
6.00 Medical Social Services	10,288						6.00
7.00 Home Health Aide	217,254						7.00
8.00 Supplies (see instructions)	3,005						8.00
9.00 Drugs	0						9.00
10.00 DME	0						10.00
11.00 Home Dialysis Aide Services	0						11.00
12.00 Respiratory Therapy	0						12.00
13.00 Private Duty Nursing	0						13.00
14.00 Clinic	0						14.00
15.00 Health Promotion Activities	0						15.00
16.00 Day Care Program	0						16.00
17.00 Home Delivered Meals Program	0						17.00
18.00 Homemaker Service	0						18.00
19.00 All Others (specify)	0						19.00
20.00 Total (sum of lines 1-19) (2)	3,341,495						20.00
21.00 Unit Cost Multiplier: column 26, line 1 divided by the sum of column 26, line 20 minus column 26, line 1, rounded to 6 decimal places.							21.00

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

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

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160117

Period: From 01/01/2012

Worksheet H-2

HHA CCN: 167002

To 12/31/2012

Part II

Date/Time Prepared: 5/23/2013 11:28 am

Home Health Agency I

PPS

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	REHAB ADMINISTRATION (DOLLAR VALUE)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
1.00 Administrative and General	5,016	0	254,188	0	58,452	3,080,139	1.00
2.00 Skilled Nursing Care	0	0	1,016,570	0	1,653,145	0	2.00
3.00 Physical Therapy	0	0	292,337	0	487,907	0	3.00
4.00 Occupational Therapy	0	0	86,467	0	140,262	0	4.00
5.00 Speech Pathology	0	0	7,162	0	10,917	0	5.00
6.00 Medical Social Services	0	0	4,409	0	7,580	0	6.00
7.00 Home Health Aide	0	0	82,836	0	160,079	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	2,214	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)	5,016	0	1,743,969		2,520,556	3,080,139	20.00
21.00 Total cost to be allocated	54,862	0	24,632		437,183	182,687	21.00
22.00 Unit cost multiplier	10.937400	0.000000	0.014124		0.173447	0.059311	22.00
Cost Center Description	RADIOLOGY ADMINISTRATION (DOLLAR VALUE)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
	5.03	6.00	7.00	8.00	9.00	10.00	
1.00 Administrative and General	0	0	5,016	0	5,016	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	0	5,016	0	5,016	0	20.00
21.00 Total cost to be allocated	0	0	57,880	0	36,051	0	21.00
22.00 Unit cost multiplier	0.000000	0.000000	11.539075	0.000000	7.187201	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS

Provider CCN: 160117
HHA CCN: 167002

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

Worksheet H-2
Part II
Date/Time Prepared:
5/23/2013 11:28 am
PPS

Cost Center Description	CAFETERIA (MEALS SERVED)	EMPLOYEE CAFETERIA (FTE'S)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	
	11.00	11.01	12.00	13.00	14.00	15.00	
1.00 Administrative and General	0	62,890	0	0	22,804	0	1.00
2.00 Skilled Nursing Care	0	0	0	0	0	0	2.00
3.00 Physical Therapy	0	0	0	0	0	0	3.00
4.00 Occupational Therapy	0	0	0	0	0	0	4.00
5.00 Speech Pathology	0	0	0	0	0	0	5.00
6.00 Medical Social Services	0	0	0	0	0	0	6.00
7.00 Home Health Aide	0	0	0	0	0	0	7.00
8.00 Supplies (see instructions)	0	0	0	0	0	0	8.00
9.00 Drugs	0	0	0	0	0	0	9.00
10.00 DME	0	0	0	0	0	0	10.00
11.00 Home Dialysis Aide Services	0	0	0	0	0	0	11.00
12.00 Respiratory Therapy	0	0	0	0	0	0	12.00
13.00 Private Duty Nursing	0	0	0	0	0	0	13.00
14.00 Clinic	0	0	0	0	0	0	14.00
15.00 Health Promotion Activities	0	0	0	0	0	0	15.00
16.00 Day Care Program	0	0	0	0	0	0	16.00
17.00 Home Delivered Meals Program	0	0	0	0	0	0	17.00
18.00 Homemaker Service	0	0	0	0	0	0	18.00
19.00 All Others (specify)	0	0	0	0	0	0	19.00
20.00 Total (sum of lines 1-19)	0	62,890	0	0	22,804	0	20.00
21.00 Total cost to be allocated	0	81,114	0	0	4,052	0	21.00
22.00 Unit cost multiplier	0.000000	1.289776	0.000000	0.000000	0.177688	0.000000	22.00

