

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: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/29/2013 4:33 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/29/2013 Time: 4:33 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN 10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by IU HEALTH PAOLI HOSPITAL (151306) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

Title

Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	97,883	-749,065	471,821	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	68,747	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	166,630	-749,065	471,821	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: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 11:36 am
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		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 642 WEST HOSPITAL ROAD	PO Box:		Zip Code: 47454		County: ORANGE			1.00	
2.00	City: PAOLI	State: IN							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	IU HEALTH PAOLI HOSPITAL	151306	99915	1	07/01/2001	N	O	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF	IUHP SWING BEDS	15Z306	99915		07/01/2001	N	O	N	7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									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.					N	N		22.00	
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2		N	23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days			
		1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	0	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0		25.00	
						Urban/Rural	S Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					2			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.					2			27.00	
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 11:36 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.					58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1 / (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00		0.000000	64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 151306

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

Worksheet S-2
Part I
Date/Time Prepared:
5/29/2013 11:36 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))	
				1.00	2.00	3.00	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.			0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 11:36 am					
		1.00	2.00	3.00					
Inpatient Psychiatric Facility PPS									
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00			
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		71.00			
Inpatient Rehabilitation Facility PPS									
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00			
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00			
		1.00							
Long Term Care Hospital PPS									
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00			
TEFRA Providers									
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00			
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00			
		V 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)?	Y				105.00			
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	Y				106.00			
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N		N		107.00			
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	Y				108.00			
		Physical 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	N	N	N				109.00
		1.00			2.00		3.00		
Miscellaneous Cost Reporting Information									
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0				115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N							116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y							117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2							118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 11:36 am	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	50,028	0		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		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	15H059	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: INDIANA UNIVERSITY HEALTH	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 08101	
142.00	Street: 340 WEST TENTH STREET	PO Box:			
143.00	City: INDIANAPOLIS	State: IN		Zip Code: 46206	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	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	Y	Y	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	Y	Y	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 151306			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/29/2013 11:36 am		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							511,204	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: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 11:36 am	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			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	04/10/2013	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: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/29/2013 11:36 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
		1.00	2.00	3.00	
				1.00	
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)					
Capital Related Cost					
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions			N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.			N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions			N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.			N	25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.			N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.			N	27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			Y	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			Y	35.00
		Y/N	Date		
		1.00	2.00		
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
		1.00	2.00		
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRIAN	JACKSON		41.00
42.00	Enter the employer/company name of the cost report preparer.	IU HEALTH BLOOMINGTON HOSPITAL			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	8123539049	BJACKSON1@IUHEALTH.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)	04/10/2013		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.		DIRECTOR OF REIMBURSEMENT & FIN PLAN	41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 151306

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

Worksheet S-3
Part I
Date/Time Prepared:
5/29/2013 11:36 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	25	9,150	27,528.00	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)		25	9,150	27,528.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	0	0	0.00	0	8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00	0	10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00	0	11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		25	9,150	27,528.00	0	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0	0	0	17.00
18.00 SUBPROVIDER	42.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0	0	0	19.00
20.00 NURSING FACILITY	45.00	0	0	0	0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0	0		21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	115.00					23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		25				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

Component	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equival ents	
	Title XVII I	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payrol I
	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)	669	184	1,147		1.00
2.00 HMO	93	0			2.00
3.00 HMO IPF Subprovider	0	0			3.00
4.00 HMO IRF Subprovider	0	0			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	176	0	189		5.00
6.00 Hospital Adults & Peds. Swing Bed NF		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	845	184	1,336		7.00
8.00 INTENSIVE CARE UNIT	0	0	0		8.00
9.00 CORONARY CARE UNIT	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY		163	231		13.00
14.00 Total (see instructions)	845	347	1,567	0.00	214.01
15.00 CAH visits	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00
21.00 OTHER LONG TERM CARE	0	0	0	0.00	0.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0.00	0.00
24.00 HOSPICE	0	0	0	0.00	0.00

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		
25.00	CMHC - CMHC	0	0	0	0.00	0.00	25.00	
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10	
26.00	RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00	
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25	
27.00	Total (sum of lines 14-26)				0.00	214.01	27.00	
28.00	Observation Bed Days		0	1,099			28.00	
29.00	Ambulance Trips	0					29.00	
30.00	Employee discount days (see instruction)			0			30.00	
31.00	Employee discount days - IRF			0			31.00	
32.00	Labor & delivery days (see instructions)		0	0			32.00	
33.00	LTCH non-covered days	0					33.00	
Component		Full Time Equivalents	Discharges					
		Nonpaid Workers	Title V	Title XVIII	Title XIX	Total All Patients		
		11.00	12.00	13.00	14.00	15.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	258	92	490	1.00	
2.00	HMO			36			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	258	92	490	14.00	
15.00	CAH visits						15.00	
16.00	SUBPROVIDER - IPF	0.00	0	0	0	0	16.00	
17.00	SUBPROVIDER - IRF	0.00	0	0	0	0	17.00	
18.00	SUBPROVIDER	0.00	0	0	0	0	18.00	
19.00	SKILLED NURSING FACILITY	0.00					19.00	
20.00	NURSING FACILITY	0.00					20.00	
21.00	OTHER LONG TERM CARE	0.00				0	21.00	
22.00	HOME HEALTH AGENCY	0.00					22.00	
23.00	AMBULATORY SURGICAL CENTER (D.P.)	0.00					23.00	
24.00	HOSPICE	0.00					24.00	
25.00	CMHC - CMHC	0.00					25.00	
25.10	CMHC - CORF	0.00					25.10	
26.00	RURAL HEALTH CLINIC	0.00					26.00	
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25	
27.00	Total (sum of lines 14-26)	0.00					27.00	
28.00	Observation Bed Days						28.00	
29.00	Ambulance Trips						29.00	
30.00	Employee discount days (see instruction)						30.00	
31.00	Employee discount days - IRF						31.00	
32.00	Labor & delivery days (see instructions)						32.00	
33.00	LTCH non-covered days						33.00	

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/29/2013 11:36 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)		0.416183		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		2,705,317		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00	
6.00	Medicaid charges		9,820,338		6.00	
7.00	Medicaid cost (line 1 times line 6)		4,087,058		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		1,381,741		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		217,951		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		1,288,861		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		536,402		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)		318,451		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		140,810		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		1,700,192		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		3,471,777	985,693	4,457,470	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,444,895	410,229	1,855,124	21.00
22.00	Partial payment by patients approved for charity care		17,032	21,416	38,448	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,427,863	388,813	1,816,676	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)		1,574,268			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		819,922			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		754,346			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		313,946			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,130,622			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		3,830,814			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151306

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

Worksheet A
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		370,476	370,476	122,283	492,759	1.00
2.00	00200		853,716	853,716	107,472	961,188	2.00
3.00	00300		49,695	49,695	-49,695	0	3.00
4.00	00400	110,656	4,268,733	4,379,389	0	4,379,389	4.00
5.00	00500	1,413,102	2,575,963	3,989,065	1,633	3,990,698	5.00
7.00	00700	250,540	728,428	978,968	-820	978,148	7.00
8.00	00800	0	76,480	76,480	0	76,480	8.00
9.00	00900	186,255	45,197	231,452	0	231,452	9.00
10.00	01000	192,344	152,786	345,130	-212,103	133,027	10.00
11.00	01100	0	0	0	211,185	211,185	11.00
13.00	01300	741,163	19,519	760,682	-154,020	606,662	13.00
14.00	01400	77,437	95,045	172,482	-29,891	142,591	14.00
15.00	01500	283,276	1,206,297	1,489,573	-1,187,243	302,330	15.00
16.00	01600	393,880	80,587	474,467	0	474,467	16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
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	1,000,768	170,606	1,171,374	-45,228	1,126,146	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	91,332	18,328	109,660	-13,400	96,260	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	653,522	420,539	1,074,061	-203,552	870,509	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	114,078	0	114,078	6,156	120,234	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	694,865	450,643	1,145,508	-1,342	1,144,166	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	725,752	669,540	1,395,292	0	1,395,292	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	63,100	14,474	77,574	74,473	152,047	64.00
65.00	06500	279,707	48,183	327,890	-41,032	286,858	65.00
66.00	06600	522,842	31,500	554,342	-40,218	514,124	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	395,244	395,244	71.00
72.00	07200	0	0	0	29,219	29,219	72.00
73.00	07300	0	0	0	1,098,454	1,098,454	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	52,809	17,413	70,222	-381	69,841	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	1,282,516	578,810	1,861,326	-107,582	1,753,744	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151306

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

Worksheet A
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)		
			1.00	2.00	3.00	4.00	5.00		
95.00	09500	AMBULANCE SERVICES	885,462	160,813	1,046,275	7,309	1,053,584	95.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00	
99.00	09900	CMHC	0	0	0	0	0	99.00	
99.10	09910	CORF	0	0	0	0	0	99.10	
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00	
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00	
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00	
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00	
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00	
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00	
113.00	11300	INTEREST EXPENSE	0	38,380	38,380	-38,380	0	113.00	
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00	
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00	
116.00	11600	HOSPICE	0	0	0	0	0	116.00	
118.00		SUBTOTALS (SUM OF LINES 1-117)	10,015,406	13,142,151	23,157,557	-71,459	23,086,098	118.00	
NONREIMBURSABLE COST CENTERS									
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00	
190.01	19001	VISITING SPECIALTY CLINIC	164,254	6,204	170,458	0	170,458	190.01	
190.02	19002	OUTREACH	158,109	25,950	184,059	57,332	241,391	190.02	
190.03	19003	FOUNDATION	35,555	2,824	38,379	0	38,379	190.03	
190.04	19004	SPRING VALLEY FAMILY PRACTICE	0	14,316	14,316	9,321	23,637	190.04	
190.05	19005	PAOLI FAMILY PRACTICE	0	7,107	7,107	4,806	11,913	190.05	
191.00	19100	RESEARCH	0	0	0	0	0	191.00	
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00	
200.00		TOTAL (SUM OF LINES 118-199)	10,373,324	13,198,552	23,571,876	0	23,571,876	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	69,949	562,708					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	283,601	1,244,789					2.00
3.00	00300	OTHER CAP REL COSTS	0	0					3.00
4.00	00400	EMPLOYEE BENEFITS	265,413	4,644,802					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	189,115	4,179,813					5.00
7.00	00700	OPERATION OF PLANT	94,535	1,072,683					7.00
8.00	00800	LAUNDRY & LINEN SERVICE	42,392	118,872					8.00
9.00	00900	HOUSEKEEPING	23,308	254,760					9.00
10.00	01000	DIETARY	0	133,027					10.00
11.00	01100	CAFETERIA	-40,256	170,929					11.00
13.00	01300	NURSING ADMINISTRATION	0	606,662					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-10,487	132,104					14.00
15.00	01500	PHARMACY	0	302,330					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-11,255	463,212					16.00
17.00	01700	SOCIAL SERVICE	0	0					17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0					18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0					19.00
20.00	02000	NURSING SCHOOL	0	0					20.00
21.00	02100	I & R SERVICES-SALARY & FRINGES APPRVD	0	0					21.00
22.00	02200	I & R SERVICES-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	-54,504	1,071,642					30.00
31.00	03100	INTENSIVE CARE UNIT	0	0					31.00
32.00	03200	CORONARY CARE UNIT	0	0					32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0					33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0					34.00
40.00	04000	SUBPROVIDER - IPF	0	0					40.00
41.00	04100	SUBPROVIDER - IRF	0	0					41.00
42.00	04200	SUBPROVIDER	0	0					42.00
43.00	04300	NURSERY	0	96,260					43.00
44.00	04400	SKILLED NURSING FACILITY	0	0					44.00
45.00	04500	NURSING FACILITY	0	0					45.00
46.00	04600	OTHER LONG TERM CARE	0	0					46.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 151306

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

Worksheet A
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	870,509	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	120,234	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-10,681	1,133,485	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	-450	1,394,842	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	152,047	64.00
65.00	06500 RESPIRATORY THERAPY	0	286,858	65.00
66.00	06600 PHYSICAL THERAPY	-400	513,724	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	395,244	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	29,219	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	33,071	1,131,525	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	0	69,841	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	-427,727	1,326,017	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	-8,617	1,044,967	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	09950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
99.00	09900 CMHC	0	0	99.00
99.10	09910 CORF	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500 KIDNEY ACQUISITION	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	115.00
116.00	11600 HOSPICE	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	437,007	23,523,105	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
190.01	19001 VISITING SPECIALTY CLINIC	0	170,458	190.01
190.02	19002 OUTREACH	0	241,391	190.02
190.03	19003 FOUNDATION	0	38,379	190.03
190.04	19004 SPRING VALLEY FAMILY PRACTICE	0	23,637	190.04
190.05	19005 PAOLI FAMILY PRACTICE	0	11,913	190.05
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	437,007	24,008,883	200.00

