

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: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet 5 Parts I-III Date/Time Prepared: 5/30/2013 2:56 pm
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<b>PART I - COST REPORT STATUS</b>			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/30/2013	Time: 2:56 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 PORTER MEMORIAL HOSPITAL ( 150035 ) 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			
<b>PART III - SETTLEMENT SUMMARY</b>						
1.00 Hospital	0	-511,634	-60,048	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	-21,181	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	-532,815	-60,048	0	0	200.00

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

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**Encryption Information**

**ECR:** Date: 5/30/2013 Time: 2:56 pm  
WLuD6THgF:QwubKXzve:uqB:KIqg60  
PA6wQ0LgD7cLAtlJbGhjaLRfLa04GB  
l0a700oqXv0Gg0Ao  
**PI:** Date: 5/30/2013 Time: 2:56 pm  
wMbc0yQF9wd8C1wFSPXI3qB13C4Ko0  
vUgFS0ExscvvhUfki6Z.or8bh1yKtB  
sHmV0wXEM90XlJvr

(Signed)

\_\_\_\_\_  
Officer or Administrator of Provider(s)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
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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	-532,815	-60,048	0	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 2:43 pm
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	1.00	2.00	3.00	4.00	
<b>Hospital and Hospital Health Care Complex Address:</b>					
1.00	Street: 85 EAST US HIGHWAY 6		PO Box:		1.00
2.00	City: VALPARAISO		State: IN	Zip Code: 46383	County: PORTER 2.00

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
						V	XVIII	XIX	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	

<b>Hospital and Hospital-Based Component Identification:</b>										
3.00	Hospital	PORTER MEMORIAL HOSPITAL	150035	23844	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF	PORTER REHAB UNIT	15T035	23844	5	01/01/2009	N	P	O	5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									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)	4		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
	1.00	2.00	3.00	4.00	5.00	6.00		
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	2,780	156	5	18	4,680	278	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.	52	22	0	0	61	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 2:43 pm		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
<b>Prospective Payment System (PPS)-Capital</b>						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
<b>Teaching Hospitals</b>						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
<b>ACA Provisions Affecting the Health Resources and Services Administration (HRSA)</b>						
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
<b>Teaching Hospitals that Claim Residents in Non-Provider Settings</b>						
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		
<b>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.</b>						
64.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 150035

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

Worksheet S-2  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	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	
<b>Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010</b>							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	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

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		1.00	2.00	3.00		
<b>Inpatient Psychiatric Facility PPS</b>						
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
<b>Inpatient Rehabilitation Facility PPS</b>						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N			0	76.00
				1.00		
<b>Long Term Care Hospital PPS</b>						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
<b>TEFRA Providers</b>						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V	XIX			
		1.00	2.00			
<b>Title V and XIX Services</b>						
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
<b>Rural Providers</b>						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
		1.00	2.00	3.00		
<b>Miscellaneous Cost Reporting Information</b>						
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.	N				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 2:43 pm	
		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	20,843	757,542		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
<b>Transplant Center Information</b>					
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
<b>All Providers</b>					
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	449008	140.00
		1.00	2.00	3.00	
<b>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.</b>					
141.00	Name: CHS/COMMUNITY HEALTH SYSTEMS INC	Contractor's Name: WISCONSIN PHYSICIAN SERVICES		Contractor's Number: 522280	
142.00	Street: 4000 MERIDIAN BLVD	PO Box:			
143.00	City: FRANKLIN	State: TN		Zip Code: 37067	
				1.00	
144.00	Are provider based physicians' costs included in worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
<b>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)</b>					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 150035		Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 2:43 pm		
							1.00	
<b>Multicampus</b>								
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		<b>Name</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>	<b>CBSA</b>	<b>FTE/Campus</b>	
		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	
<b>Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act</b>								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)							0168.00
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

		Y/N	Date	
		1.00	2.00	
<b>General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.</b>				
<b>COMPLETED BY ALL HOSPITALS</b>				
<b>Provider Organization and Operation</b>				
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
<b>Financial Data and Reports</b>				
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.	N		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	
<b>Approved Educational Activities</b>				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	Y	Y	6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	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	
<b>Bad Debts</b>				
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
<b>Bed Complement</b>				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		Y	15.00
		Part A		Part B
		Y/N	Date	Y/N
		1.00	2.00	3.00
<b>PS&amp;R Data</b>				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	05/01/2013	Y
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		N
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N

	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	
<b>COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)</b>					
<b>Capital Related Cost</b>					
22.00	Have assets been relifed 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
<b>Interest Expense</b>					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.			N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions			N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.			N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.			N	31.00
<b>Purchased Services</b>					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.			Y	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.			Y	33.00
<b>Provider-Based Physicians</b>					
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
<b>Home Office Costs</b>					
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	12/31/2012
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
<b>Cost Report Preparer Contact Information</b>					
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.	CHARLIE	CANON		41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH SYSTEMS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-465-2686	CHARLES_CANON@CHS.NET		43.00

		Part B	
		Date	
		4.00	
<b>PS&amp;R Data</b>			
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)	05/01/2013	16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
<b>Cost Report Preparer Contact Information</b>			
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.	REVENUE MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HFS Supplemental Information

Provider CCN: 150035

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

Worksheet S-2  
Part IX  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Title V	Title XIX	
		1.00	2.00	
<b>TITLES V AND/OR XIX FOLLOWING MEDICARE</b>				
1.00	Do Title V or XIX follow Medicare (Title XVIII) for the Interns and Residence post stepdown adjustments on w/S B, Part I, column 25? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	1.00
2.00	Do Title V or XIX follow Medicare (Title XVIII) for the reporting of charges on w/S C, Part I (e.g. net of Physician's component)? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	2.00
3.00	Do Title V or XIX follow Medicare (Title XVIII) for the calculation of Observation Bed Cost on w/S D-1, Part IV, line 89? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	3.00
		Inpatient	Outpatient	
		1.00	2.00	
<b>CRITICAL ACCESS HOSPITALS</b>				
4.00	Does Title V follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	4.00
5.00	Does Title XIX follow Medicare (Title XVIII) for Critical Access Hospitals (CAH) being reimbursed 101% of cost? Enter Y or N in column 1 for inpatient and Y or N in column 2 for outpatient.	N	N	5.00
		Title V	Title XIX	
		1.00	2.00	
<b>RCE DISALLOWANCE</b>				
6.00	Do Title V or XIX follow Medicare and add back the RCE Disallowance on w/S C, Part I column 4? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	6.00
<b>PASS THROUGH COST</b>				
7.00	Do Title V or XIX follow Medicare when cost reimbursed (payment system is "0") for worksheets D, parts I through IV? Enter Y/N in column 1 for Title V and Y/N in column 2 for Title XIX.	Y	Y	7.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150035

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

Component	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P Visits / Trips	
	Line Number				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	210	76,698	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		210	76,698	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	28	10,284	0.00	0	8.00
8.01 NEONATAL INTENSIVE CARE UNIT	31.01	19	6,790	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		257	93,772	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0		0	16.00
17.00 SUBPROVIDER - IRF	41.00	11	4,026		0	17.00
18.00 SUBPROVIDER	42.00	0	0		0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		0	19.00
20.00 NURSING FACILITY	45.00	0	0		0	20.00
21.00 OTHER LONG TERM CARE	46.00	0	0		0	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		268			0	27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Visits / Trips				Full Time Equivalentents	
Component	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	22,939	3,054	41,320			1.00
2.00 HMO	550	2,398				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	63	61				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	22,939	3,054	41,320			7.00
8.00 INTENSIVE CARE UNIT	3,770	0	6,944			8.00
8.01 NEONATAL INTENSIVE CARE UNIT	0	0	1,982			8.01
9.00 CORONARY CARE UNIT	0	0	0			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		2,465	2,575			13.00
14.00 Total (see instructions)	26,709	5,519	52,821	0.00	1,469.29	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	2,248	74	3,060	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE			0	0.00	0.00	21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 150035