Cost Center Description	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS SRVCES-SALARY & FRINGES (ASSIGNED TIME)	SRVCES-OTHER PRGM COSTS (ASSIGNED TIME)	
	16.00	17.00	19.00	20.00	21.00	22.00	
1.00 Administrative and General	3,463,456	0	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)	3,463,456	0	0	0	0	0	20.00
21.00 Total cost to be allocated	21,972	0	0	0	0	0	21.00
22.00 Unit cost multiplier	0.006344	0.000000	0.000000	0.000000	0.000000	0.000000	22.00

ALLOCATION OF GENERAL SERVICE COSTS TO HHA COST CENTERS STATISTICAL BASIS	Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2012 To 12/31/2012	Worksheet H-2 Part II Date/Time Prepared: 5/23/2013 11:28 am PPS
		Home Health Agency I	

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

APPORTIONMENT OF PATIENT SERVICE COSTS		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/23/2013 11:28 am
		HHA CCN: 167002		

		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	2,243,599		2,243,599	12,880	174.19	1.00
2.00	Physical Therapy	3.00	662,173	0	662,173	4,130	160.33	2.00
3.00	Occupational Therapy	4.00	190,359	0	190,359	1,187	160.37	3.00
4.00	Speech Pathology	5.00	14,817	0	14,817	99	149.67	4.00
5.00	Medical Social Services	6.00	10,288		10,288	68	151.29	5.00
6.00	Home Health Aide	7.00	217,254		217,254	5,107	42.54	6.00
7.00	Total (sum of lines 1-6)		3,338,490	0	3,338,490	23,471		7.00

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

Limitation Cost Computation							
8.00	Skilled Nursing Care	16300	0	18			8.00
8.01	Skilled Nursing Care	20220	3,119	2,376			8.01
8.02	Skilled Nursing Care	31540	4	5			8.02
8.03	Skilled Nursing Care	99914	252	79			8.03
8.04	Skilled Nursing Care	99916	227	35			8.04
8.05	Skilled Nursing Care	99928	4	0			8.05
8.06	Skilled Nursing Care	99952	248	194			8.06
9.00	Physical Therapy	16300	0	15			9.00
9.01	Physical Therapy	20220	1,564	1,098			9.01
9.02	Physical Therapy	31540	7	6			9.02
9.03	Physical Therapy	99914	174	55			9.03
9.04	Physical Therapy	99916	75	17			9.04
9.05	Physical Therapy	99928	6	0			9.05
9.06	Physical Therapy	99952	120	58			9.06
10.00	Occupational Therapy	16300	0	14			10.00
10.01	Occupational Therapy	20220	546	356			10.01
10.02	Occupational Therapy	31540	0	0			10.02
10.03	Occupational Therapy	99914	79	3			10.03
10.04	Occupational Therapy	99916	29	0			10.04
10.05	Occupational Therapy	99928	0	0			10.05
10.06	Occupational Therapy	99952	20	8			10.06
11.00	Speech Pathology	16300	0	0			11.00
11.01	Speech Pathology	20220	42	19			11.01
11.02	Speech Pathology	31540	0	0			11.02
11.03	Speech Pathology	99914	9	0			11.03
11.04	Speech Pathology	99916	0	0			11.04
11.05	Speech Pathology	99928	0	0			11.05
11.06	Speech Pathology	99952	2	0			11.06
12.00	Medical Social Services	16300	0	0			12.00
12.01	Medical Social Services	20220	23	28			12.01
12.02	Medical Social Services	31540	0	0			12.02
12.03	Medical Social Services	99914	1	0			12.03
12.04	Medical Social Services	99916	0	0			12.04
12.05	Medical Social Services	99928	0	0			12.05
12.06	Medical Social Services	99952	0	0			12.06
13.00	Home Health Aide	16300	0	0			13.00
13.01	Home Health Aide	20220	222	558			13.01
13.02	Home Health Aide	31540	0	0			13.02
13.03	Home Health Aide	99914	0	11			13.03
13.04	Home Health Aide	99916	40	3			13.04
13.05	Home Health Aide	99928	0	0			13.05
13.06	Home Health Aide	99952	0	0			13.06
14.00	Total (sum of lines 8-13)		6,813	4,956			14.00