RECLASSIFICATIONS

Provider CCN: 151306

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

Worksheet A-6

Date/Time Prepared:
5/29/2013 11:36 am

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - INSURANCE RECLASS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	36,535	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	1,372	2.00	
	TOTALS		0	37,907		
B - PROPERTY TAX RECLASS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	11,788	1.00	
	TOTALS		0	11,788		
C - INTEREST RECLASS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	38,380	1.00	
	TOTALS		0	38,380		
D - LEASE RECLASS						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	32,557	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	131,931	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	
	TOTALS		0	164,488		
E - CHARGEABLE MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	424,463	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	
	TOTALS		0	424,463		
F - CAFETERIA RECLASS						
1.00	CAFETERIA	11.00	117,695	93,490	1.00	
	TOTALS		117,695	93,490		
G - PHARMACY RECLASS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,178,334	1.00	
	TOTALS		0	1,178,334		
H - COO RECLASS						
1.00	ADMINISTRATIVE & GENERAL	5.00	132,192	0	1.00	
2.00	OUTREACH	190.02	21,828	0	2.00	
	TOTALS		154,020	0		
I - NON-ALLOWABLE DEPRECIATION RECLASS						
1.00	PAOLI FAMILY PRACTICE	190.05	0	4,806	1.00	
2.00	AMBULANCE SERVICES	95.00	0	1,675	2.00	
3.00	SPRING VALLEY FAMILY PRACTICE	190.04	0	9,321	3.00	
	TOTALS		0	15,802		
J - IV MEDICINE RECLASS						
1.00	INTRAVENOUS THERAPY	64.00	0	79,880	1.00	
	TOTALS		0	79,880		
K - AMBULANCE DEPRECIATION RECLASS						
1.00	AMBULANCE SERVICES	95.00	0	5,634	1.00	
	TOTALS		0	5,634		
L - OB OTHER EXPENSE RECLASS						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	0	6,156	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	6,156		
M - ATHLETIC TRAINER RECLASS						
1.00	OUTREACH	190.02	35,504	0	1.00	
	TOTALS		35,504	0		
N - IMPLANTABLE DEVICE RECLASS						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	29,219	1.00	
	TOTALS		0	29,219		
500.00	Grand Total: Increases		307,219	2,085,541	500.00	

RECLASSIFICATIONS

Provider CCN: 151306

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

Worksheet A-6
Date/Time Prepared:
5/29/2013 11:36 am

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00	7.00	8.00	9.00	10.00			
A - INSURANCE RECLASS							
1.00	OTHER CAP REL COSTS	3.00	0	37,907	12		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	37,907			
B - PROPERTY TAX RECLASS							
1.00	OTHER CAP REL COSTS	3.00	0	11,788	13		1.00
	TOTALS		0	11,788			
C - INTEREST RECLASS							
1.00	INTEREST EXPENSE	113.00	0	38,380	11		1.00
	TOTALS		0	38,380			
D - LEASE RECLASS							
1.00	OPERATING ROOM	50.00	0	2,365	10		1.00
2.00	OPERATION OF PLANT	7.00	0	820	10		2.00
3.00	DIETARY	10.00	0	918	0		3.00
4.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,770	0		4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	19,684	0		5.00
6.00	ADMINISTRATIVE & GENERAL	5.00	0	131,931	0		6.00
	TOTALS		0	164,488			
E - CHARGEABLE MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,437	0		1.00
2.00	PHARMACY	15.00	0	8,909	0		2.00
3.00	ADULTS & PEDIATRICS	30.00	0	42,631	0		3.00
4.00	NURSERY	43.00	0	9,841	0		4.00
5.00	OPERATING ROOM	50.00	0	201,187	0		5.00
6.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,342	0		6.00
7.00	INTRAVENOUS THERAPY	64.00	0	5,407	0		7.00
8.00	RESPIRATORY THERAPY	65.00	0	41,032	0		8.00
9.00	PHYSICAL THERAPY	66.00	0	4,714	0		9.00
10.00	CARDIAC REHAB	75.01	0	381	0		10.00
11.00	EMERGENCY	91.00	0	107,582	0		11.00
	TOTALS		0	424,463			
F - CAFETERIA RECLASS							
1.00	DIETARY	10.00	117,695	93,490	0		1.00
	TOTALS		117,695	93,490			
G - PHARMACY RECLASS							
1.00	PHARMACY	15.00	0	1,178,334	0		1.00
	TOTALS		0	1,178,334			
H - COO RECLASS							
1.00	NURSING ADMINISTRATION	13.00	132,192	0	0		1.00
2.00	NURSING ADMINISTRATION	13.00	21,828	0	0		2.00
	TOTALS		154,020	0			
I - NON-ALLOWABLE DEPRECIATION RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	4,806	9		1.00
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	10,996	9		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	15,802			
J - IV MEDICINE RECLASS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	79,880	0		1.00
	TOTALS		0	79,880			
K - AMBULANCE DEPRECIATION RECLASS							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	5,634	9		1.00
	TOTALS		0	5,634			
L - OB OTHER EXPENSE RECLASS							
1.00	ADULTS & PEDIATRICS	30.00	0	2,597	0		1.00
2.00	NURSERY	43.00	0	3,559	0		2.00
	TOTALS		0	6,156			
M - ATHLETIC TRAINER RECLASS							
1.00	PHYSICAL THERAPY	66.00	35,504	0	0		1.00
	TOTALS		35,504	0			
N - IMPLANTABLE DEVICE RECLASS							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	29,219	0		1.00
	TOTALS		0	29,219			
500.00	Grand Total: Decreases		307,219	2,085,541			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151306

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

Worksheet A-7
Part I
Date/Time Prepared:
5/29/2013 11:36 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	78,263	0	0	0	1.00
2.00	Land Improvements	508,587	0	0	0	2.00
3.00	Buildings and Fixtures	6,468,240	13,115	0	13,115	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	4,340,639	171,537	0	171,537	5.00
6.00	Movable Equipment	4,472,543	402,921	0	402,921	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	15,868,272	587,573	0	587,573	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	15,868,272	587,573	0	587,573	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	78,263	0			1.00
2.00	Land Improvements	508,587	0			2.00
3.00	Buildings and Fixtures	6,481,355	0			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	4,512,176	0			5.00
6.00	Movable Equipment	4,796,640	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	16,377,021	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	16,377,021	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151306

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

Worksheet A-7
Part II
Date/Time Prepared:
5/29/2013 11:36 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	370,476	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	853,716	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	1,224,192	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	370,476				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	853,716				2.00
3.00	Total (sum of lines 1-2)	0	1,224,192				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 151306

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

Worksheet A-7
Part III
Date/Time Prepared:
5/29/2013 11:36 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	7,068,205	0	7,068,205	0.431593	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	9,308,816	0	9,308,816	0.568407	0	2.00
3.00	Total (sum of lines 1-2)	16,377,021	0	16,377,021	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	418,989	131,931	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	1,148,640	32,557	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1,567,629	164,488	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	0	0	11,788	0	562,708	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	27,057	36,535	0	0	1,244,789	2.00
3.00	Total (sum of lines 1-2)	27,057	36,535	11,788	0	1,807,497	3.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted				
			Cost Center	Line #	Wkst. A-7 Ref.		
			1.00	2.00	3.00	4.00	5.00
1.00 Investment income - 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)	B	-11,323		CAP REL COSTS-MVBLE EQUIP	2.00	11	2.00
3.00 Investment income - other (chapter 2)		0			0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-1,781		CENTRAL SERVICES & SUPPLY	14.00	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)	B	-7,535		ADMINISTRATIVE & GENERAL	5.00	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	-1,560,511				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0			0.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	3,204,893				0	12.00
13.00 Laundry and linen service		0			0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-43,646		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employees and others		0			0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	B	-8,706		CENTRAL SERVICES & SUPPLY	14.00	0	16.00
17.00 Sale of drugs to other than patients		0			0.00	0	17.00
18.00 Sale of medical records and abstracts	B	-11,255		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	-2,718		ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3			ORESPIRATORY THERAPY	65.00		23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3			OPHYSICAL THERAPY	66.00		24.00
25.00 Utilization review - physicians' compensation (chapter 21)				OUTILIZATION REVIEW-SNF	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		0	OCCUPATIONAL THERAPY	67.00		30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		0	OSPEECH PATHOLOGY	68.00		31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	A	-190,609		CAP REL COSTS-MVBLE EQUIP	2.00	9	32.00

Provider CCN: 151306

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

Worksheet A-8

Date/Time Prepared:
 5/29/2013 11:36 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
33.00 MISCELLANEOUS REVENUE	B	-51,711	ADMINISTRATIVE & GENERAL		5.00	0	33.00
33.01 EMT EDUCATION REVENUE	B	-2,242	AMBULANCE SERVICES		95.00	0	33.01
33.02 PHYSICIAN RECRUITMENT	A	-65,953	ADMINISTRATIVE & GENERAL		5.00	0	33.02
33.03 IHA/AHA DUES	A	-2,323	ADMINISTRATIVE & GENERAL		5.00	0	33.03
33.04 ADVERTISING	A	-30,375	ADMINISTRATIVE & GENERAL		5.00	0	33.04
33.05 DONATIONS	A	-23,588	ADMINISTRATIVE & GENERAL		5.00	0	33.05
33.06 PATIENT ACCTS MISC CASH REVENUE	B	-8,733	ADMINISTRATIVE & GENERAL		5.00	0	33.06
33.07 AMBULANCE OS PROGRAM REVENUE	B	-6,375	AMBULANCE SERVICES		95.00	0	33.07
33.08 FUNDED DEPRECIATION INVEST FEES	A	-11,607	ADMINISTRATIVE & GENERAL		5.00	0	33.08
33.09 SPONSORSHIPS	A	-8,708	ADMINISTRATIVE & GENERAL		5.00	0	33.09
33.10 IU MORGAN SALARY REIMBURSEMENT	B	-450	LABORATORY		60.00	0	33.10
33.11 HAF EXPENSES	A	-715,950	ADMINISTRATIVE & GENERAL		5.00	0	33.11
33.12 PENALTIES	A	-1,387	ADMINISTRATIVE & GENERAL		5.00	0	33.12
33.13 REHAB OS PROGRAM REVENUE	B	-400	PHYSICAL THERAPY		66.00	0	33.13
33.14		0			0.00	0	33.14
33.15		0			0.00	0	33.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		437,007					50.00

STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS
 Provider CCN: 151306
 Period: From 01/01/2012 To 12/31/2012
 Worksheet A-8-1
 Date/Time Prepared: 5/29/2013 11:36 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	I UHBH MGMT SVC FEE	21,227	0
2.00	5.00	ADMINISTRATIVE & GENERAL	I UHBH MGMT SVC FEE	318,917	0
3.00	2.00	CAP REL COSTS-MVBLE EQUIP	I UHBH MGMT SVC FEE	419,518	0
4.00	73.00	DRUGS CHARGED TO PATIENTS	I UHBH MGMT SVC FEE	33,071	0
4.01	8.00	LAUNDRY & LINEN SERVICE	I UHBH MGMT SVC FEE	42,392	0
4.02	4.00	EMPLOYEE BENEFITS	I UH MGMT SVC FEE	244,186	0
4.03	5.00	ADMINISTRATIVE & GENERAL	I UH MGMT SVC FEE	928,315	127,529
4.04	2.00	CAP REL COSTS-MVBLE EQUIP	I UH MGMT SVC FEE	66,015	0
4.05	1.00	CAP REL COSTS-BLDG & FIXT	I UH MGMT SVC FEE	69,949	0
4.06	9.00	HOUSEKEEPING	I UH MGMT SVC FEE	23,308	0
4.07	11.00	CAFETERIA	I UH MGMT SVC FEE	3,390	0
4.08	7.00	OPERATION OF PLANT	I UH MGMT SVC FEE	94,535	0
4.09	91.00	EMERGENCY	PBP ED COVERAGE	1,391,599	324,000
5.00	0		0	3,656,422	451,529

* 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		0.00	IU HEALTH BLOOM	0.00	6.00
7.00	B		0.00	IU HEALTH	0.00	7.00
8.00	C		0.00	IUHSIP	0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 151306

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

Worksheet A-8-1

Date/Time Prepared:
5/29/2013 11:36 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	21,227	0		1.00
2.00	318,917	0		2.00
3.00	419,518	9		3.00
4.00	33,071	0		4.00
4.01	42,392	0		4.01
4.02	244,186	0		4.02
4.03	800,786	0		4.03
4.04	66,015	9		4.04
4.05	69,949	9		4.05
4.06	23,308	0		4.06
4.07	3,390	0		4.07
4.08	94,535	0		4.08
4.09	1,067,599	0		4.09
5.00	3,204,893			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	HOSPITAL		6.00
7.00	HOME OFFICE		7.00
8.00	PHYSICIAN GROUP		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: 151306

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

Worksheet A-8-2

Date/Time Prepared:
5/29/2013 11:36 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	91.00	EMERGENCY	1,647,698	1,495,326	152,372	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	54,504	54,504	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	10,681	10,681	0	0	0	3.00
4.00	60.00	LABORATORY	25,000	0	25,000	0	0	4.00
5.00	75.01	CARDIAC REHAB	6,600	0	6,600	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			1,744,483	1,560,511	183,972	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	91.00	EMERGENCY	0	0	0	0	0	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	0	0	2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	3.00
4.00	60.00	LABORATORY	0	0	0	0	0	4.00
5.00	75.01	CARDIAC REHAB	0	0	0	0	0	5.00
6.00	0.00		0	0	0	0	0	6.00
7.00	0.00		0	0	0	0	0	7.00
8.00	0.00		0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			0	0	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	91.00	EMERGENCY	0	0	0	1,495,326		1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	0	54,504		2.00
3.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	10,681		3.00
4.00	60.00	LABORATORY	0	0	0	0		4.00
5.00	75.01	CARDIAC REHAB	0	0	0	0		5.00
6.00	0.00		0	0	0	0		6.00
7.00	0.00		0	0	0	0		7.00
8.00	0.00		0	0	0	0		8.00
9.00	0.00		0	0	0	0		9.00
10.00	0.00		0	0	0	0		10.00
200.00			0	0	0	1,560,511		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151306