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

Worksheet S-3  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
25.00	CMHC - CMHC						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	1,469.29	27.00
28.00	Observation Bed Days		0	2,635			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			Total All Patients	
		Nonpaid Workers	Title V	Title XVIII	Title XIX		
		11.00	12.00	13.00	14.00		
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	5,466	1,240	12,473	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NEONATAL INTENSIVE CARE UNIT						8.01
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	5,466	1,240	12,473	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	194	4	264	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						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0.00					25.10
26.00	RURAL HEALTH CLINIC	0.00					26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150035

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2013 2:43 pm

	Worksheet A Line Number	Amount Reported	ReClassificati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART II - WAGE DATA</b>							
<b>SALARIES</b>							
1.00	Total salaries (see instructions)	200.00	79,778,041	0	79,778,041	3,056,113.00	26.10
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		218,561	0	218,561	1,448.00	150.94
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		967,476	342,840	1,310,316	44,115.00	29.70
<b>OTHER WAGES &amp; RELATED COSTS</b>							
11.00	Contract labor (see instructions)		5,242,023	0	5,242,023	77,665.00	67.50
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract labor: Physician-Part A - Administrative		55,000	0	55,000	430.00	127.91
14.00	Home office salaries & wage-related costs		4,451,248	0	4,451,248	63,112.00	70.53
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
<b>WAGE-RELATED COSTS</b>							
17.00	Wage-related costs (core) wkst S-3, Part IV line 24		18,200,260	0	18,200,260		
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		289,579	0	289,579		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		18,758	0	18,758		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	wage-related costs (RHC/FQHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
<b>OVERHEAD COSTS - DIRECT SALARIES</b>							
26.00	Employee Benefits	4.00	608,846	0	608,846	20,073.00	30.33
27.00	Administrative & General	5.00	11,041,117	-632,432	10,408,685	418,776.00	24.86
28.00	Administrative & General under contract (see inst.)		472,821	0	472,821	7,964.88	59.36
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,919,094	0	1,919,094	82,093.00	23.38
31.00	Laundry & Linen Service	8.00	118,910	0	118,910	9,444.00	12.59
32.00	Housekeeping	9.00	1,887,742	0	1,887,742	161,805.00	11.67
33.00	Housekeeping under contract (see instructions)		214,710	0	214,710	7,476.00	28.72
34.00	Dietary	10.00	2,113,149	-1,177,737	935,412	65,131.19	14.36
35.00	Dietary under contract (see instructions)		243,837	0	243,837	6,890.00	35.39
36.00	Cafeteria	11.00	0	1,177,737	1,177,737	82,003.81	14.36
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	2,897,178	289,592	3,186,770	87,278.00	36.51
39.00	Central Services and Supply	14.00	860,092	0	860,092	61,912.00	13.89
40.00	Pharmacy	15.00	2,487,430	0	2,487,430	57,431.00	43.31
41.00	Medical Records & Medical Records Library	16.00	1,663,580	0	1,663,580	83,438.00	19.94

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150035

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

Worksheet S-3  
Part II  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Social Service	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 150035

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

Worksheet S-3  
Part III  
Date/Time Prepared:  
5/30/2013 2:43 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
<b>PART III - HOSPITAL WAGE INDEX SUMMARY</b>							
1.00	Net salaries (see instructions)	80,709,409	0	80,709,409	3,078,443.88	26.22	1.00
2.00	Excluded area salaries (see instructions)	967,476	342,840	1,310,316	44,115.00	29.70	2.00
3.00	Subtotal salaries (line 1 minus line 2)	79,741,933	-342,840	79,399,093	3,034,328.88	26.17	3.00
4.00	Subtotal other wages & related costs (see inst.)	9,748,271	0	9,748,271	141,207.00	69.04	4.00
5.00	Subtotal wage-related costs (see inst.)	18,219,018	0	18,219,018	0.00	22.95	5.00
6.00	Total (sum of lines 3 thru 5)	107,709,222	-342,840	107,366,382	3,175,535.88	33.81	6.00
7.00	Total overhead cost (see instructions)	26,528,506	-342,840	26,185,666	1,151,715.88	22.74	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 150035

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

Worksheet S-3  
Part IV  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Amount Reported	
		1.00	
<b>PART IV - WAGE RELATED COSTS</b>			
<b>Part A - Core List</b>			
<b>RETIREMENT COST</b>			
1.00	401K Employer Contributions	1,955,904	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
<b>PLAN ADMINISTRATIVE COSTS (Paid to External Organization)</b>			
5.00	401K/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
<b>HEALTH AND INSURANCE COST</b>			
8.00	Health Insurance (Purchased or Self Funded)	8,435,473	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	395,979	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	82,158	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	13,699	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	336,627	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	957,334	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
<b>TAXES</b>			
17.00	FICA-Employers Portion Only	4,604,507	17.00
18.00	Medicare Taxes - Employers Portion Only	1,076,860	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	519,086	20.00
<b>OTHER</b>			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	18,377,627	24.00
<b>Part B - Other than Core Related Cost</b>			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 150035

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

Worksheet S-3  
Part V  
Date/Time Prepared:  
5/30/2013 2:43 pm

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

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 2:43 pm
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				1.00	
<b>Uncompensated and indigent care cost computation</b>					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.194234		1.00
<b>Medicaid (see instructions for each line)</b>					
2.00	Net revenue from Medicaid		17,197,011		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		102,541,120		6.00
7.00	Medicaid cost (line 1 times line 6)		19,916,972		7.00
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		2,719,961		8.00
<b>State Children's Health Insurance Program (SCHIP) (see instructions for each line)</b>					
9.00	Net revenue from stand-alone SCHIP		2,370		9.00
10.00	Stand-alone SCHIP charges		16,279		10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)		3,162		11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		792		12.00
<b>Other state or local government indigent care program (see instructions for each line)</b>					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		1,245,783		13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		9,199,264		14.00
15.00	State or local indigent care program cost (line 1 times line 14)		1,786,810		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)		541,027		16.00
<b>Uncompensated care (see instructions for each line)</b>					
17.00	Private grants, donations, or endowment income restricted to funding charity care		1,000		17.00
18.00	Government grants, appropriations or transfers for support of hospital operations		2,796		18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		3,261,780		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	4,204,743	1,170,328	5,375,071	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	816,704	227,317	1,044,021	21.00
22.00	Partial payment by patients approved for charity care	0	0	0	22.00
23.00	Cost of charity care (line 21 minus line 22)	816,704	227,317	1,044,021	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)		24,409,840		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		412,630		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		23,997,210		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,661,074		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,705,095		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		8,966,875		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150035