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 160117

Period: From 01/01/2012

Worksheet H-3

HHA CCN: 167002

To 12/31/2012

Part I
Date/Time Prepared:
5/23/2013 11:28 am

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 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	3,005	0	3,005	0	0.000000
16.00	Cost of Drugs	9.00	0	0	0	0	0.000000
Program Visits							
Cost Center Description	Part A	Part B		Part A	Part B		Ratio (col. 3 ÷ col. 4)
		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	
PART I - COMPUTATION OF LESSER OF AGGREGATE PROGRAM COST, AGGREGATE OF THE PROGRAM LIMITATION COST, OR BENEFICIARY COST LIMITATION							
Cost Per Visit Computation							
1.00	Skilled Nursing Care	3,854	2,707		671,328	471,532	1.00
2.00	Physical Therapy	1,946	1,249		312,002	200,252	2.00
3.00	Occupational Therapy	674	381		108,089	61,101	3.00
4.00	Speech Pathology	53	19		7,933	2,844	4.00
5.00	Medical Social Services	24	28		3,631	4,236	5.00
6.00	Home Health Aide	262	572		11,145	24,333	6.00
7.00	Total (sum of lines 1-6)	6,813	4,956		1,114,128	764,298	7.00
Cost Center Description							
		6.00	7.00	8.00	9.00	10.00	11.00
Limitation Cost Computation							
8.00	Skilled Nursing Care						8.00
8.01	Skilled Nursing Care						8.01
8.02	Skilled Nursing Care						8.02
8.03	Skilled Nursing Care						8.03
8.04	Skilled Nursing Care						8.04
8.05	Skilled Nursing Care						8.05
8.06	Skilled Nursing Care						8.06
9.00	Physical Therapy						9.00
9.01	Physical Therapy						9.01
9.02	Physical Therapy						9.02
9.03	Physical Therapy						9.03
9.04	Physical Therapy						9.04
9.05	Physical Therapy						9.05
9.06	Physical Therapy						9.06
10.00	Occupational Therapy						10.00
10.01	Occupational Therapy						10.01
10.02	Occupational Therapy						10.02
10.03	Occupational Therapy						10.03
10.04	Occupational Therapy						10.04
10.05	Occupational Therapy						10.05
10.06	Occupational Therapy						10.06
11.00	Speech Pathology						11.00
11.01	Speech Pathology						11.01
11.02	Speech Pathology						11.02
11.03	Speech Pathology						11.03
11.04	Speech Pathology						11.04
11.05	Speech Pathology						11.05
11.06	Speech Pathology						11.06
12.00	Medical Social Services						12.00
12.01	Medical Social Services						12.01
12.02	Medical Social Services						12.02
12.03	Medical Social Services						12.03
12.04	Medical Social Services						12.04
12.05	Medical Social Services						12.05
12.06	Medical Social Services						12.06
13.00	Home Health Aide						13.00
13.01	Home Health Aide						13.01
13.02	Home Health Aide						13.02
13.03	Home Health Aide						13.03
13.04	Home Health Aide						13.04
13.05	Home Health Aide						13.05
13.06	Home Health Aide						13.06
14.00	Total (sum of lines 8-13)						14.00