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 11:36 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			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	562,708	562,708			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	1,244,789		1,244,789		2.00
4.00 00400	EMPLOYEE BENEFITS	4,644,802	4,690	9,880	4,659,372	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	4,179,813	70,793	149,123	701,581	5,101,310
7.00 00700	OPERATION OF PLANT	1,072,683	43,973	92,629	113,748	1,323,033
8.00 00800	LAUNDRY & LINEN SERVICE	118,872	3,052	6,430	0	128,354
9.00 00900	HOUSEKEEPING	254,760	7,824	16,481	84,562	363,627
10.00 01000	DIETARY	133,027	15,984	33,670	33,892	216,573
11.00 01100	CAFETERIA	170,929	10,225	21,539	53,435	256,128
13.00 01300	NURSING ADMINISTRATION	606,662	3,917	8,251	266,570	885,400
14.00 01400	CENTRAL SERVICES & SUPPLY	132,104	20,857	43,935	35,157	232,053
15.00 01500	PHARMACY	302,330	11,894	25,054	128,611	467,889
16.00 01600	MEDICAL RECORDS & LIBRARY	463,212	12,718	26,790	178,826	681,546
17.00 01700	SOCIAL SERVICE	0	0	0	0	0
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000	NURSING SCHOOL	0	0	0	0	0
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300	PARAMED ED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	1,071,642	76,849	161,856	454,361	1,764,708
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200	SUBPROVIDER	0	0	0	0	0
43.00 04300	NURSERY	96,260	2,544	5,358	41,466	145,628
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500	NURSING FACILITY	0	0	0	0	0
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	870,509	61,320	129,170	296,707	1,357,706
51.00 05100	RECOVERY ROOM	0	0	0	0	0
52.00 05200	DELIVERY ROOM & LABOR ROOM	120,234	4,273	9,001	51,793	185,301
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,133,485	59,357	125,034	315,477	1,633,353
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600	RADIOISOTOPE	0	0	0	0	0
57.00 05700	CT SCAN	0	0	0	0	0
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00 06000	LABORATORY	1,394,842	18,751	39,499	329,500	1,782,592
60.01 06001	BLOOD LABORATORY	0	0	0	0	0
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400	INTRAVENOUS THERAPY	152,047	3,581	7,544	28,648	191,820
65.00 06500	RESPIRATORY THERAPY	286,858	2,889	6,087	126,990	422,824
66.00 06600	PHYSICAL THERAPY	513,724	25,364	53,430	221,257	813,775
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	395,244	0	0	0	395,244
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	29,219	0	0	0	29,219
73.00 07300	DRUGS CHARGED TO PATIENTS	1,131,525	0	0	0	1,131,525
74.00 07400	RENAL DIALYSIS	0	0	0	0	0
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01 07501	CARDIAC REHAB	69,841	9,777	20,596	23,976	124,190
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00 09000	CLINIC	0	0	0	0	0
91.00 09100	EMERGENCY	1,326,017	41,206	86,799	582,277	2,036,299
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151306

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

Worksheet B
Part I
Date/Time Prepared:
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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	
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	1,044,967	20,277	120,640	402,010	1,587,894	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE	0	0	0	0	0	113.00
114.00 11400 UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	23,523,105	532,115	1,198,796	4,470,844	23,257,991	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VISITING SPECIALTY CLINIC	170,458	20,053	42,242	74,573	307,326	190.01
190.02 19002 OUTREACH	241,391	8,760	0	97,813	347,964	190.02
190.03 19003 FOUNDATION	38,379	1,780	3,751	16,142	60,052	190.03
190.04 19004 SPRING VALLEY FAMILY PRACTICE	23,637	0	0	0	23,637	190.04
190.05 19005 PAOLI FAMILY PRACTICE	11,913	0	0	0	11,913	190.05
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	24,008,883	562,708	1,244,789	4,659,372	24,008,883	202.00
Cost Center Description	ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
	5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL	5,101,310					5.00
7.00 00700 OPERATION OF PLANT	356,957	1,679,990				7.00
8.00 00800 LAUNDRY & LINEN SERVICE	34,630	12,639	175,623			8.00
9.00 00900 HOUSEKEEPING	98,107	32,399	0	494,133		9.00
10.00 01000 DIETARY	58,432	66,188	0	19,764	360,957	10.00
11.00 01100 CAFETERIA	69,104	42,342	0	12,643	0	11.00
13.00 01300 NURSING ADMINISTRATION	238,883	16,221	0	4,843	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	62,608	86,369	0	0	0	14.00
15.00 01500 PHARMACY	126,237	49,252	0	0	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	183,882	52,664	0	15,726	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00 02200 I&R SERVICES-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	476,122	318,178	59,620	95,005	360,957	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151306

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

Worksheet B
Part I
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
43.00	04300	NURSERY	39,291	10,533	486	3,145	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	366,312	253,926	16,677	75,822	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	49,995	17,695	606	5,284	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	440,682	245,795	23,516	73,394	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	480,947	77,648	0	23,186	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	51,753	14,830	0	4,428	0	64.00
65.00	06500	RESPIRATORY THERAPY	114,079	11,965	0	3,573	0	65.00
66.00	06600	PHYSICAL THERAPY	219,558	8,384	10,403	31,363	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	106,638	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,883	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	305,288	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	33,507	40,488	0	12,090	0	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	549,407	170,632	47,430	50,951	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	428,417	61,428	12,001	25,073	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	09900	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE	0	0	0	0	0	113.00
114.00	11400	UTILIZATION REVIEW-SNF	0	0	0	0	0	114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,898,719	1,589,576	170,739	456,290	360,957	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITING SPECIALTY CLINIC	82,917	83,041	4,884	24,809	0	190.01
190.02	19002	OUTREACH	93,881	0	0	10,832	0	190.02
190.03	19003	FOUNDATION	16,202	7,373	0	2,202	0	190.03
190.04	19004	SPRING VALLEY FAMILY PRACTICE	6,377	0	0	0	0	190.04
190.05	19005	PAOLI FAMILY PRACTICE	3,214	0	0	0	0	190.05
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151306		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/29/2013 11:36 am	
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
202.00	TOTAL (sum lines 118-201)	5,101,310	1,679,990	175,623	494,133	360,957	202.00
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
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	380,217					11.00
13.00	01300 NURSING ADMINISTRATION	22,100	1,167,447				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	6,960	0	387,990			14.00
15.00	01500 PHARMACY	12,219	0	0	655,597		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	24,434	0	0	0	958,252	16.00
17.00	01700 SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-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	59,719	431,242	0	0	36,376	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	4,040	29,173	0	0	2,651	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	19,084	137,810	0	0	80,888	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	5,046	36,435	0	0	9,249	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	33,174	0	0	0	256,192	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	44,880	0	0	0	136,672	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	3,092	22,331	0	44,443	36,202	64.00
65.00	06500 RESPIRATORY THERAPY	14,785	0	0	0	11,802	65.00
66.00	06600 PHYSICAL THERAPY	20,651	0	0	0	36,244	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	361,219	0	18,196	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	26,771	0	1,478	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	611,154	116,564	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	2,699	0	0	0	2,042	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	56,842	410,467	0	0	150,303	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/29/2013 11:36 am
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATIVE	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	24,845	0	0	0	63,393	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	354,570	1,067,458	387,990	655,597	958,252	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITING SPECIALTY CLINIC	13,847	99,989	0	0	0	190.01
190.02	19002 OUTREACH	10,149	0	0	0	0	190.02
190.03	19003 FOUNDATION	1,651	0	0	0	651	190.03
190.04	19004 SPRING VALLEY FAMILY PRACTICE	0	0	0	0	0	190.04
190.05	19005 PAOLI FAMILY PRACTICE	0	0	0	0	0	190.05
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	20200 TOTAL (sum lines 118-201)	380,217	1,167,447	387,990	655,597	958,252	202.00
Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE (SPECIFY)	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS SERVICES-SALARY & FRINGES	
		17.00	18.00	19.00	20.00	21.00	
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
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE	0					17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)	0	0				18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0			19.00
20.00	02000 NURSING SCHOOL	0	0	0	0		20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200 I&R SERVICES-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	0	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	0	0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151306

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

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Part I
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Cost Center Description		SOCIAL SERVICE	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS	NURSING SCHOOL	INTERNS & RESIDENTS	
			(SPECIFY)			SERVICES-SALARY & FRINGES	
		17.00	18.00	19.00	20.00	21.00	
202.00	TOTAL (sum lines 118-201)	0	0	0	0	0	202.00
Cost Center Description		INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-OTHER PRGM COSTS					
		22.00	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
5.00	00500 ADMINISTRATIVE & GENERAL						5.00
7.00	00700 OPERATION OF PLANT						7.00
8.00	00800 LAUNDRY & LINEN SERVICE						8.00
9.00	00900 HOUSEKEEPING						9.00
10.00	01000 DIETARY						10.00
11.00	01100 CAFETERIA						11.00
13.00	01300 NURSING ADMINISTRATION						13.00
14.00	01400 CENTRAL SERVICES & SUPPLY						14.00
15.00	01500 PHARMACY						15.00
16.00	01600 MEDICAL RECORDS & LIBRARY						16.00
17.00	01700 SOCIAL SERVICE						17.00
18.00	01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00	01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00	02000 NURSING SCHOOL						20.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0					22.00
23.00	02300 PARAMED PRGM-(SPECIFY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	0	0	3,601,927	0	3,601,927	30.00
31.00	03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300 NURSERY	0	0	234,947	0	234,947	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	2,308,225	0	2,308,225	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	309,611	0	309,611	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	2,706,106	0	2,706,106	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	2,545,925	0	2,545,925	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	368,899	0	368,899	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	579,028	0	579,028	65.00
66.00	06600 PHYSICAL THERAPY	0	0	1,140,378	0	1,140,378	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	881,297	0	881,297	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	65,351	0	65,351	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	2,164,531	0	2,164,531	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501 CARDIAC REHAB	0	0	215,016	0	215,016	75.01

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 151306

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

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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00					
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	0	3,472,331	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	2,203,051	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	22,796,623	0	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
190.01	19001 VISITING SPECIALTY CLINIC	0	0	616,813	0	190.01
190.02	19002 OUTREACH	0	0	462,826	0	190.02
190.03	19003 FOUNDATION	0	0	87,480	0	190.03
190.04	19004 SPRING VALLEY FAMILY PRACTICE	0	0	30,014	0	190.04
190.05	19005 PAOLI FAMILY PRACTICE	0	0	15,127	0	190.05
191.00	19100 RESEARCH	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	193.00
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	0	24,008,883	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151306

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
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	4,690	9,880	14,570	14,570 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	70,793	149,123	219,916	2,192 5.00
7.00 00700	OPERATION OF PLANT	0	43,973	92,629	136,602	356 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	3,052	6,430	9,482	0 8.00
9.00 00900	HOUSEKEEPING	0	7,824	16,481	24,305	264 9.00
10.00 01000	DIETARY	0	15,984	33,670	49,654	106 10.00
11.00 01100	CAFETERIA	0	10,225	21,539	31,764	167 11.00
13.00 01300	NURSING ADMINISTRATION	0	3,917	8,251	12,168	834 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	20,857	43,935	64,792	110 14.00
15.00 01500	PHARMACY	0	11,894	25,054	36,948	402 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	12,718	26,790	39,508	559 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0 18.00
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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-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	76,849	161,856	238,705	1,421 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	0	0	0 31.00
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0 33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0 34.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	0 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	2,544	5,358	7,902	130 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
46.00 04600	OTHER LONG TERM CARE	0	0	0	0	0 46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	61,320	129,170	190,490	928 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	4,273	9,001	13,274	162 52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	59,357	125,034	184,391	987 54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0 55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	0 56.00
57.00 05700	CT SCAN	0	0	0	0	0 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0 59.00
60.00 06000	LABORATORY	0	18,751	39,499	58,250	1,031 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0 61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	3,581	7,544	11,125	90 64.00
65.00 06500	RESPIRATORY THERAPY	0	2,889	6,087	8,976	397 65.00
66.00 06600	PHYSICAL THERAPY	0	25,364	53,430	78,794	692 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	0 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	0 74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	0 75.00
75.01 07501	CARDIAC REHAB	0	9,777	20,596	30,373	75 75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
91.00 09100	EMERGENCY	0	41,206	86,799	128,005	1,821 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151306

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	7,304	20,277	120,640	148,221	1,257	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	7,304	532,115	1,198,796	1,738,215	13,981	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VISITING SPECIALTY CLINIC	0	20,053	42,242	62,295	233	190.01
190.02 19002 OUTREACH	0	8,760	0	8,760	306	190.02
190.03 19003 FOUNDATION	0	1,780	3,751	5,531	50	190.03
190.04 19004 SPRING VALLEY FAMILY PRACTICE	9,321	0	0	9,321	0	190.04
190.05 19005 PAOLI FAMILY PRACTICE	4,806	0	0	4,806	0	190.05
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	21,431	562,708	1,244,789	1,828,928	14,570	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part II Date/Time Prepared: 5/29/2013 11:36 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	222,108				5.00
7.00	00700	OPERATION OF PLANT	15,542	152,500			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	1,508	1,147	12,137		8.00
9.00	00900	HOUSEKEEPING	4,272	2,941	0	31,782	9.00
10.00	01000	DIETARY	2,544	6,008	0	1,271	59,583
11.00	01100	CAFETERIA	3,009	3,844	0	813	0
13.00	01300	NURSING ADMINISTRATION	10,401	1,472	0	312	0
14.00	01400	CENTRAL SERVICES & SUPPLY	2,726	7,840	0	0	0
15.00	01500	PHARMACY	5,496	4,471	0	0	0
16.00	01600	MEDICAL RECORDS & LIBRARY	8,006	4,781	0	1,011	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM-(SPECIFY)	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	20,730	28,884	4,119	6,109	59,583
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	1,711	956	34	202	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	15,949	23,050	1,153	4,877	0
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,177	1,606	42	340	0
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	19,187	22,312	1,625	4,721	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	20,940	7,048	0	1,491	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	2,253	1,346	0	285	0
65.00	06500	RESPIRATORY THERAPY	4,967	1,086	0	230	0
66.00	06600	PHYSICAL THERAPY	9,559	761	719	2,017	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,643	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	343	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	13,292	0	0	0	0
74.00	07400	RENAL DIALYSIS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501	CARDIAC REHAB	1,459	3,675	0	778	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	23,920	15,489	3,278	3,277	0
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500	AMBULANCE SERVICES	18,653	5,576	829	1,613	0
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151306