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

Worksheet A

Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		2,895,128	2,895,128	1,954,689	4,849,817	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		7,326,616	7,326,616	1,994,975	9,321,591	2.00
4.00	00400	EMPLOYEE BENEFITS	608,846	665,044	1,273,890	12,305,125	13,579,015	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	11,041,117	92,774,003	103,815,120	-16,963,178	86,851,942	5.00
7.00	00700	OPERATION OF PLANT	1,919,094	6,800,017	8,719,111	-2,444	8,716,667	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	118,910	1,411,716	1,530,626	0	1,530,626	8.00
9.00	00900	HOUSEKEEPING	1,887,742	1,344,738	3,232,480	0	3,232,480	9.00
10.00	01000	DIETARY	2,113,149	1,019,437	3,132,586	-1,750,432	1,382,154	10.00
11.00	01100	CAFETERIA	0	0	0	1,745,907	1,745,907	11.00
13.00	01300	NURSING ADMINISTRATION	2,897,178	666,572	3,563,750	289,592	3,853,342	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	860,092	23,724,849	24,584,941	-23,617,441	967,500	14.00
15.00	01500	PHARMACY	2,487,430	10,922,598	13,410,028	-10,551,107	2,858,921	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,663,580	1,404,542	3,068,122	0	3,068,122	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02341	PARAMEDICAL EDUCATION	0	0	0	48,042	48,042	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	14,510,104	4,090,822	18,600,926	-785,507	17,815,419	30.00
31.00	03100	INTENSIVE CARE UNIT	5,415,036	1,055,506	6,470,542	-6,417	6,464,125	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,452,501	479,448	1,931,949	0	1,931,949	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	914,710	933,335	1,848,045	-708,497	1,139,548	41.00
42.00	04200	SUBPROVIDER	0	68,056	68,056	0	68,056	42.00
43.00	04300	NURSERY	0	0	0	257,432	257,432	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	6,588,333	5,171,183	11,759,516	2,222,869	13,982,385	50.00
51.00	05100	RECOVERY ROOM	1,689,312	291,806	1,981,118	-1,981,118	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,542,188	387,730	1,929,918	480,510	2,410,428	52.00
53.00	05300	ANESTHESIOLOGY	0	914,920	914,920	-88,957	825,963	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,034,017	1,423,538	5,457,555	3,027,023	8,484,578	54.00
54.01	05401	ULTRASOUND	437,404	102,122	539,526	-539,526	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	433,000	782,141	1,215,141	-1,215,141	0	56.00
57.00	05700	CT SCAN	547,943	336,168	884,111	-884,111	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	252,330	142,340	394,670	-394,670	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	4,382,759	7,125,827	11,508,586	-146,367	11,362,219	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	2,104,021	471,693	2,575,714	-100,364	2,475,350	65.00
66.00	06600	PHYSICAL THERAPY	0	1,368,001	1,368,001	1,630,477	2,998,478	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	692,818	692,818	-692,818	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	232,449	232,449	-232,449	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,451,679	1,168,900	4,620,579	410,867	5,031,446	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	2,845,036	2,845,036	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	20,182,224	20,182,224	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	115,018	426,812	541,830	10,393,079	10,934,909	73.00
74.00	07400	RENAL DIALYSIS	0	487,085	487,085	0	487,085	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03025	SLEEP LAB	386,229	74,014	460,243	-460,243	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03026	WOUND CARE	121,454	902,472	1,023,926	-716	1,023,210	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	5,750,099	1,674,326	7,424,425	-49,491	7,374,934	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
99.10	09910	CORF	0	0	0	0	0	99.10

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES			Provider CCN: 150035		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/30/2013 2:43 pm								
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +- col. 4)	
			1.00	2.00	3.00	4.00	5.00	
<b>SPECIAL PURPOSE COST CENTERS</b>								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	79,725,275	181,758,772	261,484,047	-1,383,147	260,100,900	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,741	1,741	0	1,741	192.00
192.01	19201	OTHER NONREIMBURSABLE	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	1,383,147	1,383,147	194.01
194.02	07952	SENIOR CIRCLE	52,766	11,071	63,837	0	63,837	194.02
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	79,778,041	181,771,584	261,549,625	0	261,549,625	200.00
Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation				
			6.00	7.00				
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-3,700,750	1,149,067				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	1,983,232	11,304,823				2.00
4.00	00400	EMPLOYEE BENEFITS	-8,186	13,570,829				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-32,553,346	54,298,596				5.00
7.00	00700	OPERATION OF PLANT	-116,302	8,600,365				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	1,530,626				8.00
9.00	00900	HOUSEKEEPING	-369	3,232,111				9.00
10.00	01000	DIETARY	0	1,382,154				10.00
11.00	01100	CAFETERIA	-123,579	1,622,328				11.00
13.00	01300	NURSING ADMINISTRATION	-42,906	3,810,436				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	967,500				14.00
15.00	01500	PHARMACY	0	2,858,921				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-591	3,067,531				16.00
17.00	01700	SOCIAL SERVICE	0	0				17.00
23.00	02341	PARAMEDICAL EDUCATION	32,323	80,365				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	-1,449,338	16,366,081				30.00
31.00	03100	INTENSIVE CARE UNIT	0	6,464,125				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	-275,400	1,656,549				31.01
32.00	03200	CORONARY CARE UNIT	0	0				32.00
40.00	04000	SUBPROVIDER - IPF	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	1,139,548				41.00
42.00	04200	SUBPROVIDER	0	68,056				42.00
43.00	04300	NURSERY	0	257,432				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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	-418,212	13,564,173				50.00
51.00	05100	RECOVERY ROOM	0	0				51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,410,428				52.00
53.00	05300	ANESTHESIOLOGY	-691,792	134,171				53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-143,579	8,340,999				54.00
54.01	05401	ULTRASOUND	0	0				54.01
54.02	05402	CT SCAN	0	0				54.02
54.03	05403	MRI	0	0				54.03
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	-4	11,362,215				60.00
60.01	06001	BLOOD LABORATORY	0	0				60.01
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	2,475,350				65.00
66.00	06600	PHYSICAL THERAPY	0	2,998,478				66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0				67.00
68.00	06800	SPEECH PATHOLOGY	0	0				68.00
69.00	06900	ELECTROCARDIOLOGY	-6,750	5,024,696				69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0				70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,845,036				71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	20,182,224				72.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 150035

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

Worksheet A  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description			Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	-9,609	10,925,300	73.00
74.00	07400	RENAL DIALYSIS	0	487,085	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03025	SLEEP LAB	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	76.02
76.03	03026	WOUND CARE	0	1,023,210	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	-260,750	7,114,184	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
99.10	09910	CORF	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>					
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	-37,785,908	222,314,992	118.00
<b>NONREIMBURSABLE COST CENTERS</b>					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,741	192.00
192.01	19201	OTHER NONREIMBURSABLE	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	194.00
194.01	07951	MARKETING	0	1,383,147	194.01
194.02	07952	SENIOR CIRCLE	0	63,837	194.02
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.04
200.00		TOTAL (SUM OF LINES 118-199)	-37,785,908	223,763,717	200.00