APPORTIONMENT OF PATIENT SERVICE COSTS				Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet H-3 Part I Date/Time Prepared: 5/23/2013 11:28 am	
				HHA CCN: 167002	Title XVII I	Home Health Agency I PPS	
Cost Center Description	Program Covered Charges			Cost of Services	Part B	Subject to Deductibles & Coinsurance	
	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		
Supplies and Drugs Cost Computations							
15.00	Cost of Medical Supplies		0		0	15.00	
16.00	Cost of Drugs		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	1,142,860					1.00
2.00	Physical Therapy	512,254					2.00
3.00	Occupational Therapy	169,190					3.00
4.00	Speech Pathology	10,777					4.00
5.00	Medical Social Services	7,867					5.00
6.00	Home Health Aide	35,478					6.00
7.00	Total (sum of lines 1-6)	1,878,426					7.00
Cost Center Description							
		12.00					
Limitation Cost Computation							
8.00	Skilled Nursing Care					8.00	
8.01	Skilled Nursing Care					8.01	
8.02	Skilled Nursing Care					8.02	
8.03	Skilled Nursing Care					8.03	
8.04	Skilled Nursing Care					8.04	
8.05	Skilled Nursing Care					8.05	
8.06	Skilled Nursing Care					8.06	
9.00	Physical Therapy					9.00	
9.01	Physical Therapy					9.01	
9.02	Physical Therapy					9.02	
9.03	Physical Therapy					9.03	
9.04	Physical Therapy					9.04	
9.05	Physical Therapy					9.05	
9.06	Physical Therapy					9.06	
10.00	Occupational Therapy					10.00	
10.01	Occupational Therapy					10.01	
10.02	Occupational Therapy					10.02	
10.03	Occupational Therapy					10.03	
10.04	Occupational Therapy					10.04	
10.05	Occupational Therapy					10.05	
10.06	Occupational Therapy					10.06	
11.00	Speech Pathology					11.00	
11.01	Speech Pathology					11.01	
11.02	Speech Pathology					11.02	
11.03	Speech Pathology					11.03	
11.04	Speech Pathology					11.04	
11.05	Speech Pathology					11.05	
11.06	Speech Pathology					11.06	
12.00	Medical Social Services					12.00	
12.01	Medical Social Services					12.01	
12.02	Medical Social Services					12.02	
12.03	Medical Social Services					12.03	
12.04	Medical Social Services					12.04	
12.05	Medical Social Services					12.05	
12.06	Medical Social Services					12.06	
13.00	Home Health Aide					13.00	
13.01	Home Health Aide					13.01	
13.02	Home Health Aide					13.02	
13.03	Home Health Aide					13.03	
13.04	Home Health Aide					13.04	
13.05	Home Health Aide					13.05	
13.06	Home Health Aide					13.06	
14.00	Total (sum of lines 8-13)					14.00	

APPORTIONMENT OF PATIENT SERVICE COSTS

Provider CCN: 160117

Period:

Worksheet H-3

HHA CCN: 167002

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

Part II
Date/Time Prepared:
5/23/2013 11:28 am

Home Health
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PPS

Cost Center Description	From Wkst. C, Part I, col. 9, line	Cost to Charge Ratio	Total HHA Charge (from provider records)	HHA Shared Ancillary Costs (col. 1 x col. 2)	Transfer to Part I as Indicated		
	0	1.00	2.00	3.00	4.00		
PART II - APPORTIONMENT OF COST OF HHA SERVICES FURNISHED BY SHARED HOSPITAL DEPARTMENTS							
1.00 Physical Therapy	66.00	0.485820	0	0	col. 2, line 2.00		1.00
2.00 Occupational Therapy	67.00	0.424618	0	0	col. 2, line 3.00		2.00
3.00 Speech Pathology	68.00	0.583936	0	0	col. 2, line 4.00		3.00
4.00 Cost of Medical Supplies	71.00	0.488304	0	0	col. 2, line 15.00		4.00
5.00 Cost of Drugs	73.00	0.294318	0	0	col. 2, line 16.00		5.00