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	213,287	144,293	11,799	29,347	59,583	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITING SPECIALTY CLINIC	3,610	7,538	338	1,596	0	190.01
190.02	19002	OUTREACH	4,088	0	0	697	0	190.02
190.03	19003	FOUNDATION	705	669	0	142	0	190.03
190.04	19004	SPRING VALLEY FAMILY PRACTICE	278	0	0	0	0	190.04
190.05	19005	PAOLI FAMILY PRACTICE	140	0	0	0	0	190.05
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	222,108	152,500	12,137	31,782	59,583	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 151306		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/29/2013 11:36 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
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	39,597					11.00
13.00	01300	NURSING ADMINISTRATION	2,302	27,489				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	725	0	76,193			14.00
15.00	01500	PHARMACY	1,273	0	0	48,590		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	2,545	0	0	0	56,410	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	0	18.00
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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-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	6,218	10,154	0	0	2,142	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	421	687	0	0	156	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,987	3,245	0	0	4,762	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	525	858	0	0	545	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,455	0	0	0	15,076	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,674	0	0	0	8,047	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	322	526	0	3,294	2,131	64.00
65.00	06500	RESPIRATORY THERAPY	1,540	0	0	0	695	65.00
66.00	06600	PHYSICAL THERAPY	2,151	0	0	0	2,134	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	70,936	0	1,071	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	5,257	0	87	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	45,296	6,863	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	281	0	0	0	120	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	5,920	9,665	0	0	8,849	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,587	0	0	0	3,732	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151306

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900 CMHC	0	0	0	0	0	99.00
99.10	09910 CORF	0	0	0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300 INTEREST EXPENSE						113.00
114.00	11400 UTILIZATION REVIEW-SNF						114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	36,926	25,135	76,193	48,590	56,410	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001 VISITING SPECIALTY CLINIC	1,442	2,354	0	0	0	190.01
190.02	19002 OUTREACH	1,057	0	0	0	0	190.02
190.03	19003 FOUNDATION	172	0	0	0	0	190.03
190.04	19004 SPRING VALLEY FAMILY PRACTICE	0	0	0	0	0	190.04
190.05	19005 PAOLI FAMILY PRACTICE	0	0	0	0	0	190.05
191.00	19100 RESEARCH	0	0	0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	39,597	27,489	76,193	48,590	56,410	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151306

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	SOCI AL SERVI CE	OTHER GENERAL SERVI CE (SPECI FY)	NONPHYSI CI AN ANESTHETI STS	NURSI NG SCHOOL	INTERNS & RESI DENTS	
	17.00	18.00	19.00	20.00	SERVI CES-SALA RY & FRI NGES	
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
5.00 00500 ADMINI STRATI VE & GENERAL						5.00
7.00 00700 OPERATI ON OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DI ETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSI NG ADMI NI STRATI ON						13.00
14.00 01400 CENTRAL SERVI CES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCI AL SERVI CE	0					17.00
18.00 01850 OTHER GENERAL SERVI CE (SPECI FY)	0	0				18.00
19.00 01900 NONPHYSI CI AN ANESTHETI STS	0	0	0			19.00
20.00 02000 NURSI NG SCHOOL	0	0		0		20.00
21.00 02100 I&R SERVI CES-SALARY & FRINGES APPRVD	0	0			0	21.00
22.00 02200 I&R SERVI CES-OTHER PRGM COSTS APPRVD	0	0				22.00
23.00 02300 PARAMED ED PRGM-(SPECI FY)	0	0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0				30.00
31.00 03100 INTENSIVE CARE UNIT	0	0				31.00
32.00 03200 CORONARY CARE UNIT	0	0				32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0				33.00
34.00 03400 SURGI CAL INTENSIVE CARE UNIT	0	0				34.00
40.00 04000 SUBPROVI DER - I PF	0	0				40.00
41.00 04100 SUBPROVI DER - I RF	0	0				41.00
42.00 04200 SUBPROVI DER	0	0				42.00
43.00 04300 NURSERY	0	0				43.00
44.00 04400 SKI LLED NURSI NG FACI LITY	0	0				44.00
45.00 04500 NURSI NG FACI LITY	0	0				45.00
46.00 04600 OTHER LONG TERM CARE	0	0				46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATI NG ROOM	0	0				50.00
51.00 05100 RECOVERY ROOM	0	0				51.00
52.00 05200 DELI VERY ROOM & LABOR ROOM	0	0				52.00
53.00 05300 ANESTHESI OLOGY	0	0				53.00
54.00 05400 RADI OLOGY-DI AGNOSTI C	0	0				54.00
55.00 05500 RADI OLOGY-THERAPEUTI C	0	0				55.00
56.00 05600 RADI OI SOTOPE	0	0				56.00
57.00 05700 CT SCAN	0	0				57.00
58.00 05800 MAGNETI C RESONANCE IMAGI NG (MRI)	0	0				58.00
59.00 05900 CARDI AC CATHETERI ZATI ON	0	0				59.00
60.00 06000 LABORATORY	0	0				60.00
60.01 06001 BLOOD LABORATORY	0	0				60.01
61.00 06100 PBP CLI NI CAL LAB SERVI CES-PRGM ONLY	0	0				61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0				62.00
63.00 06300 BLOOD STORI NG, PROCESSI NG & TRANS.	0	0				63.00
64.00 06400 I NTRAVENOUS THERAPY	0	0				64.00
65.00 06500 RESPI RATORY THERAPY	0	0				65.00
66.00 06600 PHYSI CAL THERAPY	0	0				66.00
67.00 06700 OCCUPATI ONAL THERAPY	0	0				67.00
68.00 06800 SPEECH PATHOLOGY	0	0				68.00
69.00 06900 ELECTROCARDI OLOGY	0	0				69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00 07100 MEDICAL SUPPLI ES CHARGED TO PATI ENTS	0	0				71.00
72.00 07200 I MPL. DEV. CHARGED TO PATI ENTS	0	0				72.00
73.00 07300 DRUGS CHARGED TO PATI ENTS	0	0				73.00
74.00 07400 RENAL DI ALYSI S	0	0				74.00
75.00 07500 ASC (NON-DI STI NCT PART)	0	0				75.00
75.01 07501 CARDI AC REHAB	0	0				75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLI NIC	0	0				88.00
89.00 08900 FEDERALLY QUALI FIED HEALTH CENTER	0	0				89.00
90.00 09000 CLI NIC	0	0				90.00
91.00 09100 EMERGENCY	0	0				91.00
92.00 09200 OBSERVATI ON BEDS (NON-DI STI NCT PART)	0	0				92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DI ALYSI S	0	0				94.00
95.00 09500 AMBULANCE SERVI CES	0	0				95.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151306

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

Worksheet B
Part II
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description			SOCI AL	OTHER GENERAL	NONPHYSI CI AN	NURSING	INTERNS &	
			SERVI CE	SERVI CE			RESI DENTS	
			17.00	(SPECI FY)	ANESTHETI STS	SCHOOL	SERVI CES-SALA	
					19.00	20.00	RY & FRI NGES	
			17.00	18.00	19.00	20.00	21.00	
96.00	09600	DURABLE MEDI CAL EQUI P-RENTED	0	0				96.00
97.00	09700	DURABLE MEDI CAL EQUI P-SOLD	0	0				97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0				98.00
99.00	09900	CMHC	0	0				99.00
99.10	09910	CORF	0	0				99.10
100.00	10000	I & R SERVI CES-NOT APPRVD PRGM	0	0				100.00
101.00	10100	HOME HEALTH AGENCY	0	0				101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KI DNEY ACQUI SI TI ON	0	0				105.00
106.00	10600	HEART ACQUI SI TI ON	0	0				106.00
107.00	10700	LI VER ACQUI SI TI ON	0	0				107.00
108.00	10800	LUNG ACQUI SI TI ON	0	0				108.00
109.00	10900	PANCREAS ACQUI SI TI ON	0	0				109.00
110.00	11000	INTESTI NAL ACQUI SI TI ON	0	0				110.00
111.00	11100	ISLET ACQUI SI TI ON	0	0				111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTI LI ZATI ON REVI EW-SNF						114.00
115.00	11500	AMBULATORY SURGI CAL CENTER (D. P.)	0	0				115.00
116.00	11600	HOSPI CE	0	0				116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	0	0				190.00
190.01	19001	VI SI TI NG SPECIALTY CLINI C	0	0				190.01
190.02	19002	OUTREACH	0	0				190.02
190.03	19003	FOUNDATI ON	0	0				190.03
190.04	19004	SPRING VALLEY FAMI LY PRACTI CE	0	0				190.04
190.05	19005	PAOLI FAMI LY PRACTI CE	0	0				190.05
191.00	19100	RESEARCH	0	0				191.00
192.00	19200	PHYSI CI ANS' PRI VATE OFFI CES	0	0				192.00
193.00	19300	NONPAID WORKERS	0	0				193.00
200.00		Cross Foot Adjustments			0	0		200.00
201.00		Negative Cost Centers	0	0	0	0		201.00
202.00		TOTAL (sum lines 118-201)	0	0	0	0		202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151306

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00	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
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
18.00 01850 OTHER GENERAL SERVICE (SPECIFY)						18.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL						20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD						21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0					22.00
23.00 02300 PARAMED PRGM-(SPECIFY)		0				23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS			378,065	0	378,065	30.00
31.00 03100 INTENSIVE CARE UNIT			0	0	0	31.00
32.00 03200 CORONARY CARE UNIT			0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT			0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT			0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF			0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF			0	0	0	41.00
42.00 04200 SUBPROVIDER			0	0	0	42.00
43.00 04300 NURSERY			12,199	0	12,199	43.00
44.00 04400 SKILLED NURSING FACILITY			0	0	0	44.00
45.00 04500 NURSING FACILITY			0	0	0	45.00
46.00 04600 OTHER LONG TERM CARE			0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM			246,441	0	246,441	50.00
51.00 05100 RECOVERY ROOM			0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM			19,529	0	19,529	52.00
53.00 05300 ANESTHESIOLOGY			0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC			251,754	0	251,754	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC			0	0	0	55.00
56.00 05600 RADIOISOTOPE			0	0	0	56.00
57.00 05700 CT SCAN			0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)			0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION			0	0	0	59.00
60.00 06000 LABORATORY			101,481	0	101,481	60.00
60.01 06001 BLOOD LABORATORY			0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY			0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS			0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.			0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY			21,372	0	21,372	64.00
65.00 06500 RESPIRATORY THERAPY			17,891	0	17,891	65.00
66.00 06600 PHYSICAL THERAPY			96,827	0	96,827	66.00
67.00 06700 OCCUPATIONAL THERAPY			0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY			0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY			0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY			0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS			76,650	0	76,650	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS			5,687	0	5,687	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS			65,451	0	65,451	73.00
74.00 07400 RENAL DIALYSIS			0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)			0	0	0	75.00
75.01 07501 CARDIAC REHAB			36,761	0	36,761	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC			0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER			0	0	0	89.00
90.00 09000 CLINIC			0	0	0	90.00
91.00 09100 EMERGENCY			200,224	0	200,224	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)			0	0	0	92.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 151306

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description	INTERNS & RESIDENTS	PARAMED PRGM	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-OTHER PRGM COSTS					
	22.00					
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS		0	0	0	94.00
95.00	09500 AMBULANCE SERVICES		182,468	0	182,468	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED		0	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD		0	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS		0	0	0	98.00
99.00	09900 CMHC		0	0	0	99.00
99.10	09910 CORF		0	0	0	99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM		0	0	0	100.00
101.00	10100 HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION		0	0	0	105.00
106.00	10600 HEART ACQUISITION		0	0	0	106.00
107.00	10700 LIVER ACQUISITION		0	0	0	107.00
108.00	10800 LUNG ACQUISITION		0	0	0	108.00
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)		0	0	0	115.00
116.00	11600 HOSPICE		0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	1,712,800	0	1,712,800
118.00	11800					118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN		0	0	0	190.00
190.01	19001 VISITING SPECIALTY CLINIC		79,406	0	79,406	190.01
190.02	19002 OUTREACH		14,908	0	14,908	190.02
190.03	19003 FOUNDATION		7,269	0	7,269	190.03
190.04	19004 SPRING VALLEY FAMILY PRACTICE		9,599	0	9,599	190.04
190.05	19005 PAOLI FAMILY PRACTICE		4,946	0	4,946	190.05
191.00	19100 RESEARCH		0	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES		0	0	0	192.00
193.00	19300 NONPAID WORKERS		0	0	0	193.00
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	0	1,828,928	0	1,828,928
202.00	20200					202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT	55,307				1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP		58,081			2.00
4.00	00400	EMPLOYEE BENEFITS	461	461	10,262,668		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	6,958	6,958	1,545,294	-5,101,310	5.00
7.00	00700	OPERATION OF PLANT	4,322	4,322	250,540	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	300	300	0	0	8.00
9.00	00900	HOUSEKEEPING	769	769	186,255	0	9.00
10.00	01000	DIETARY	1,571	1,571	74,649	0	10.00
11.00	01100	CAFETERIA	1,005	1,005	117,695	0	11.00
13.00	01300	NURSING ADMINISTRATION	385	385	587,143	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	2,050	2,050	77,437	0	14.00
15.00	01500	PHARMACY	1,169	1,169	283,276	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,250	1,250	393,880	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	0	0	0	0	18.00
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 SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-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	7,553	7,552	1,000,769	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	250	250	91,332	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	6,027	6,027	653,522	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	420	420	114,078	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,834	5,834	694,865	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	1,843	1,843	725,752	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	352	352	63,100	0	64.00
65.00	06500	RESPIRATORY THERAPY	284	284	279,707	0	65.00
66.00	06600	PHYSICAL THERAPY	2,493	2,493	487,338	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	961	961	52,809	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,050	4,050	1,282,515	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1