COST CENTERS USED IN COST REPORT

Provider CCN: 150035

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

Worksheet Non-CMS W  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00 NEW CAP REL COSTS-BLDG & FIXT	00100		1.00
2.00 NEW CAP REL COSTS-MVBLE EQUIP	00200		2.00
4.00 EMPLOYEE BENEFITS	00400		4.00
5.00 ADMINISTRATIVE & GENERAL	00500		5.00
7.00 OPERATION OF PLANT	00700		7.00
8.00 LAUNDRY & LINEN SERVICE	00800		8.00
9.00 HOUSEKEEPING	00900		9.00
10.00 DIETARY	01000		10.00
11.00 CAFETERIA	01100		11.00
13.00 NURSING ADMINISTRATION	01300		13.00
14.00 CENTRAL SERVICES & SUPPLY	01400		14.00
15.00 PHARMACY	01500		15.00
16.00 MEDICAL RECORDS & LIBRARY	01600		16.00
17.00 SOCIAL SERVICE	01700		17.00
23.00 PARAMEDICAL EDUCATION	02341		23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00 ADULTS & PEDIATRICS	03000		30.00
31.00 INTENSIVE CARE UNIT	03100		31.00
31.01 NEONATAL INTENSIVE CARE UNIT	03101		31.01
32.00 CORONARY CARE UNIT	03200		32.00
40.00 SUBPROVIDER - IPF	04000		40.00
41.00 SUBPROVIDER - IRF	04100		41.00
42.00 SUBPROVIDER	04200		42.00
43.00 NURSERY	04300		43.00
44.00 SKILLED NURSING FACILITY	04400		44.00
45.00 NURSING FACILITY	04500		45.00
46.00 OTHER LONG TERM CARE	04600		46.00
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00 OPERATING ROOM	05000		50.00
51.00 RECOVERY ROOM	05100		51.00
52.00 DELIVERY ROOM & LABOR ROOM	05200		52.00
53.00 ANESTHESIOLOGY	05300		53.00
54.00 RADIOLOGY-DIAGNOSTIC	05400		54.00
54.01 ULTRASOUND	05401		54.01
54.02 CT SCAN	05402		54.02
54.03 MRI	05403		54.03
56.00 RADIOISOTOPE	05600		56.00
57.00 CT SCAN	05700		57.00
58.00 MAGNETIC RESONANCE IMAGING (MRI)	05800		58.00
59.00 CARDIAC CATHETERIZATION	05900		59.00
60.00 LABORATORY	06000		60.00
60.01 BLOOD LABORATORY	06001		60.01
62.00 WHOLE BLOOD & PACKED RED BLOOD CELLS	06200		62.00
63.00 BLOOD STORING, PROCESSING & TRANS.	06300		63.00
64.00 INTRAVENOUS THERAPY	06400		64.00
65.00 RESPIRATORY THERAPY	06500		65.00
66.00 PHYSICAL THERAPY	06600		66.00
67.00 OCCUPATIONAL THERAPY	06700		67.00
68.00 SPEECH PATHOLOGY	06800		68.00
69.00 ELECTROCARDIOLOGY	06900		69.00
70.00 ELECTROENCEPHALOGRAPHY	07000		70.00
71.00 MEDICAL SUPPLIES CHARGED TO PATIENTS	07100		71.00
72.00 IMPL. DEV. CHARGED TO PATIENT	07200		72.00
73.00 DRUGS CHARGED TO PATIENTS	07300		73.00
74.00 RENAL DIALYSIS	07400		74.00
76.00 OTHER ANCILLARY	03020		76.00
76.01 SLEEP LAB	03025		76.01
76.02 PSYCH SERVICES	03021		76.02
76.03 WOUND CARE	03026		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00 RURAL HEALTH CLINIC	08800		88.00
89.00 FEDERALLY QUALIFIED HEALTH CENTER	08900		89.00
90.00 CLINIC	09000		90.00
91.00 EMERGENCY	09100		91.00
92.00 OBSERVATION BEDS (NON-DISTINCT PART)	09200		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00 AMBULANCE SERVICES	09500		95.00
96.00 DURABLE MEDICAL EQUIP-RENTED	09600		96.00
97.00 DURABLE MEDICAL EQUIP-SOLD	09700		97.00
99.10 CORF	09910		99.10

COST CENTERS USED IN COST REPORT

Provider CCN: 150035

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

Worksheet Non-CMS w  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description	CMS Code	Standard Label For Non-Standard Codes	
	1.00	2.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00 PANCREAS ACQUISITION	10900		109.00
110.00 INTESTINAL ACQUISITION	11000		110.00
111.00 ISLET ACQUISITION	11100		111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)			118.00
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00 GIFT, FLOWER, COFFEE SHOP & CANTEEN	19000		190.00
192.00 PHYSICIANS' PRIVATE OFFICES	19200		192.00
192.01 OTHER NONREIMBURSABLE	19201		192.01
194.00 OTHER NONREIMBURSABLE	07950		194.00
194.01 MARKETING	07951		194.01
194.02 SENIOR CIRCLE	07952		194.02
194.03 OTHER NONREIMB COST C - REGENCY LTAC	07953		194.03
194.04 OTHER NONREIMBURSABLE COST CENTERS	07954		194.04
200.00 TOTAL (SUM OF LINES 118-199)			200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
<b>A - EMPLOYEE BENEFITS</b>					
1.00	EMPLOYEE BENEFITS	4.00	0	12,305,125	1.00
	TOTALS		0	12,305,125	
<b>B - OXYGEN COSTS</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	63,408	1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	21	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
	TOTALS		0	63,429	
<b>C - RENTAL AND LEASE EXPENSES</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	345,145	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	1,863,046	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
	TOTALS		0	2,208,191	
<b>D - OTHER CAPITAL COSTS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	314,563	1.00
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,294,981	2.00
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	131,929	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	1,741,473	
<b>E - MARKETING DEPARTMENT</b>					
1.00	MARKETING	194.01	342,840	1,040,307	1.00
	TOTALS		342,840	1,040,307	
<b>F - CHIEF NURSING OFFICER COST</b>					
1.00	NURSING ADMINISTRATION	13.00	289,592	0	1.00
	TOTALS		289,592	0	
<b>G - MEDICAL SUPPLIES</b>					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	2,781,628	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	20,182,224	2.00
3.00	OPERATING ROOM	50.00	0	606,839	3.00
	TOTALS		0	23,570,691	
<b>H - COST OF DRUGS/IV SOLUTIONS</b>					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	10,796,992	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
	TOTALS		0	10,796,992	
<b>I - LABOR AND DELIVERY COSTS</b>					
1.00	NURSERY	43.00	269,916	0	1.00
2.00	DELIVERY ROOM & LABOR ROOM	52.00	456,696	23,814	2.00
	TOTALS		726,612	23,814	
<b>J - PT, OT, AND ST COSTS</b>					
1.00	PHYSICAL THERAPY	66.00	0	925,267	1.00
2.00		0.00	0	0	2.00
	TOTALS		0	925,267	
<b>K - RECOVERY ROOM</b>					
1.00	OPERATING ROOM	50.00	1,689,312	291,806	1.00
	TOTALS		1,689,312	291,806	
<b>L - OTHER RADIOLOGY COST</b>					
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,670,677	1,362,771	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00

Provider CCN: 150035

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

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		Increases				
Cost Center		Line #	Salary	Other		
4.00	2.00	3.00	4.00	5.00		
		0.00	0	0		
	TOTALS		1,670,677	1,362,771	4.00	
<b>M - DIETARY COSTS TO CAFETERIA</b>						
1.00	CAFETERIA	11.00	1,177,737	568,170	1.00	
	TOTALS		1,177,737	568,170		
<b>N - REHAB THERAPY COSTS</b>						
1.00	PHYSICAL THERAPY	66.00	0	705,210	1.00	
	TOTALS		0	705,210		
<b>O - SLEEP LAB COSTS TO EKG</b>						
1.00	ELECTROCARDIOLOGY	69.00	386,229	67,488	1.00	
	TOTALS		386,229	67,488		
<b>P - PARAMEDICAL EDUCATION</b>						
1.00	PARAMEDICAL EDUCATION	23.00	0	48,042	1.00	
	TOTALS		0	48,042		
500.00	Grand Total: Increases		6,282,999	55,718,776	500.00	