CALCULATION OF HHA REIMBURSEMENT SETTLEMENT		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2013 11:28 am	
		Title XVII I	Home Health Agency I	PPS	
		Part A	Part B	Not Subject to Deductibles & Coinsurance	Subject to Deductibles & Coinsurance
		1.00	2.00	3.00	
PART I - COMPUTATION OF THE LESSER OF REASONABLE COST OR CUSTOMARY CHARGES					
Reasonable Cost of Part A & Part B Services					
1.00	Reasonable cost of services (see instructions)		0	0	0 1.00
2.00	Total charges		0	0	0 2.00
Customary Charges					
3.00	Amount actually collected from patients liable for payment for services on a charge basis (from your records)		0	0	0 3.00
4.00	Amount that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(b)		0	0	0 4.00
5.00	Ratio of line 3 to line 4 (not to exceed 1.000000)		0.000000	0.000000	0.000000 5.00
6.00	Total customary charges (see instructions)		0	0	0 6.00
7.00	Excess of total customary charges over total reasonable cost (complete only if line 6 exceeds line 1)		0	0	0 7.00
8.00	Excess of reasonable cost over customary charges (complete only if line 1 exceeds line 6)		0	0	0 8.00
9.00	Primary payer amounts		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			1,136,744	762,791 11.00
12.00	Total PPS Reimbursement - Full Episodes with Outliers			5,538	2,071 12.00
13.00	Total PPS Reimbursement - LUPA Episodes			10,779	6,612 13.00
14.00	Total PPS Reimbursement - PEP Episodes			21,268	7,352 14.00
15.00	Total PPS Outlier Reimbursement - Full Episodes with Outliers			76	115 15.00
16.00	Total PPS Outlier Reimbursement - PEP Episodes			740	0 16.00
17.00	Total Other Payments			0	0 17.00
18.00	DME Payments			0	0 18.00
19.00	Oxygen Payments			0	0 19.00
20.00	Prosthetic and Orthotic Payments			0	0 20.00
21.00	Part B deductibles billed to Medicare patients (exclude coinsurance)				0 21.00
22.00	Subtotal (sum of lines 10 thru 20 minus line 21)			1,175,145	778,941 22.00
23.00	Excess reasonable cost (from line 8)			0	0 23.00
24.00	Subtotal (line 22 minus line 23)			1,175,145	778,941 24.00
25.00	Coinsurance billed to program patients (from your records)				0 25.00
26.00	Net cost (line 24 minus line 25)			1,175,145	778,941 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: 160117 HHA CCN: 167002	Period: From 01/01/2012 To 12/31/2012	Worksheet H-4 Part I-II Date/Time Prepared: 5/23/2013 11:28 am	
		Title XVIII	Home Health Agency I	PPS	
			Part A Services	Part B Services	
			1.00	2.00	
29.00	Total costs - current cost reporting period (line 26 plus line 27)		1,175,145	778,941	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	30.00
31.00	Subtotal (line 29 plus/minus line 30)		1,175,145	778,941	31.00
32.00	Interim payments (see instructions)		1,175,145	778,941	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: 160117	Period: From 01/01/2012	Worksheet H-5
	HHA CCN: 167002	To 12/31/2012	
		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		1,175,145		778,941	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)		1,175,145		778,941	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)		1,175,145		778,941	7.00

ANALYSIS OF PAYMENTS TO PROVIDER-BASED HHAs FOR SERVICES RENDERED TO PROGRAM BENEFICIARIES		Provider CCN: 160117 HHA CCN: 167002	Period: From 01/01/2012 To 12/31/2012	Worksheet H-5 Date/Time Prepared: 5/23/2013 11:28 am PPS
			Home Health Agency I	
			Contractor Number	Date (Mo/Day/Yr)
		0	1.00	2.00
8.00	Name of Contractor			8.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 160117	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/23/2013 11:28 am
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,107,905	1.00
2.00	Capital DRG outlier payments		12,774	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		42.49	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,120,679	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