Date/Time Prepared:
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Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0	0	0	0	0	94.00
95.00 09500 AMBULANCE SERVICES	1,993	5,629	885,462	0	1,587,894	95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00 09900 CMHC	0	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	0	99.10
100.00 10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
105.00 10500 KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00 10600 HEART ACQUISITION	0	0	0	0	0	106.00
107.00 10700 LIVER ACQUISITION	0	0	0	0	0	107.00
108.00 10800 LUNG ACQUISITION	0	0	0	0	0	108.00
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
113.00 11300 INTEREST EXPENSE						113.00
114.00 11400 UTILIZATION REVIEW-SNF						114.00
115.00 11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00 11600 HOSPICE	0	0	0	0	0	116.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	52,300	55,935	9,847,418	-5,101,310	18,156,681	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01 19001 VISITING SPECIALTY CLINIC	1,971	1,971	164,254	0	307,326	190.01
190.02 19002 OUTREACH	861	0	215,441	0	347,964	190.02
190.03 19003 FOUNDATION	175	175	35,555	0	60,052	190.03
190.04 19004 SPRING VALLEY FAMILY PRACTICE	0	0	0	0	23,637	190.04
190.05 19005 PAOLI FAMILY PRACTICE	0	0	0	0	11,913	190.05
191.00 19100 RESEARCH	0	0	0	0	0	191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
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)	562,708	1,244,789	4,659,372		5,101,310	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	10.174264	21.431948	0.454012		0.269802	203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			14,570		222,108	204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.001420		0.011747	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	39,875					7.00
8.00	00800		17,692				8.00
9.00	00900			39,278			9.00
10.00	01000	1,571		1,571	7,433		10.00
11.00	01100	1,005		1,005		287,334	11.00
13.00	01300	385		385		16,701	13.00
14.00	01400	2,050				5,260	14.00
15.00	01500	1,169				9,234	15.00
16.00	01600	1,250		1,250		18,465	16.00
17.00	01700						17.00
18.00	01850						18.00
19.00	01900						19.00
20.00	02000						20.00
21.00	02100						21.00
22.00	02200						22.00
23.00	02300						23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,552	6,006	7,552	7,433	45,130	30.00
31.00	03100						31.00
32.00	03200						32.00
33.00	03300						33.00
34.00	03400						34.00
40.00	04000						40.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300	250	49	250		3,053	43.00
44.00	04400						44.00
45.00	04500						45.00
46.00	04600						46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	6,027	1,680	6,027		14,422	50.00
51.00	05100						51.00
52.00	05200	420	61	420		3,813	52.00
53.00	05300						53.00
54.00	05400	5,834	2,369	5,834		25,070	54.00
55.00	05500						55.00
56.00	05600						56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000	1,843		1,843		33,916	60.00
60.01	06001						60.01
61.00	06100						61.00
62.00	06200						62.00
63.00	06300						63.00
64.00	06400	352		352		2,337	64.00
65.00	06500	284		284		11,173	65.00
66.00	06600	199	1,048	2,493		15,606	66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900						69.00
70.00	07000						70.00
71.00	07100						71.00
72.00	07200						72.00
73.00	07300						73.00
74.00	07400						74.00
75.00	07500						75.00
75.01	07501	961		961		2,040	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000						90.00
91.00	09100	4,050	4,778	4,050		42,956	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400						94.00
95.00	09500	1,458	1,209	1,993		18,776	95.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description			OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (MAN HOURS)	
			7.00	8.00	9.00	10.00	11.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	37,729	17,200	36,270	7,433	267,952	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITING SPECIALTY CLINIC	1,971	492	1,972	0	10,464	190.01
190.02	19002	OUTREACH	0	0	861	0	7,670	190.02
190.03	19003	FOUNDATION	175	0	175	0	1,248	190.03
190.04	19004	SPRING VALLEY FAMILY PRACTICE	0	0	0	0	0	190.04
190.05	19005	PAOLI FAMILY PRACTICE	0	0	0	0	0	190.05
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,679,990	175,623	494,133	360,957	380,217	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	42.131411	9.926690	12.580401	48.561415	1.323258	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	152,500	12,137	31,782	59,583	39,597	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	3.824451	0.686016	0.809155	8.016010	0.137808	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		NURSING ADMINISTRATIVE (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIRE.)	PHARMACY (COSTED REQUIRE.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	122,175					13.00
14.00	01400	0	1,000				14.00
15.00	01500	0	0	1,178,334			15.00
16.00	01600	0	0	0	54,775,422		16.00
17.00	01700	0	0	0	0	0	17.00
18.00	01850	0	0	0	0	0	18.00
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	45,130	0	0	2,079,348	0	30.00
31.00	03100	0	0	0	0	0	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	3,053	0	0	151,528	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	14,422	0	0	4,623,783	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	3,813	0	0	528,720	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	0	0	14,643,900	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	0	0	7,812,484	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	2,337	0	79,880	2,069,389	0	64.00
65.00	06500	0	0	0	674,633	0	65.00
66.00	06600	0	0	0	2,071,807	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	0	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	931	0	1,040,102	0	71.00
72.00	07200	0	69	0	84,508	0	72.00
73.00	07300	0	0	1,098,454	6,663,098	0	73.00
74.00	07400	0	0	0	0	0	74.00
75.00	07500	0	0	0	0	0	75.00
75.01	07501	0	0	0	116,725	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	42,956	0	0	8,591,704	0	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	0	0	0	0	0	94.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description			NURSING ADMINISTRATION (DIRECT NURS. HRS.)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS REVENUE)	SOCIAL SERVICE (TIME SPENT)	
			13.00	14.00	15.00	16.00	17.00	
95.00	09500	AMBULANCE SERVICES	0	0	0	3,623,693	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	98.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0	0	0	0	105.00
106.00	10600	HEART ACQUISITION	0	0	0	0	0	106.00
107.00	10700	LIVER ACQUISITION	0	0	0	0	0	107.00
108.00	10800	LUNG ACQUISITION	0	0	0	0	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0	115.00
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	111,711	1,000	1,178,334	54,775,422	0	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
190.01	19001	VISITING SPECIALTY CLINIC	10,464	0	0	0	0	190.01
190.02	19002	OUTREACH	0	0	0	0	0	190.02
190.03	19003	FOUNDATION	0	0	0	0	0	190.03
190.04	19004	SPRING VALLEY FAMILY PRACTICE	0	0	0	0	0	190.04
190.05	19005	PAOLI FAMILY PRACTICE	0	0	0	0	0	190.05
191.00	19100	RESEARCH	0	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
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)	1,167,447	387,990	655,597	958,252	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	9.555531	387.990000	0.556376	0.017494	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	27,489	76,193	48,590	56,410	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.224997	76.193000	0.041236	0.001030	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description	OTHER GENERAL SERVICE	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
	(SPECIFY) (TIME SPENT)			SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00			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
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
17.00 01700	SOCIAL SERVICE					17.00
18.00 01850	OTHER GENERAL SERVICE (SPECIFY)	0				18.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0			19.00
20.00 02000	NURSING SCHOOL	0		0		20.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0			0	21.00
22.00 02200	I&R SERVICES-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	30.00
31.00 03100	INTENSIVE CARE UNIT	0		0	0	31.00
32.00 03200	CORONARY CARE UNIT	0		0	0	32.00
33.00 03300	BURN INTENSIVE CARE UNIT	0		0	0	33.00
34.00 03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	34.00
40.00 04000	SUBPROVIDER - I PF	0		0	0	40.00
41.00 04100	SUBPROVIDER - I RF	0		0	0	41.00
42.00 04200	SUBPROVIDER	0		0	0	42.00
43.00 04300	NURSERY	0		0	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0		0	0	44.00
45.00 04500	NURSING FACILITY	0		0	0	45.00
46.00 04600	OTHER LONG TERM CARE	0		0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	0	0	50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00 05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00 05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	0	0	0	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00 06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00 06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01 07501	CARDIAC REHAB	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
91.00 09100	EMERGENCY	0	0	0	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description	OTHER GENERAL SERVICE (SPECIFY) (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	INTERNS & RESIDENTS		
				SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)	
	18.00	19.00	20.00	21.00	22.00	
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0 94.00
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0 95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0 97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0 98.00
99.00	09900 CMHC	0	0	0	0	0 99.00
99.10	09910 CORF	0	0	0	0	0 99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0 100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0 105.00
106.00	10600 HEART ACQUISITION	0	0	0	0	0 106.00
107.00	10700 LIVER ACQUISITION	0	0	0	0	0 107.00
108.00	10800 LUNG ACQUISITION	0	0	0	0	0 108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0 109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0 110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0 111.00
113.00	11300 INTEREST EXPENSE					113.00
114.00	11400 UTILIZATION REVIEW-SNF					114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0 115.00
116.00	11600 HOSPICE	0	0	0	0	0 116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	0	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
190.01	19001 VISITING SPECIALTY CLINIC	0	0	0	0	0 190.01
190.02	19002 OUTREACH	0	0	0	0	0 190.02
190.03	19003 FOUNDATION	0	0	0	0	0 190.03
190.04	19004 SPRING VALLEY FAMILY PRACTICE	0	0	0	0	0 190.04
190.05	19005 PAOLI FAMILY PRACTICE	0	0	0	0	0 190.05
191.00	19100 RESEARCH	0	0	0	0	0 191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
193.00	19300 NONPAID WORKERS	0	0	0	0	0 193.00
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	0 202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	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	0 204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.000000	0.000000	0.000000	0.000000	0.000000 205.00

COST ALLOCATION - STATISTICAL BASIS		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet B-1 Date/Time Prepared: 5/29/2013 11:36 am
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Cost Center Description		PARAMED PRGM (ASSIGNED TIME)	
		23.00	
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
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
18.00	01850	OTHER GENERAL SERVICE (SPECIFY)	18.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
20.00	02000	NURSING SCHOOL	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	22.00
23.00	02300	PARAMED PRGM-(SPECIFY)	23.00
		0	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
32.00	03200	CORONARY CARE UNIT	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	34.00
40.00	04000	SUBPROVIDER - IPF	40.00
41.00	04100	SUBPROVIDER - IRF	41.00
42.00	04200	SUBPROVIDER	42.00
43.00	04300	NURSERY	43.00
44.00	04400	SKILLED NURSING FACILITY	44.00
45.00	04500	NURSING FACILITY	45.00
46.00	04600	OTHER LONG TERM CARE	46.00
		0	
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	55.00
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	63.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
75.00	07500	ASC (NON-DISTINCT PART)	75.00
75.01	07501	CARDIAC REHAB	75.01
		0	
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
OTHER REIMBURSABLE COST CENTERS			
94.00	09400	HOME PROGRAM DIALYSIS	94.00
95.00	09500	AMBULANCE SERVICES	95.00
		0	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 151306

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

Worksheet B-1

Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description			PARAMED ED PRGM (ASSIGNED TIME)	
			23.00	
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	98.00
99.00	09900	CMHC	0	99.00
99.10	09910	CORF	0	99.10
100.00	10000	I & R SERVICES-NOT APPRVD PRGM	0	100.00
101.00	10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS				
105.00	10500	KIDNEY ACQUISITION	0	105.00
106.00	10600	HEART ACQUISITION	0	106.00
107.00	10700	LIVER ACQUISITION	0	107.00
108.00	10800	LUNG ACQUISITION	0	108.00
109.00	10900	PANCREAS ACQUISITION	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	110.00
111.00	11100	ISLET ACQUISITION	0	111.00
113.00	11300	INTEREST EXPENSE		113.00
114.00	11400	UTILIZATION REVIEW-SNF		114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	115.00
116.00	11600	HOSPICE	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
190.01	19001	VISITING SPECIALTY CLINIC	0	190.01
190.02	19002	OUTREACH	0	190.02
190.03	19003	FOUNDATION	0	190.03
190.04	19004	SPRING VALLEY FAMILY PRACTICE	0	190.04
190.05	19005	PAOLI FAMILY PRACTICE	0	190.05
191.00	19100	RESEARCH	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
193.00	19300	NONPAID WORKERS	0	193.00
200.00		Cross Foot Adjustments		200.00
201.00		Negative Cost Centers		201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	0	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	0	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151306

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 11:36 am

		Title XVIII			Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	3,601,927		3,601,927	0	0	1,112,658	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	234,947		234,947	0	0	151,528	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,308,225		2,308,225	0	0	631,162	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	309,611		309,611	0	0	410,040	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,706,106		2,706,106	0	0	153,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	2,545,925		2,545,925	0	0	708,885	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	368,899		368,899	0	0	494,830	64.00
65.00	06500	RESPIRATORY THERAPY	579,028	0	579,028	0	0	126,866	65.00
66.00	06600	PHYSICAL THERAPY	1,140,378	0	1,140,378	0	0	98,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	881,297		881,297	0	0	437,344	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,351		65,351	0	0	243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,164,531		2,164,531	0	0	736,474	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	215,016		215,016	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
91.00	09100	EMERGENCY	3,472,331		3,472,331	0	0	424,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,625,674		1,625,674	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,203,051		2,203,051	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151306

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 11:36 am

			Title XVIII		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0		0		0	100.00
101.00	10100	HOME HEALTH AGENCY	0		0		0	101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0		0		0	105.00
106.00	10600	HEART ACQUISITION	0		0		0	106.00
107.00	10700	LIVER ACQUISITION	0		0		0	107.00
108.00	10800	LUNG ACQUISITION	0		0		0	108.00
109.00	10900	PANCREAS ACQUISITION	0		0		0	109.00
110.00	11000	INTESTINAL ACQUISITION	0		0		0	110.00
111.00	11100	ISLET ACQUISITION	0		0		0	111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0		0		0	115.00
116.00	11600	HOSPICE	0		0		0	116.00
200.00		Subtotal (see instructions)	24,422,297	0	24,422,297	0	0	5,485,932
201.00		Less Observation Beds	1,625,674		1,625,674		0	201.00
202.00		Total (see instructions)	22,796,623	0	22,796,623	0	0	5,485,932
Charges								
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio			
	7.00	8.00	9.00	10.00	11.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		1,112,658				30.00
31.00	03100	INTENSIVE CARE UNIT		0				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		151,528				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
46.00	04600	OTHER LONG TERM CARE		0				46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,992,622	4,623,784	0.499207	0.000000	0.000000	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,680	528,720	0.585586	0.000000	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,490,430	14,643,902	0.184794	0.000000	0.000000	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	7,103,599	7,812,484	0.325879	0.000000	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,574,558	2,069,388	0.178265	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	547,767	674,633	0.858286	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,973,524	2,071,808	0.550426	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	602,757	1,040,101	0.847319	0.000000	0.000000	71.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151306