		Decreases				
	Cost Center	Line #	Salary	Other	wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>A - EMPLOYEE BENEFITS</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	12,305,125	0	1.00
	TOTALS		0	12,305,125		
<b>B - OXYGEN COSTS</b>						
1.00	OPERATING ROOM	50.00	0	2,738	0	1.00
2.00	LABORATORY	60.00	0	186	0	2.00
3.00	RESPIRATORY THERAPY	65.00	0	58,671	0	3.00
4.00	WOUND CARE	76.03	0	385	0	4.00
5.00	EMERGENCY	91.00	0	1,449	0	5.00
	TOTALS		0	63,429		
<b>C - RENTAL AND LEASE EXPENSES</b>						
1.00	ADULTS & PEDIATRICS	30.00	0	47,565	10	1.00
2.00	WOUND CARE	76.03	0	331	10	2.00
3.00	INTENSIVE CARE UNIT	31.00	0	6,417	0	3.00
4.00	SUBPROVIDER - IRF	41.00	0	3,287	0	4.00
5.00	ELECTROCARDIOLOGY	69.00	0	42,850	0	5.00
6.00	OPERATING ROOM	50.00	0	362,350	0	6.00
7.00	CENTRAL SERVICES & SUPPLY	14.00	0	46,771	0	7.00
8.00	PHARMACY	15.00	0	212,260	0	8.00
9.00	LABORATORY	60.00	0	146,181	0	9.00
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	6,425	0	10.00
11.00	RESPIRATORY THERAPY	65.00	0	41,693	0	11.00
12.00	SLEEP LAB	76.01	0	6,526	0	12.00
13.00	DRUGS CHARGED TO PATIENTS	73.00	0	34,725	0	13.00
14.00	OPERATION OF PLANT	7.00	0	2,444	0	14.00
15.00	DIETARY	10.00	0	4,525	0	15.00
16.00	ADMINISTRATIVE & GENERAL	5.00	0	1,243,841	0	16.00
17.00		0.00	0	0	10	17.00
	TOTALS		0	2,208,191		
<b>D - OTHER CAPITAL COSTS</b>						
1.00		0.00	0	0	12	1.00
2.00		0.00	0	0	13	2.00
3.00		0.00	0	0	12	3.00
4.00	ADMINISTRATIVE & GENERAL	5.00	0	1,741,473	0	4.00
	TOTALS		0	1,741,473		
<b>E - MARKETING DEPARTMENT</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	342,840	1,040,307	0	1.00
	TOTALS		342,840	1,040,307		
<b>F - CHIEF NURSING OFFICER COST</b>						
1.00	ADMINISTRATIVE & GENERAL	5.00	289,592	0	0	1.00
	TOTALS		289,592	0		
<b>G - MEDICAL SUPPLIES</b>						
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	23,570,691	0	1.00
2.00		0.00	0	0	0	2.00
3.00		0.00	0	0	0	3.00
	TOTALS		0	23,570,691		
<b>H - COST OF DRUGS/IV SOLUTIONS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	369,188	0	1.00
2.00	PHARMACY	15.00	0	10,338,847	0	2.00
3.00	ANESTHESIOLOGY	53.00	0	88,957	0	3.00
	TOTALS		0	10,796,992		
<b>I - LABOR AND DELIVERY COSTS</b>						
1.00	ADULTS & PEDIATRICS	30.00	726,612	11,330	0	1.00
2.00	NURSERY	43.00	0	12,484	0	2.00
	TOTALS		726,612	23,814		
<b>J - PT, OT, AND ST COSTS</b>						
1.00	OCCUPATIONAL THERAPY	67.00	0	692,818	0	1.00
2.00	SPEECH PATHOLOGY	68.00	0	232,449	0	2.00
	TOTALS		0	925,267		
<b>K - RECOVERY ROOM</b>						
1.00	RECOVERY ROOM	51.00	1,689,312	291,806	0	1.00
	TOTALS		1,689,312	291,806		
<b>L - OTHER RADIOLOGY COST</b>						
1.00	ULTRASOUND	54.01	437,404	102,122	0	1.00
2.00	RADIOISOTOPE	56.00	433,000	782,141	0	2.00
3.00	CT SCAN	57.00	547,943	336,168	0	3.00
4.00	MAGNETIC RESONANCE IMAGING (MRI)	58.00	252,330	142,340	0	4.00
	TOTALS		1,670,677	1,362,771		
<b>M - DIETARY COSTS TO CAFETERIA</b>						
1.00	DIETARY	10.00	1,177,737	568,170	0	1.00
	TOTALS		1,177,737	568,170		

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Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
<b>N - REHAB THERAPY COSTS</b>						
1.00	SUBPROVIDER - IRF	41.00	0	705,210	0	1.00
	TOTALS		0	705,210		
<b>O - SLEEP LAB COSTS TO EKG</b>						
1.00	SLEEP LAB	76.01	386,229	67,488	0	1.00
	TOTALS		386,229	67,488		
<b>P - PARAMEDICAL EDUCATION</b>						
1.00	EMERGENCY	91.00	0	48,042	0	1.00
	TOTALS		0	48,042		
500.00	Grand Total: Decreases		6,282,999	55,718,776		500.00

		Increases		Decreases		
	Cost Center	Line #	Salary	Cost Center	Line #	Salary
	2.00	3.00	4.00	6.00	7.00	8.00
<b>A - EMPLOYEE BENEFITS</b>						
1.00	EMPLOYEE BENEFITS	4.00	0	ADMINISTRATIVE & GENERAL	5.00	0
	TOTALS		0	TOTALS		0
<b>B - OXYGEN COSTS</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	OPERATING ROOM	50.00	0
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	LABORATORY	60.00	0
3.00		0.00	0	RESPIRATORY THERAPY	65.00	0
4.00		0.00	0	WOUND CARE	76.03	0
5.00		0.00	0	EMERGENCY	91.00	0
	TOTALS		0	TOTALS		0
<b>C - RENTAL AND LEASE EXPENSES</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	ADULTS & PEDIATRICS	30.00	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	WOUND CARE	76.03	0
3.00		0.00	0	INTENSIVE CARE UNIT	31.00	0
4.00		0.00	0	SUBPROVIDER - IRF	41.00	0
5.00		0.00	0	ELECTROCARDIOLOGY	69.00	0
6.00		0.00	0	OPERATING ROOM	50.00	0
7.00		0.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
8.00		0.00	0	PHARMACY	15.00	0
9.00		0.00	0	LABORATORY	60.00	0
10.00		0.00	0	RADIOLOGY-DIAGNOSTIC	54.00	0
11.00		0.00	0	RESPIRATORY THERAPY	65.00	0
12.00		0.00	0	SLEEP LAB	76.01	0
13.00		0.00	0	DRUGS CHARGED TO PATIENTS	73.00	0
14.00		0.00	0	OPERATION OF PLANT	7.00	0
15.00		0.00	0	DIETARY	10.00	0
16.00		0.00	0	ADMINISTRATIVE & GENERAL	5.00	0
	TOTALS		0	TOTALS		0
<b>D - OTHER CAPITAL COSTS</b>						
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0		0.00	0
2.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0		0.00	0
3.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0		0.00	0
4.00		0.00	0	ADMINISTRATIVE & GENERAL	5.00	0
	TOTALS		0	TOTALS		0
<b>E - MARKETING DEPARTMENT</b>						
1.00	MARKETING	194.01	342,840	ADMINISTRATIVE & GENERAL	5.00	342,840
	TOTALS		342,840	TOTALS		342,840
<b>F - CHIEF NURSING OFFICER COST</b>						
1.00	NURSING ADMINISTRATION	13.00	289,592	ADMINISTRATIVE & GENERAL	5.00	289,592
	TOTALS		289,592	TOTALS		289,592
<b>G - MEDICAL SUPPLIES</b>						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	CENTRAL SERVICES & SUPPLY	14.00	0
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0		0.00	0
3.00	OPERATING ROOM	50.00	0		0.00	0
	TOTALS		0	TOTALS		0
<b>H - COST OF DRUGS/IV SOLUTIONS</b>						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	DRUGS CHARGED TO PATIENTS	73.00	0
2.00		0.00	0	PHARMACY	15.00	0
3.00		0.00	0	ANESTHESIOLOGY	53.00	0
	TOTALS		0	TOTALS		0
<b>I - LABOR AND DELIVERY COSTS</b>						
1.00	NURSERY	43.00	269,916	ADULTS & PEDIATRICS	30.00	726,612
2.00	DELIVERY ROOM & LABOR ROOM	52.00	456,696	NURSERY	43.00	0
	TOTALS		726,612	TOTALS		726,612
<b>J - PT, OT, AND ST COSTS</b>						
1.00	PHYSICAL THERAPY	66.00	0	OCCUPATIONAL THERAPY	67.00	0
2.00		0.00	0	SPEECH PATHOLOGY	68.00	0
	TOTALS		0	TOTALS		0
<b>K - RECOVERY ROOM</b>						
1.00	OPERATING ROOM	50.00	1,689,312	RECOVERY ROOM	51.00	1,689,312
	TOTALS		1,689,312	TOTALS		1,689,312
<b>L - OTHER RADIOLOGY COST</b>						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,670,677	ULTRASOUND	54.01	437,404
2.00		0.00	0	RADIOISOTOPE	56.00	433,000
3.00		0.00	0	CT SCAN	57.00	547,943