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

Worksheet C
Part I
Date/Time Prepared:
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			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
Cost Center Description	Outpatient	Total (col. 6 + col. 7)						
	7.00	8.00	9.00	10.00	11.00			
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	84,265	84,508	0.773311	0.000000	0.000000		72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,926,624	6,663,098	0.324854	0.000000	0.000000		73.00
74.00 07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000		74.00
75.00 07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
75.01 07501	CARDIAC REHAB	116,725	116,725	1.842073	0.000000	0.000000		75.01
OUTPATIENT SERVICE COST CENTERS								
88.00 08800	RURAL HEALTH CLINIC	0	0					88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0					89.00
90.00 09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
91.00 09100	EMERGENCY	8,167,557	8,591,703	0.404149	0.000000	0.000000		91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	966,690	966,690	1.681691	0.000000	0.000000		92.00
OTHER REIMBURSABLE COST CENTERS								
94.00 09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00
95.00 09500	AMBULANCE SERVICES	3,623,692	3,623,692	0.607958	0.000000	0.000000		95.00
96.00 09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00 09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00 05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
99.00 09900	CMHC	0	0					99.00
99.10 09910	CORF	0	0					99.10
100.00 10000	I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00 10100	HOME HEALTH AGENCY	0	0					101.00
SPECIAL PURPOSE COST CENTERS								
105.00 10500	KIDNEY ACQUISITION	0	0					105.00
106.00 10600	HEART ACQUISITION	0	0					106.00
107.00 10700	LIVER ACQUISITION	0	0					107.00
108.00 10800	LUNG ACQUISITION	0	0					108.00
109.00 10900	PANCREAS ACQUISITION	0	0					109.00
110.00 11000	INTESTINAL ACQUISITION	0	0					110.00
111.00 11100	ISLET ACQUISITION	0	0					111.00
113.00 11300	INTEREST EXPENSE							113.00
114.00 11400	UTILIZATION REVIEW-SNF							114.00
115.00 11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0					115.00
116.00 11600	HOSPICE	0	0					116.00
200.00	Subtotal (see instructions)	49,289,490	54,775,422					200.00
201.00	Less Observation Beds							201.00
202.00	Total (see instructions)	49,289,490	54,775,422					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151306

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

Worksheet C Part I Date/Time Prepared: 5/29/2013 11:36 am

		Title XIX			Hospital		PPS		
Cost Center Description	Therapy Limit Adj.	Costs			Charges				
		Total Cost (from Wkst. B, Part I, col. 26)	Total Costs	RCE Disallowance	Total Costs	Inpatient			
		1.00	2.00	3.00	4.00	5.00		6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	3,601,927		3,601,927	0	3,601,927	1,112,658	30.00
31.00	03100	INTENSIVE CARE UNIT	0		0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I/PF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I/RF	0		0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0		0	0	0	0	42.00
43.00	04300	NURSERY	234,947		234,947	0	234,947	151,528	43.00
44.00	04400	SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0		0	0	0	0	45.00
46.00	04600	OTHER LONG TERM CARE	0		0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	2,308,225		2,308,225	0	2,308,225	631,162	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	309,611		309,611	0	309,611	410,040	52.00
53.00	05300	ANESTHESIOLOGY	0		0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,706,106		2,706,106	0	2,706,106	153,472	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0		0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0		0	0	0	0	56.00
57.00	05700	CT SCAN	0		0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	2,545,925		2,545,925	0	2,545,925	708,885	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0		0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORAGE, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	368,899		368,899	0	368,899	494,830	64.00
65.00	06500	RESPIRATORY THERAPY	579,028	0	579,028	0	579,028	126,866	65.00
66.00	06600	PHYSICAL THERAPY	1,140,378	0	1,140,378	0	1,140,378	98,284	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0		0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	881,297		881,297	0	881,297	437,344	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	65,351		65,351	0	65,351	243	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,164,531		2,164,531	0	2,164,531	736,474	73.00
74.00	07400	RENAL DIALYSIS	0		0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0		0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	215,016		215,016	0	215,016	0	75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00	09000	CLINIC	0		0	0	0	0	90.00
91.00	09100	EMERGENCY	3,472,331		3,472,331	0	3,472,331	424,146	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,625,674		1,625,674	0	1,625,674	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0		0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	2,203,051		2,203,051	0	2,203,051	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0		0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0		0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0		0	0	0	0	98.00
99.00	09900	CMHC	0		0	0	0	0	99.00
99.10	09910	CORF	0		0	0	0	0	99.10

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151306

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 11:36 am

			Title XIX		Hospital		PPS	
Cost Center Description			Therapy Limit Adj.	Costs			Charges	
				Total Costs	RCE Disallowance	Total Costs	Inpatient	
Total Cost (from Wkst. B, Part I, col. 26)								
1.00			2.00	3.00	4.00	5.00	6.00	
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0		0		100.00
101.00	10100	HOME HEALTH AGENCY	0	0		0		101.00
SPECIAL PURPOSE COST CENTERS								
105.00	10500	KIDNEY ACQUISITION	0	0		0		105.00
106.00	10600	HEART ACQUISITION	0	0		0		106.00
107.00	10700	LIVER ACQUISITION	0	0		0		107.00
108.00	10800	LUNG ACQUISITION	0	0		0		108.00
109.00	10900	PANCREAS ACQUISITION	0	0		0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0		0		110.00
111.00	11100	ISLET ACQUISITION	0	0		0		111.00
113.00	11300	INTEREST EXPENSE						113.00
114.00	11400	UTILIZATION REVIEW-SNF						114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D.P.)	0	0		0		115.00
116.00	11600	HOSPICE	0	0		0		116.00
200.00		Subtotal (see instructions)	24,422,297	24,422,297	0	24,422,297	5,485,932	200.00
201.00		Less Observation Beds	1,625,674	1,625,674		1,625,674		201.00
202.00		Total (see instructions)	22,796,623	22,796,623	0	22,796,623	5,485,932	202.00
Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS		1,112,658				30.00
31.00	03100	INTENSIVE CARE UNIT		0				31.00
32.00	03200	CORONARY CARE UNIT		0				32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0				33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0				34.00
40.00	04000	SUBPROVIDER - IPF		0				40.00
41.00	04100	SUBPROVIDER - IRF		0				41.00
42.00	04200	SUBPROVIDER		0				42.00
43.00	04300	NURSERY		151,528				43.00
44.00	04400	SKILLED NURSING FACILITY		0				44.00
45.00	04500	NURSING FACILITY		0				45.00
46.00	04600	OTHER LONG TERM CARE		0				46.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	3,992,622	4,623,784	0.499207	0.000000	0.499207	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	118,680	528,720	0.585586	0.000000	0.585586	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0.000000	0.000000	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,490,430	14,643,902	0.184794	0.000000	0.184794	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0.000000	55.00
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000	59.00
60.00	06000	LABORATORY	7,103,599	7,812,484	0.325879	0.000000	0.325879	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,574,558	2,069,388	0.178265	0.000000	0.178265	64.00
65.00	06500	RESPIRATORY THERAPY	547,767	674,633	0.858286	0.000000	0.858286	65.00
66.00	06600	PHYSICAL THERAPY	1,973,524	2,071,808	0.550426	0.000000	0.550426	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	602,757	1,040,101	0.847319	0.000000	0.847319	71.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 151306

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

Worksheet C
Part I
Date/Time Prepared:
5/29/2013 11:36 am

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00					
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	84,265	84,508	0.773311	0.000000	0.773311		72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	5,926,624	6,663,098	0.324854	0.000000	0.324854		73.00
74.00	07400	RENAL DIALYSIS	0	0	0.000000	0.000000	0.000000		74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0.000000		75.00
75.01	07501	CARDIAC REHAB	116,725	116,725	1.842073	0.000000	1.842073		75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0.000000		89.00
90.00	09000	CLINIC	0	0	0.000000	0.000000	0.000000		90.00
91.00	09100	EMERGENCY	8,167,557	8,591,703	0.404149	0.000000	0.404149		91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	966,690	966,690	1.681691	0.000000	1.681691		92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0.000000		94.00
95.00	09500	AMBULANCE SERVICES	3,623,692	3,623,692	0.607958	0.000000	0.607958		95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0.000000		96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0.000000		97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0.000000		98.00
99.00	09900	CMHC	0	0					99.00
99.10	09910	CORF	0	0					99.10
100.00	10000	I&R SERVICES-NOT APPRVD PRGM	0	0					100.00
101.00	10100	HOME HEALTH AGENCY	0	0					101.00
SPECIAL PURPOSE COST CENTERS									
105.00	10500	KIDNEY ACQUISITION	0	0					105.00
106.00	10600	HEART ACQUISITION	0	0					106.00
107.00	10700	LIVER ACQUISITION	0	0					107.00
108.00	10800	LUNG ACQUISITION	0	0					108.00
109.00	10900	PANCREAS ACQUISITION	0	0					109.00
110.00	11000	INTESTINAL ACQUISITION	0	0					110.00
111.00	11100	ISLET ACQUISITION	0	0					111.00
113.00	11300	INTEREST EXPENSE							113.00
114.00	11400	UTILIZATION REVIEW-SNF							114.00
115.00	11500	AMBULATORY SURGICAL CENTER (D. P.)	0	0					115.00
116.00	11600	HOSPICE	0	0					116.00
200.00		Subtotal (see instructions)	49,289,490	54,775,422					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	49,289,490	54,775,422					202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part II Date/Time Prepared: 5/29/2013 11:36 am
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Cost Center Description		Title XIX Hospital PPS				
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount
		1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,308,225	246,441	2,061,784	0	0
51.00	05100 RECOVERY ROOM	0	0	0	0	0
52.00	05200 DELIVERY ROOM & LABOR ROOM	309,611	19,529	290,082	0	0
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,706,106	251,754	2,454,352	0	0
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600 RADIOISOTOPE	0	0	0	0	0
57.00	05700 CT SCAN	0	0	0	0	0
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000 LABORATORY	2,545,925	101,481	2,444,444	0	0
60.01	06001 BLOOD LABORATORY	0	0	0	0	0
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400 INTRAVENOUS THERAPY	368,899	21,372	347,527	0	0
65.00	06500 RESPIRATORY THERAPY	579,028	17,891	561,137	0	0
66.00	06600 PHYSICAL THERAPY	1,140,378	96,827	1,043,551	0	0
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	881,297	76,650	804,647	0	0
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	65,351	5,687	59,664	0	0
73.00	07300 DRUGS CHARGED TO PATIENTS	2,164,531	65,451	2,099,080	0	0
74.00	07400 RENAL DIALYSIS	0	0	0	0	0
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
75.01	07501 CARDIAC REHAB	215,016	36,761	178,255	0	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000 CLINIC	0	0	0	0	0
91.00	09100 EMERGENCY	3,472,331	200,224	3,272,107	0	0
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,625,674	0	1,625,674	0	0
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0	0	0
95.00	09500 AMBULANCE SERVICES	2,203,051	182,468	2,020,583	0	0
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0
98.00	09800 OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0
99.00	09900 CMHC	0	0	0	0	0
99.10	09910 CORF	0	0	0	0	0
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0	0	0
101.00	10100 HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0	0	0
106.00	10600 HEART ACQUISITION	0	0	0	0	0
107.00	10700 LIVER ACQUISITION	0	0	0	0	0
108.00	10800 LUNG ACQUISITION	0	0	0	0	0
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100 ISLET ACQUISITION	0	0	0	0	0
113.00	11300 INTEREST EXPENSE	0	0	0	0	113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0	0	114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	0	0
116.00	11600 HOSPICE	0	0	0	0	0
200.00	Subtotal (sum of lines 50 thru 199)	20,585,423	1,322,536	19,262,887	0	0
201.00	Less Observation Beds	1,625,674	0	1,625,674	0	0
202.00	Total (line 200 minus line 201)	18,959,749	1,322,536	17,637,213	0	0

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet C Part II Date/Time Prepared: 5/29/2013 11:36 am
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Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	2,308,225	4,623,784	0.499207		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	309,611	528,720	0.585586		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,706,106	14,643,902	0.184794		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000		55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000		56.00
57.00	05700 CT SCAN	0	0	0.000000		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000		59.00
60.00	06000 LABORATORY	2,545,925	7,812,484	0.325879		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000		63.00
64.00	06400 INTRAVENOUS THERAPY	368,899	2,069,388	0.178265		64.00
65.00	06500 RESPIRATORY THERAPY	579,028	674,633	0.858286		65.00
66.00	06600 PHYSICAL THERAPY	1,140,378	2,071,808	0.550426		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	881,297	1,040,101	0.847319		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	65,351	84,508	0.773311		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,164,531	6,663,098	0.324854		73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000		75.00
75.01	07501 CARDIAC REHAB	215,016	116,725	1.842073		75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000		89.00
90.00	09000 CLINIC	0	0	0.000000		90.00
91.00	09100 EMERGENCY	3,472,331	8,591,703	0.404149		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,625,674	966,690	1.681691		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000		94.00
95.00	09500 AMBULANCE SERVICES	2,203,051	3,623,692	0.607958		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000		97.00
98.00	09950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000		98.00
99.00	09900 CMHC	0	0	0.000000		99.00
99.10	09910 CORF	0	0	0.000000		99.10
100.00	10000 I&R SERVICES-NOT APPRVD PRGM	0	0	0.000000		100.00
101.00	10100 HOME HEALTH AGENCY	0	0	0.000000		101.00
SPECIAL PURPOSE COST CENTERS						
105.00	10500 KIDNEY ACQUISITION	0	0	0.000000		105.00
106.00	10600 HEART ACQUISITION	0	0	0.000000		106.00
107.00	10700 LIVER ACQUISITION	0	0	0.000000		107.00
108.00	10800 LUNG ACQUISITION	0	0	0.000000		108.00
109.00	10900 PANCREAS ACQUISITION	0	0	0.000000		109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0.000000		110.00
111.00	11100 ISLET ACQUISITION	0	0	0.000000		111.00
113.00	11300 INTEREST EXPENSE	0	0	0.000000		113.00
114.00	11400 UTILIZATION REVIEW-SNF	0	0	0.000000		114.00
115.00	11500 AMBULATORY SURGICAL CENTER (D.P.)	0	0	0.000000		115.00
116.00	11600 HOSPICE	0	0	0.000000		116.00
200.00	Subtotal (sum of lines 50 thru 199)	20,585,423	53,511,236			200.00
201.00	Less Observation Beds	1,625,674	0			201.00
202.00	Total (line 200 minus line 201)	18,959,749	53,511,236			202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/29/2013 11:36 am
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Cost Center Description		Capital Related Cost (from Wkst. C, 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	246,441	4,623,784	0.053299	18,339	977	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	19,529	528,720	0.036936	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	251,754	14,643,902	0.017192	96,588	1,661	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	101,481	7,812,484	0.012990	216,732	2,815	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	21,372	2,069,388	0.010328	65,583	677	64.00
65.00	06500 RESPIRATORY THERAPY	17,891	674,633	0.026520	52,040	1,380	65.00
66.00	06600 PHYSICAL THERAPY	96,827	2,071,808	0.046736	39,177	1,831	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	76,650	1,040,101	0.073695	178,894	13,184	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,687	84,508	0.067295	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,451	6,663,098	0.009823	363,790	3,574	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	36,761	116,725	0.314937	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	200,224	8,591,703	0.023304	46,630	1,087	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	966,690	0.000000	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	1,140,068	49,887,544		1,077,773	27,186	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151306

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		Title XVIII				Hospital		Total Cost (sum of col 1 through col . 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Cost			
		1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS									
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 11:36 am
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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	Cost
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	4,623,784	0.000000	0.000000	18,339	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	528,720	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,643,902	0.000000	0.000000	96,588	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	7,812,484	0.000000	0.000000	216,732	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,069,388	0.000000	0.000000	65,583	64.00
65.00	06500 RESPIRATORY THERAPY	0	674,633	0.000000	0.000000	52,040	65.00
66.00	06600 PHYSICAL THERAPY	0	2,071,808	0.000000	0.000000	39,177	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,040,101	0.000000	0.000000	178,894	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	84,508	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,663,098	0.000000	0.000000	363,790	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	116,725	0.000000	0.000000	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	8,591,703	0.000000	0.000000	46,630	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	966,690	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	49,887,544			1,077,773	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151306

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		Title XVIII			Hospital	Cost
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	0	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501 CARDIAC REHAB	0	0	0		75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 11:36 am
		Title XVIII	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)
	1.00	2.00	3.00	4.00	5.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.499207	0	1,258,607	0	0
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.585586	0	3,736	0	0
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.184794	0	4,482,574	0	0
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0
57.00 05700 CT SCAN	0.000000	0	0	0	0
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0
60.00 06000 LABORATORY	0.325879	0	2,653,626	0	0
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	0.178265	0	777,820	0	0
65.00 06500 RESPIRATORY THERAPY	0.858286	0	218,293	0	0
66.00 06600 PHYSICAL THERAPY	0.550426	0	512,572	0	0
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.847319	0	293,623	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.773311	0	32,348	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	0.324854	0	2,319,207	5,020	0
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0
75.01 07501 CARDIAC REHAB	1.842073	0	58,359	0	0
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				0
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0
90.00 09000 CLINIC	0.000000	0	0	0	0
91.00 09100 EMERGENCY	0.404149	0	2,392,532	0	0
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.681691	0	470,815	0	0
OTHER REIMBURSABLE COST CENTERS					
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0		0
95.00 09500 AMBULANCE SERVICES	0.607958		0		0
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0
200.00	Subtotal (see instructions)	0	15,474,112	5,020	0
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0
202.00	Net Charges (line 200 +/- line 201)	0	15,474,112	5,020	0

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 11:36 am
		Title XVIII	Hospital	Cost

Cost Center Description	Costs		Hospital	Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	628,305	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,188	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	828,353	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	56.00
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	864,761	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	138,658	0	64.00
65.00	06500 RESPIRATORY THERAPY	187,358	0	65.00
66.00	06600 PHYSICAL THERAPY	282,133	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	248,792	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	25,015	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	753,404	1,631	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.01	07501 CARDIAC REHAB	107,502	0	75.01
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	966,939	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	791,765	0	92.00
OTHER REIMBURSABLE COST CENTERS				
94.00	09400 HOME PROGRAM DIALYSIS	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	98.00
200.00	Subtotal (see instructions)	5,825,173	1,631	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	5,825,173	1,631	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 11:36 am
		Component CCN: 15Z306	Title XVIII	Swing Beds - SNF

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	0.499207	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.585586	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.184794	0	0	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.325879	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000		0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0.178265	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0.858286	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.550426	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.847319	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.773311	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.324854	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00 07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01 07501 CARDIAC REHAB	1.842073	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000				0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.404149	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	1.681691	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
94.00 09400 HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00 09500 AMBULANCE SERVICES	0.607958		0			95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00	Subtotal (see instructions)		0	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		0	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 11:36 am
		Component CCN: 15Z306		
		Title XVII I	Swing Beds - SNF	Cost

Cost Center Description	Costs			Cost
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC REHAB	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00	Subtotal (see instructions)	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00	Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/29/2013 11:36 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	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	378,065	0	378,065	2,246	168.33	30.00
31.00	INTENSIVE CARE UNIT	0		0	0	0.00	31.00
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	NURSERY	12,199		12,199	231	52.81	43.00
44.00	SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	390,264		390,264	2,477		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	184	30,973				30.00
31.00	INTENSIVE CARE UNIT	0	0				31.00
32.00	CORONARY CARE UNIT	0	0				32.00
33.00	BURN INTENSIVE CARE UNIT	0	0				33.00
34.00	SURGICAL INTENSIVE CARE UNIT	0	0				34.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	0	0				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	163	8,608				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	347	39,581				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/29/2013 11:36 am
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Cost Center Description		Capital Related Cost (from Wkst. C, Part I, 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	246,441	4,623,784	0.053299	320,648	17,090	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	19,529	528,720	0.036936	257,616	9,515	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	251,754	14,643,902	0.017192	35,410	609	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	101,481	7,812,484	0.012990	135,460	1,760	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	21,372	2,069,388	0.010328	65,379	675	64.00
65.00	06500 RESPIRATORY THERAPY	17,891	674,633	0.026520	20,208	536	65.00
66.00	06600 PHYSICAL THERAPY	96,827	2,071,808	0.046736	3,262	152	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	76,650	1,040,101	0.073695	55,842	4,115	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,687	84,508	0.067295	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	65,451	6,663,098	0.009823	150,320	1,477	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.01	07501 CARDIAC REHAB	36,761	116,725	0.314937	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	200,224	8,591,703	0.023304	31,343	730	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	184,993	966,690	0.191367	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0	0	98.00
200.00	Total (lines 50-199)	1,325,061	49,887,544		1,075,488	36,659	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/29/2013 11:36 am
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Cost Center Description	Title XIX				Hospital	PPS
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
200.00 Total (lines 30-199)	0	0	0	0	0	200.00

Cost Center Description	Total Patient Days	Per Diem (col. 5 + col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	
	6.00	7.00	8.00	9.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	2,246	0.00	184	0	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0.00	0	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0.00	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0.00	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0.00	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0.00	0	0	41.00
42.00 04200 SUBPROVIDER	0	0.00	0	0	42.00
43.00 04300 NURSERY	231	0.00	163	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	45.00
200.00 Total (lines 30-199)	2,477		347	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151306

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		Title XIX			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	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	0	0	0	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400	HOME PROGRAM DIALYSIS	0	0	0	0	94.00
95.00	09500	AMBULANCE SERVICES	0	0	0	0	95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0	0	0	0	98.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/29/2013 11:36 am
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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	4,623,784	0.000000	0.000000	320,648	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	528,720	0.000000	0.000000	257,616	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	14,643,902	0.000000	0.000000	35,410	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	7,812,484	0.000000	0.000000	135,460	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	2,069,388	0.000000	0.000000	65,379	64.00
65.00	06500 RESPIRATORY THERAPY	0	674,633	0.000000	0.000000	20,208	65.00
66.00	06600 PHYSICAL THERAPY	0	2,071,808	0.000000	0.000000	3,262	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0.000000	0.000000	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,040,101	0.000000	0.000000	55,842	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	84,508	0.000000	0.000000	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	6,663,098	0.000000	0.000000	150,320	73.00
74.00	07400 RENAL DIALYSIS	0	0	0.000000	0.000000	0	74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.01	07501 CARDIAC REHAB	0	116,725	0.000000	0.000000	0	75.01
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	8,591,703	0.000000	0.000000	31,343	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	966,690	0.000000	0.000000	0	92.00
OTHER REIMBURSABLE COST CENTERS							
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0.000000	0.000000	0	94.00
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0.000000	0.000000	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0.000000	0.000000	0	97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0.000000	0.000000	0	98.00
200.00	Total (lines 50-199)	0	49,887,544			1,075,488	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 151306