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	Increases			Decreases			
	Cost Center	Line #	Salary	Cost Center	Line #	Salary	
	2.00	3.00	4.00	6.00	7.00	8.00	
4.00		0.00		MAGNETIC RESONANCE IMAGING (MRI)	58.00	252,330	4.00
	TOTALS		1,670,677	TOTALS		1,670,677	
<b>M - DIETARY COSTS TO CAFETERIA</b>							
1.00	CAFETERIA	11.00	1,177,737	DIETARY	10.00	1,177,737	1.00
	TOTALS		1,177,737	TOTALS		1,177,737	
<b>N - REHAB THERAPY COSTS</b>							
1.00	PHYSICAL THERAPY	66.00	0	SUBPROVIDER - IRF	41.00	0	1.00
	TOTALS		0	TOTALS		0	
<b>O - SLEEP LAB COSTS TO EKG</b>							
1.00	ELECTROCARDIOLOGY	69.00	386,229	SLEEP LAB	76.01	386,229	1.00
	TOTALS		386,229	TOTALS		386,229	
<b>P - PARAMEDICAL EDUCATION</b>							
1.00	PARAMEDICAL EDUCATION	23.00	0	EMERGENCY	91.00	0	1.00
	TOTALS		0	TOTALS		0	
500.00	Grand Total: Increases		6,282,999	Grand Total: Decreases		6,282,999	500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150035

Period:  
From 01/01/2012  
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Worksheet A-7  
Part I  
Date/Time Prepared:  
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
		1.00	2.00	3.00	4.00	5.00	
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	6,184,295	0	0	0	0	1.00
2.00	Land Improvements	3,171,224	0	0	0	0	2.00
3.00	Buildings and Fixtures	148,085,874	167,488,748	0	167,488,748	491,826	3.00
4.00	Building Improvements	98,396,545	34,808,000	0	34,808,000	1,330,914	4.00
5.00	Fixed Equipment	0	0	0	0	0	5.00
6.00	Movable Equipment	0	0	0	0	0	6.00
7.00	HIT designated Assets	0	2,461,467	0	2,461,467	0	7.00
8.00	Subtotal (sum of lines 1-7)	255,837,938	204,758,215	0	204,758,215	1,822,740	8.00
9.00	Reconciling Items	0	-72,015	0	-72,015	0	9.00
10.00	Total (line 8 minus line 9)	255,837,938	204,830,230	0	204,830,230	1,822,740	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
<b>PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES</b>							
1.00	Land	6,184,295	6,184,295				1.00
2.00	Land Improvements	3,171,224	3,171,224				2.00
3.00	Buildings and Fixtures	315,082,796	0				3.00
4.00	Building Improvements	131,873,631	0				4.00
5.00	Fixed Equipment	0	0				5.00
6.00	Movable Equipment	0	0				6.00
7.00	HIT designated Assets	2,461,467	0				7.00
8.00	Subtotal (sum of lines 1-7)	458,773,413	9,355,519				8.00
9.00	Reconciling Items	-72,015	0				9.00
10.00	Total (line 8 minus line 9)	458,845,428	9,355,519				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150035

Period:  
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Worksheet A-7  
Part II  
Date/Time Prepared:  
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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	
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	2,895,128	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,800,070	492,120	0	0	34,426	2.00
3.00	Total (sum of lines 1-2)	9,695,198	492,120	0	0	34,426	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				
<b>PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	2,895,128				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	7,326,616				2.00
3.00	Total (sum of lines 1-2)	0	10,221,744				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 150035

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

Worksheet A-7  
Part III  
Date/Time Prepared:  
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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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description	ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL			
	Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease		
	6.00	7.00	8.00	9.00	10.00		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	5,154,278	345,145	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	8,783,302	2,355,166	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,937,580	2,700,311	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		
<b>PART III - RECONCILIATION OF CAPITAL COSTS CENTERS</b>							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-5,959,900	314,563	1,294,981	0	1,149,067	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	131,929	34,426	0	11,304,823	2.00
3.00	Total (sum of lines 1-2)	-5,959,900	446,492	1,329,407	0	12,453,890	3.00

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		Line #	Wkst. A-7 Ref.	Ref.
				Cost Center				
				3.00	4.00			
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)		0	NEW CAP REL COSTS-BLDG & FIXT		1.00		1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP		2.00		2.00
3.00	Investment income - other (chapter 2)		0			0.00		3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00		4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00		5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00		6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-142,036	ADMINISTRATIVE & GENERAL		5.00		7.00
8.00	Television and radio service (chapter 21)	A	-73,864	OPERATION OF PLANT		7.00		8.00
9.00	Parking lot (chapter 21)		0			0.00		9.00
10.00	Provider-based physician adjustment	A-8-2	-3,197,533					10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	B	-111,079	RADIOLOGY-DIAGNOSTIC		54.00		11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-6,259,008					12.00
13.00	Laundry and linen service		0			0.00		13.00
14.00	Cafeteria-employees and guests	B	-123,579	CAFETERIA		11.00		14.00
15.00	Rental of quarters to employee and others		0			0.00		15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00		16.00
17.00	Sale of drugs to other than patients	B	-9,609	DRUGS CHARGED TO PATIENTS		73.00		17.00
18.00	Sale of medical records and abstracts	B	-591	MEDICAL RECORDS & LIBRARY		16.00		18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00		19.00
20.00	Vending machines		0			0.00		20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00		21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00		22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY		65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY		66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***		114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	2,146,613	NEW CAP REL COSTS-BLDG & FIXT		1.00	9	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	1,882,417	NEW CAP REL COSTS-MVBLE EQUIP		2.00	9	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00		28.00
29.00	Physicians' assistant		0			0.00		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	SPEECH PATHOLOGY		68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00		32.00
33.00	TRAINING REVENUE	B	-20,942	NURSING ADMINISTRATION		13.00		33.00
33.01	MISC. NON PATIENT REVENUE	B	-18,102	ADMINISTRATIVE & GENERAL		5.00		33.01

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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From which the Amount is to be Adjusted		Wkst. A-7 Ref.
			Cost Center	Line #	
			1.00	2.00	
33.02 HOSPITAL BAD DEBT	A	-24,409,841	ADMINISTRATIVE & GENERAL	5.00	0 33.02
33.03 PATIENT PHONES WAGE COSTS	A	-35,078	ADMINISTRATIVE & GENERAL	5.00	0 33.03
33.04 PATIENT PHONES BENEFITS COSTS	A	-8,186	EMPLOYEE BENEFITS	4.00	0 33.04
33.05 PATIENT TV DEPRECIATION	A	-27,019	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.05
33.06 MARKETING	A	-1,017,001	ADMINISTRATIVE & GENERAL	5.00	0 33.06
33.07 PHYSICIAN RECRUITING	A	-394,395	ADMINISTRATIVE & GENERAL	5.00	0 33.07
33.08 LOBBYING EXPENSE IN ASSOCIATION DUES	A	-9,205	ADMINISTRATIVE & GENERAL	5.00	0 33.08
33.09 CHARITABLE CONTRIBUTIONS	A	-113,495	ADMINISTRATIVE & GENERAL	5.00	0 33.09
33.10 COUNTRY CLUB DUES	A	-8,280	ADMINISTRATIVE & GENERAL	5.00	0 33.10
33.11 MINORITY INTEREST	A	-5,225,010	ADMINISTRATIVE & GENERAL	5.00	0 33.11
33.12 DEPRECIAT. FOR BLDGS TO B DEMOLISHED	A	-57,469	NEW CAP REL COSTS-BLDG & FIXT	1.00	9 33.12
33.13 DEPRECIAT. FOR BLDGS TO B DEMOLISHED	A	-510,809	NEW CAP REL COSTS-MVBLE EQUIP	2.00	9 33.13
33.14 DEPRECIAT. FOR BLDGS TO B DEMOLISHED	A	-42,438	OPERATION OF PLANT	7.00	9 33.14
33.15 DEPRECIAT. FOR BLDGS TO B DEMOLISHED	A	-369	HOUSEKEEPING	9.00	9 33.15
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-37,785,908			50.00

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

Provider CCN: 150035

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

Worksheet A-8-1

Date/Time Prepared:  
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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	
<b>A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED</b>					
<b>HOME OFFICE COSTS:</b>					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	DIRECT ALLOCATION - CAPITAL RELATED	751,832	0
2.00	5.00	ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	713,618	0
3.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	59,678	0
4.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	NEW CAPITAL - BUILDING & FIXTURES	110,328	0
4.01	2.00	NEW CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL - MOVABLE EQUIPMENT	638,643	0
4.02	5.00	ADMINISTRATIVE & GENERAL	NON-CAPITAL HOME OFFICE COSTS	5,252,388	0
4.03	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	757,542	1,422,896
4.04	5.00	ADMINISTRATIVE & GENERAL	CIG LEASED EQUIPMENT	494,577	526,546
4.05	1.00	NEW CAP REL COSTS-BLDG & FIXT	INTEREST EXPENSE	0	6,711,732
4.06	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	0	3,454,393
4.07	5.00	ADMINISTRATIVE & GENERAL	401K FEES	0	5,020
4.08	5.00	ADMINISTRATIVE & GENERAL	AUDIT FEES	0	99,537
4.09	5.00	ADMINISTRATIVE & GENERAL	MIS FEES	0	1,105,915
4.10	5.00	ADMINISTRATIVE & GENERAL	MANAGED CARE	0	82,712
4.11	5.00	ADMINISTRATIVE & GENERAL	CASE MANAGEMENT	0	191,595
4.12	5.00	ADMINISTRATIVE & GENERAL	PURCHASE & ANCILLARY	0	16,901
4.13	5.00	ADMINISTRATIVE & GENERAL	EMERGENCY ROOM	0	92,114
4.14	5.00	ADMINISTRATIVE & GENERAL	PPSI FEES	0	14,350
4.15	5.00	ADMINISTRATIVE & GENERAL	COMPLIANCE/HIM/CCA FEES	0	54,767
4.16	5.00	ADMINISTRATIVE & GENERAL	SENIOR CIRCLE	0	39,160
4.17	5.00	ADMINISTRATIVE & GENERAL	PASI COLLECTION FEES	0	1,105,961
4.18	5.00	ADMINISTRATIVE & GENERAL	PASI LIEN UNIT COLLECTION FEES	0	138,040
4.19	23.00	PARAMEDICAL EDUCATION	PARAMEDICAL EDUCATION	32,323	0
4.20	5.00	ADMINISTRATIVE & GENERAL	EBOS FEES	0	8,298
5.00	0			8,810,929	15,069,937

\* 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	CHS	100.00	6.00
7.00			0.00		0.00	7.00
8.00			0.00		0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

(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: 150035

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

Worksheet A-8-2

Date/Time Prepared:  
5/30/2013 2:43 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	13.00	DR. A	55,000	0	55,000	159,800	430	1.00
2.00	30.00	DR. B	1,449,338	1,449,338	0	130,900	0	2.00
3.00	31.01	DR. C	275,400	275,400	0	150,200	0	3.00
4.00	50.00	DR. D	418,212	418,212	0	182,900	0	4.00
5.00	53.00	DR. E	691,792	691,792	0	167,500	0	5.00
6.00	54.00	DR. F	32,500	32,500	0	217,600	0	6.00
7.00	60.00	DR. G	4	4	0	159,800	0	7.00
8.00	69.00	DR. H	6,750	6,750	0	150,200	0	8.00
9.00	91.00	DR. I	260,750	260,750	0	159,800	0	9.00
10.00	5.00	DR. J	40,823	40,823	0	159,800	0	10.00
200.00			3,230,569	3,175,569	55,000		430	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	13.00	DR. A	33,036	1,652	0	0	0	1.00
2.00	30.00	DR. B	0	0	0	0	0	2.00
3.00	31.01	DR. C	0	0	0	0	0	3.00
4.00	50.00	DR. D	0	0	0	0	0	4.00
5.00	53.00	DR. E	0	0	0	0	0	5.00
6.00	54.00	DR. F	0	0	0	0	0	6.00
7.00	60.00	DR. G	0	0	0	0	0	7.00
8.00	69.00	DR. H	0	0	0	0	0	8.00
9.00	91.00	DR. I	0	0	0	0	0	9.00
10.00	5.00	DR. J	0	0	0	0	0	10.00
200.00			33,036	1,652	0	0	0	200.00
	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment		
	1.00	2.00	15.00	16.00	17.00	18.00		
1.00	13.00	DR. A	0	33,036	21,964	21,964		1.00
2.00	30.00	DR. B	0	0	0	1,449,338		2.00
3.00	31.01	DR. C	0	0	0	275,400		3.00
4.00	50.00	DR. D	0	0	0	418,212		4.00
5.00	53.00	DR. E	0	0	0	691,792		5.00
6.00	54.00	DR. F	0	0	0	32,500		6.00
7.00	60.00	DR. G	0	0	0	4		7.00
8.00	69.00	DR. H	0	0	0	6,750		8.00
9.00	91.00	DR. I	0	0	0	260,750		9.00
10.00	5.00	DR. J	0	0	0	40,823		10.00
200.00			0	33,036	21,964	3,197,533		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150035