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

Worksheet D
Part IV
Date/Time Prepared:
5/29/2013 11:36 am

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)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	460,539	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	51,593	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	2,410,139	0		54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	1,154,252	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00	06400 INTRAVENOUS THERAPY	0	227,038	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	100,949	0		65.00
66.00	06600 PHYSICAL THERAPY	0	387,470	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	84,928	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	620,042	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.01	07501 CARDIAC REHAB	0	10,442	0		75.01
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	2,252,782	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	119,927	0		92.00
OTHER REIMBURSABLE COST CENTERS						
94.00	09400 HOME PROGRAM DIALYSIS	0	0	0		94.00
95.00	09500 AMBULANCE SERVICES	0	0	0		95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0	0		97.00
98.00	05950 OTHER REIMBURSABLE COST CENTERS	0	0	0		98.00
200.00	Total (lines 50-199)	0	7,880,101	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 11:36 am
		Title XIX	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	0.499207	460,539	0	0	229,904	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.585586	51,593	0	0	30,212	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184794	2,410,139	0	0	445,379	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0	0	0	56.00
57.00	05700	CT SCAN	0.000000	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.325879	1,154,252	0	0	376,146	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.178265	227,038	0	0	40,473	64.00
65.00	06500	RESPIRATORY THERAPY	0.858286	100,949	0	0	86,643	65.00
66.00	06600	PHYSICAL THERAPY	0.550426	387,470	0	0	213,274	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.847319	84,928	0	0	71,961	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.773311	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324854	620,042	0	0	201,423	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0	0	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0	0	0	75.00
75.01	07501	CARDIAC REHAB	1.842073	10,442	0	0	19,235	75.01
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0.000000				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				0	89.00
90.00	09000	CLINIC	0.000000	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.404149	2,252,782	0	0	910,460	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.681691	119,927	0	0	201,680	92.00
OTHER REIMBURSABLE COST CENTERS								
94.00	09400	HOME PROGRAM DIALYSIS	0.000000		0			94.00
95.00	09500	AMBULANCE SERVICES	0.607958	585,028	0			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0	0	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0	0	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0	0	0	98.00
200.00		Subtotal (see instructions)		7,880,101	0	0	3,182,462	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		7,880,101	0	0	3,182,462	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/29/2013 11:36 am
		Title XIX	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01 07501 CARDIAC REHAB	0	0		75.01
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0		89.00
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
OTHER REIMBURSABLE COST CENTERS				
94.00 09400 HOME PROGRAM DIALYSIS	0	0		94.00
95.00 09500 AMBULANCE SERVICES	0	0		95.00
96.00 09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00 09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
98.00 05950 OTHER REIMBURSABLE COST CENTERS	0	0		98.00
200.00 Subtotal (see instructions)	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0	0		201.00
202.00 Net Charges (line 200 +/- line 201)	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/29/2013 11:36 am
Cost Center Description		Cost		
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,435	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,246	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)		1,147	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		189	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)		669	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)		176	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		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)		3,601,927	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)		279,574	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,322,353	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,021,704	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,021,704	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		3.251776	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)		890.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,322,353	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,479.23	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		989,605	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)		989,605	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/29/2013 11:36 am		
Cost Center Description			Title XVII	Hospital	Cost		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)				464,156		48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)				1,453,761		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge				0.00		55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)				260,344		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)				260,344		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)				1,099		87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)				1,479.23		88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)				1,625,674		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151306		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 11:36 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/29/2013 11:36 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)		2,435	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,246	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)		1,147	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)		184	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)		231	15.00
16.00	Nursery days (title V or XIX only)		163	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period			17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period			18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		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)		3,601,927	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)		3,601,927	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,021,704	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,021,704	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		3.525411	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)		890.76	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,601,927	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,603.71	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		295,083	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)		295,083	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/29/2013 11:36 am	
Title XIX			Hospital	PPS		
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	234,947	231	1,017.09	163	165,786	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	0	0	0.00	0	0	44.00
45.00 BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00 SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00 OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						
					1.00	
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					501,223	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					962,092	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)					39,581	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					36,659	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					76,240	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					885,852	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)					1,099	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,603.71	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,762,477	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 151306		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/29/2013 11:36 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	378,065	3,601,927	0.104962	1,762,477	184,993	90.00
91.00	Nursing School cost	0	3,601,927	0.000000	1,762,477	0	91.00
92.00	Allied health cost	0	3,601,927	0.000000	1,762,477	0	92.00
93.00	All other Medical Education	0	3,601,927	0.000000	1,762,477	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 11:36 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		585,783	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.499207	18,339	9,155 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.585586	0	0 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184794	96,588	17,849 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.325879	216,732	70,628 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.178265	65,583	11,691 64.00
65.00	06500	RESPIRATORY THERAPY	0.858286	52,040	44,665 65.00
66.00	06600	PHYSICAL THERAPY	0.550426	39,177	21,564 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.847319	178,894	151,580 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.773311	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324854	363,790	118,179 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	CARDIAC REHAB	1.842073	0	0 75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.404149	46,630	18,845 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.681691	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			0 95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,077,773	464,156 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		1,077,773	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3	
		Component CCN: 15Z306		Date/Time Prepared: 5/29/2013 11:36 am	
		Title XVIII	Swing Beds - SNF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		86,064	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.499207	0	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.585586	0	52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184794	5,878	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.325879	22,740	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.178265	2,129	64.00
65.00	06500	RESPIRATORY THERAPY	0.858286	6,049	65.00
66.00	06600	PHYSICAL THERAPY	0.550426	40,804	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.847319	45,526	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.773311	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324854	93,191	73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.01	07501	CARDIAC REHAB	1.842073	0	75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.404149	38	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.681691	0	92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	94.00
95.00	09500	AMBULANCE SERVICES			95.00
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	97.00
98.00	05950	OTHER REIMBURSABLE COST CENTERS	0.000000	0	98.00
200.00		Total (sum of lines 50-94 and 96-98)		216,355	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)		216,355	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/29/2013 11:36 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		175,069	30.00
31.00	03100	INTENSIVE CARE UNIT		0	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - I PF		0	40.00
41.00	04100	SUBPROVIDER - I RF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		104,654	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.499207	320,648	160,070 50.00
51.00	05100	RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.585586	257,616	150,856 52.00
53.00	05300	ANESTHESIOLOGY	0.000000	0	0 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.184794	35,410	6,544 54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	0 55.00
56.00	05600	RADIOISOTOPE	0.000000	0	0 56.00
57.00	05700	CT SCAN	0.000000	0	0 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.000000	0	0 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0 59.00
60.00	06000	LABORATORY	0.325879	135,460	44,144 60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	0 60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0 61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0 62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0 63.00
64.00	06400	INTRAVENOUS THERAPY	0.178265	65,379	11,655 64.00
65.00	06500	RESPIRATORY THERAPY	0.858286	20,208	17,344 65.00
66.00	06600	PHYSICAL THERAPY	0.550426	3,262	1,795 66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0 67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0 68.00
69.00	06900	ELECTROCARDIOLOGY	0.000000	0	0 69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.847319	55,842	47,316 71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.773311	0	0 72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.324854	150,320	48,832 73.00
74.00	07400	RENAL DIALYSIS	0.000000	0	0 74.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	0 75.00
75.01	07501	CARDIAC REHAB	1.842073	0	0 75.01
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	0 88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0 89.00
90.00	09000	CLINIC	0.000000	0	0 90.00
91.00	09100	EMERGENCY	0.404149	31,343	12,667 91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1.681691	0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
94.00	09400	HOME PROGRAM DIALYSIS	0.000000	0	0 94.00
95.00	09500	AMBULANCE SERVICES			
96.00	09600	DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
98.00	09800	OTHER REIMBURSABLE COST CENTERS	0.000000	0	0 98.00
200.00		Total (sum of lines 50-94 and 96-98)		1,075,488	501,223 200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00		Net Charges (line 200 minus line 201)		1,075,488	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/29/2013 11:36 am
		Title XVII	Hospital	Cost
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		5,826,804	1.00
2.00	Medical and other services reimbursed under OPPTS (see instructions)		0	2.00
3.00	PPS payments		0	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		5,826,804	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		5,885,072	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		0	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		32,672	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,606,489	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)		3,245,911	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)		3,245,911	30.00
31.00	Primary payer payments		5,052	31.00
32.00	Subtotal (line 30 minus line 31)		3,240,859	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)		714,120	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		714,120	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		512,542	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		3,954,979	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		3,954,979	40.00
41.00	Interim payments		4,704,044	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)		-749,065	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2		175,494	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 151306

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 11:36 am

		Title XVIII		Hospital		Cost	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		1,187,513		4,602,844	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER	08/30/2012	69,300	08/30/2012	101,200		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)		69,300		101,200		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)		1,256,813		4,704,044		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		97,883		0		6.01
6.02	SETTLEMENT TO PROGRAM		0		749,065		6.02
7.00	Total Medicare program liability (see instructions)		1,354,696		3,954,979		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: 151306
Component CCN: 15Z306

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

Worksheet E-1
Part I
Date/Time Prepared:
5/29/2013 11:36 am

Title XVIII Swing Beds - SNF Cost

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		300,500		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)		300,500		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		68,747		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		369,247		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/29/2013 11:36 am
		Title XVIII	Hospital	Cost
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			490 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			669 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6 line 2			93 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			1,147 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			54,775,422 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			4,457,470 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			511,204 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			471,821 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			471,821 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT - SWING BEDS

Provider CCN: 151306
Component CCN: 15Z306

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

Worksheet E-2
Date/Time Prepared:
5/29/2013 11:36 am

		Title XVIII		Swing Beds - SNF	
		Part A	Part B	Cost	
		1.00	2.00		
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient routine services - swing bed-SNF (see instructions)	262,947	0	1.00	
2.00	Inpatient routine services - swing bed-NF (see instructions)			2.00	
3.00	Ancillary services (from Wkst. D-3, column 3, line 200 for Part A, and sum of Wkst. D, Part V, columns 5 and 7, line 202 for Part B) (For CAH, see instructions)	106,445	0	3.00	
4.00	Per diem cost for interns and residents not in approved teaching program (see instructions)		0.00	4.00	
5.00	Program days	176	0	5.00	
6.00	Interns and residents not in approved teaching program (see instructions)		0	6.00	
7.00	Utilization review - physician compensation - SNF optional method only	0		7.00	
8.00	Subtotal (sum of lines 1 through 3 plus lines 6 and 7)	369,392	0	8.00	
9.00	Primary payer payments (see instructions)	0	0	9.00	
10.00	Subtotal (line 8 minus line 9)	369,392	0	10.00	
11.00	Deductibles billed to program patients (exclude amounts applicable to physician professional services)	0	0	11.00	
12.00	Subtotal (line 10 minus line 11)	369,392	0	12.00	
13.00	Coinsurance billed to program patients (from provider records) (exclude coinsurance for physician professional services)	145	0	13.00	
14.00	80% of Part B costs (line 12 x 80%)		0	14.00	
15.00	Subtotal (enter the lesser of line 12 minus line 13, or line 14)	369,247	0	15.00	
16.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	0	16.00	
17.00	Reimbursable bad debts (see instructions)	0	0	17.00	
18.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	0	18.00	
19.00	Total (sum of lines 15 and 17, plus/minus line 16)	369,247	0	19.00	
20.00	Interim payments	300,500	0	20.00	
21.00	Tentative settlement (for contractor use only)	0	0	21.00	
22.00	Balance due provider/program (line 19 minus the sum of lines 20 and 21)	68,747	0	22.00	
23.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-11, section 115.2	11,016	0	23.00	

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 151306	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part V Date/Time Prepared: 5/29/2013 11:36 am
		Title XVII	Hospital	Cost
				1.00
PART V - CALCULATION OF REIMBURSEMENT SETTLEMENT FOR MEDICARE PART A SERVICES - COST REIMBURSEMENT (CAHs)				
1.00	Inpatient services			1,453,761 1.00
2.00	Nursing and Allied Health Managed Care payment (see instruction)			0 2.00
3.00	Organ acquisition			0 3.00
4.00	Subtotal (sum of lines 1 thru 3)			1,453,761 4.00
5.00	Primary payer payments			5,000 5.00
6.00	Total cost (line 4 less line 5). For CAH (see instructions)			1,463,299 6.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
7.00	Routine service charges			0 7.00
8.00	Ancillary service charges			0 8.00
9.00	Organ acquisition charges, net of revenue			0 9.00
10.00	Total reasonable charges			0 10.00
Customary charges				
11.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis			0 11.00
12.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 12.00
13.00	Ratio of line 11 to line 12 (not to exceed 1.000000)			0.000000 13.00
14.00	Total customary charges (see instructions)			0 14.00
15.00	Excess of customary charges over reasonable cost (complete only if line 14 exceeds line 6) (see instructions)			0 15.00
16.00	Excess of reasonable cost over customary charges (complete only if line 6 exceeds line 14) (see instructions)			0 16.00
17.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 17.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
18.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 18.00
19.00	Cost of covered services (sum of lines 6, 17 and 18)			1,463,299 19.00
20.00	Deductibles (exclude professional component)			209,203 20.00
21.00	Excess reasonable cost (from line 16)			0 21.00
22.00	Subtotal (line 19 minus line 20)			1,254,096 22.00
23.00	Coinurance			5,202 23.00
24.00	Subtotal (line 22 minus line 23)			1,248,894 24.00
25.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			105,802 25.00
26.00	Adjusted reimbursable bad debts (see instructions)			105,802 26.00
27.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			85,105 27.00
28.00	Subtotal (sum of lines 24 and 25, or line 26)			1,354,696 28.00
29.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 29.00
29.99	Recovery of Accelerated Depreciation			0 29.99
30.00	Subtotal (line 28, plus or minus lines 29)			1,354,696 30.00
31.00	Interim payments			1,256,813 31.00
32.00	Tentative settlement (for contractor use only)			0 32.00
33.00	Balance due provider/program (line 30 minus the sum of lines 31, and 32)			97,883 33.00
34.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			43,784 34.00

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

Provider CCN: 151306

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

Worksheet G
Date/Time Prepared:
5/29/2013 11:36 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	17,881,297	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	2,424,795	0	0	0	4.00
5.00	Other receivable	381,767	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00	Inventory	549,838	0	0	0	7.00
8.00	Prepaid expenses	714,179	0	0	0	8.00
9.00	Other current assets	0	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	21,951,876	0	0	0	11.00
FIXED ASSETS						
12.00	Land	0	0	0	0	12.00
13.00	Land improvements	0	0	0	0	13.00
14.00	Accumulated depreciation	0	0	0	0	14.00
15.00	Buildings	14,649,451	0	0	0	15.00
16.00	Accumulated depreciation	-7,632,640	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	0	0	0	0	23.00
24.00	Accumulated depreciation	0	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	7,016,811	0	0	0	30.00
OTHER ASSETS						
31.00	Investments	4,266,495	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	0	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	4,266,495	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	33,235,182	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	657,775	0	0	0	37.00
38.00	Salaries, wages, and fees payable	1,112,954	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	437,840	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	290,000	0	0	0	43.00
44.00	Other current liabilities	2,757,327	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	5,255,896	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	2,298,640	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	30,663	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	2,329,303	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	7,585,199	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	25,649,983				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)	25,649,983	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	33,235,182	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 151306

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

Worksheet G-1

Date/Time Prepared:
5/29/2013 11:36 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		21,973,000			0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		4,057,940				2.00
3.00	Total (sum of line 1 and line 2)		26,030,940			0	3.00
4.00	PY ROUNDING VARIANCE	447		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		447			0	10.00
11.00	Subtotal (line 3 plus line 10)		26,031,387			0	11.00
12.00	RELATED-PARTY TRANSFERS	381,404		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		381,404			0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		25,649,983			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	PY ROUNDING VARIANCE		0				4.00
5.00			0				5.00
6.00			0				6.00
7.00			0				7.00
8.00			0				8.00
9.00			0				9.00
10.00	Total additions (sum of line 4-9)	0		0			10.00
11.00	Subtotal (line 3 plus line 10)	0		0			11.00
12.00	RELATED-PARTY TRANSFERS		0				12.00
13.00			0				13.00
14.00			0				14.00
15.00			0				15.00
16.00			0				16.00
17.00			0				17.00
18.00	Total deductions (sum of lines 12-17)	0		0			18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0			19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 151306

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/29/2013 11:36 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	1,021,704		1,021,704	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	90,954		90,954	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	1,112,658		1,112,658	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	0		0	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	0		0	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	1,112,658		1,112,658	17.00
18.00	Ancillary services	4,373,274	44,699,106	49,072,380	18.00
19.00	Outpatient services	0	966,690	966,690	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	3,623,693	3,623,693	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	CASH COLLECTIONS	360	19,015	19,375	27.00
27.01	PHYSICIAN FEES	32,933	813,423	846,356	27.01
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	5,519,225	50,121,927	55,641,152	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		23,571,876		29.00
30.00		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	DEPRECIATION ADJ HISTORICAL VS GAAP	63,751			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)		63,751		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		23,508,125		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 151306

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

Worksheet G-3

Date/Time Prepared:
5/29/2013 11:36 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	55,641,152	1.00
2.00	Less contractual allowances and discounts on patients' accounts	29,836,512	2.00
3.00	Net patient revenues (line 1 minus line 2)	25,804,640	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	23,508,125	4.00
5.00	Net income from service to patients (line 3 minus line 4)	2,296,515	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	188,922	6.00
7.00	Income from investments	428,821	7.00
8.00	Revenues from telephone and telegraph service	7,535	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	43,646	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	8,706	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	11,255	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	2,718	21.00
22.00	Rental of hospital space	95,575	22.00
23.00	Governmental appropriations	967,464	23.00
24.00	ALL OTHER REVENUE	6,783	24.00
25.00	Total other income (sum of lines 6-24)	1,761,425	25.00
26.00	Total (line 5 plus line 25)	4,057,940	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)	4,057,940	29.00