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	1,149,067	1,149,067			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	11,304,823		11,304,823		2.00
4.00 00400	EMPLOYEE BENEFITS	13,570,829	4,316	48,507	13,623,652	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	54,298,596	55,113	619,349	1,791,158	5.00
7.00 00700	OPERATION OF PLANT	8,600,365	312,721	3,514,281	330,243	12,757,610 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,530,626	15,557	174,827	20,462	1,741,472 8.00
9.00 00900	HOUSEKEEPING	3,232,111	10,058	113,025	324,848	3,680,042 9.00
10.00 01000	DIETARY	1,382,154	28,527	320,576	160,969	1,892,226 10.00
11.00 01100	CAFETERIA	1,622,328	0	0	202,669	1,824,997 11.00
13.00 01300	NURSING ADMINISTRATION	3,810,436	15,158	170,345	548,389	4,544,328 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	967,500	19,421	218,244	148,007	1,353,172 14.00
15.00 01500	PHARMACY	2,858,921	7,911	88,904	428,044	3,383,780 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,067,531	5,270	59,219	286,274	3,418,294 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02341	PARAMEDICAL EDUCATION	80,365	0	0	0	80,365 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	16,366,081	121,069	1,360,536	2,371,884	20,219,570 30.00
31.00 03100	INTENSIVE CARE UNIT	6,464,125	23,017	258,660	931,836	7,677,638 31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	1,656,549	10,313	115,893	249,951	2,032,706 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	1,139,548	20,830	234,084	157,406	1,551,868 41.00
42.00 04200	SUBPROVIDER	68,056	0	0	0	68,056 42.00
43.00 04300	NURSERY	257,432	1,475	16,581	46,448	321,936 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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	13,564,173	92,708	1,041,821	1,424,442	16,123,144 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	2,410,428	16,610	186,659	343,974	2,957,671 52.00
53.00 05300	ANESTHESIOLOGY	134,171	316	3,552	0	138,039 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,340,999	56,626	636,348	981,681	10,015,654 54.00
54.01 05401	ULTRASOUND	0	0	0	0	0 54.01
54.02 05402	CT SCAN	0	0	0	0	0 54.02
54.03 05403	MRI	0	0	0	0	0 54.03
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	11,362,215	25,735	289,201	754,198	12,431,349 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	2,475,350	5,496	61,764	362,066	2,904,676 65.00
66.00 06600	PHYSICAL THERAPY	2,998,478	27,197	305,629	0	3,331,304 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	5,024,696	37,883	425,719	660,439	6,148,737 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	2,845,036	0	0	0	2,845,036 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	20,182,224	0	0	0	20,182,224 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	10,925,300	0	0	19,793	10,945,093 73.00
74.00 07400	RENAL DIALYSIS	487,085	605	6,799	0	494,489 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03025	SLEEP LAB	0	0	0	0	0 76.01
76.02 03021	PSYCH SERVICES	0	0	0	0	0 76.02
76.03 03026	WOUND CARE	1,023,210	7,746	87,043	20,900	1,138,899 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	7,114,184	49,007	550,729	989,494	8,703,414 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150035

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

Worksheet B  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description			Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
				NEW BLDG & FIXT	NEW MVBLE EQUIP			
			0	1.00	2.00	4.00	4A	
97.00	09700	DURABLE MEDICAL EQUIP-SOLD	0	0	0	0	0	97.00
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	222,314,992	970,685	10,908,295	13,555,575	221,672,005	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	972	10,921	0	11,893	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	1,741	139,937	385,607	0	527,285	192.00
192.01	19201	OTHER NONREIMBURSABLE	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MARKETING	1,383,147	0	0	58,997	1,442,144	194.01
194.02	07952	SENIOR CIRCLE	63,837	0	0	9,080	72,917	194.02
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	0	25,502	0	0	25,502	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	11,971	0	0	11,971	194.04
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		TOTAL (sum lines 118-201)	223,763,717	1,149,067	11,304,823	13,623,652	223,763,717	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	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	56,764,216					5.00
7.00	00700	OPERATION OF PLANT	4,336,401	17,094,011				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	591,939	350,406	2,683,817			8.00
9.00	00900	HOUSEKEEPING	1,250,872	226,537	0	5,157,451		9.00
10.00	01000	DIETARY	643,181	642,532	0	197,408	3,375,347	10.00
11.00	01100	CAFETERIA	620,329	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	1,544,649	341,423	0	104,897	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	459,953	437,428	125,739	134,393	0	14.00
15.00	01500	PHARMACY	1,150,171	178,191	0	54,747	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	1,161,902	118,693	0	36,467	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02341	PARAMEDICAL EDUCATION	27,317	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	6,872,686	2,726,927	1,035,857	837,806	1,764,072	30.00
31.00	03100	INTENSIVE CARE UNIT	2,609,683	518,434	200,842	159,281	120,250	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	690,931	232,285	18,242	71,366	3,195	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	527,491	469,175	77,869	144,147	127,229	41.00
42.00	04200	SUBPROVIDER	23,133	0	0	0	0	42.00
43.00	04300	NURSERY	109,428	33,232	19,024	10,210	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	5,480,370	2,088,126	367,108	641,544	5,015	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,005,333	374,122	67,832	114,943	21,133	52.00
53.00	05300	ANESTHESIOLOGY	46,920	7,119	0	2,187	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,404,391	1,275,434	213,439	391,857	327	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
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	4,225,503	579,646	572	178,087	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	987,320	123,794	0	38,034	0	65.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet B Part I Date/Time Prepared: 5/30/2013 2:43 pm
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
66.00	06600	PHYSICAL THERAPY	1,132,334	612,574	13,086	188,204	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	2,089,999	853,271	153,351	262,154	4,701	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	967,048	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	6,860,079	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	3,720,314	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	168,080	13,628	0	4,187	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03026	WOUND CARE	387,120	174,461	31,345	53,600	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	2,958,351	1,103,828	359,511	339,134	19,169	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	56,053,228	13,481,266	2,683,817	3,964,653	2,065,091	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	4,043	21,889	0	6,725	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	179,228	3,016,463	0	926,761	213,082	192.00
192.01	19201	OTHER NONREIMBURSABLE	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MARKETING	490,195	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	24,785	0	0	0	0	194.02
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	8,668	574,393	0	176,473	1,097,174	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	4,069	0	0	82,839	0	194.04
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)	56,764,216	17,094,011	2,683,817	5,157,451	3,375,347	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		
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	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	2,445,326					11.00
13.00	01300	NURSING ADMINISTRATION	96,345	6,631,642				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	68,818	0	2,579,503			14.00
15.00	01500	PHARMACY	64,230	330,627	0	5,161,746		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	91,757	0	0	0	4,827,113	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02341	PARAMEDICAL EDUCATION	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	603,302	1,832,094	0	0	346,957	30.00
31.00	03100	INTENSIVE CARE UNIT	185,808	719,761	0	0	96,725	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	48,172	193,065	0	0	47,174	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	34,409	121,582	0	0	23,482	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	9,176	35,877	0	0	5,665	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

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150035

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

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Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	314,268	1,100,256	25,964	0	1,025,739	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	68,818	265,690	0	0	41,949	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	44,154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	208,747	758,262	3,333	0	731,465	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
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	227,099	0	223,214	0	597,166	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	84,875	0	0	0	50,875	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	68,925	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	135,342	510,131	0	0	302,511	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	260,688	0	122,343	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	2,066,304	0	494,536	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,294	0	0	5,161,746	358,511	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	8,124	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03026	WOUND CARE	4,588	0	0	0	18,979	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	183,514	764,297	0	0	441,833	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,431,562	6,631,642	2,579,503	5,161,746	4,827,113	118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE	0	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951	MARKETING	11,470	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	2,294	0	0	0	0	194.02
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	0	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
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)	2,445,326	6,631,642	2,579,503	5,161,746	4,827,113	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150035

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

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Cost Center Description			SOCIAL SERVICE	PARAMEDICAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	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
23.00	02341	PARAMEDICAL EDUCATION	0	107,682				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0	0	36,239,271	0	36,239,271	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	12,288,422	0	12,288,422	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	3,337,136	0	3,337,136	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	3,077,252	0	3,077,252	41.00
42.00	04200	SUBPROVIDER	0	0	91,189	0	91,189	42.00
43.00	04300	NURSERY	0	0	544,548	0	544,548	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	0	27,171,534	0	27,171,534	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	4,917,491	0	4,917,491	52.00
53.00	05300	ANESTHESIOLOGY	0	0	238,419	0	238,419	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	17,002,909	0	17,002,909	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
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	18,462,636	0	18,462,636	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	4,189,574	0	4,189,574	65.00
66.00	06600	PHYSICAL THERAPY	0	0	5,346,427	0	5,346,427	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	10,460,197	0	10,460,197	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	4,195,115	0	4,195,115	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	29,603,143	0	29,603,143	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	20,187,958	0	20,187,958	73.00
74.00	07400	RENAL DIALYSIS	0	0	688,508	0	688,508	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03026	WOUND CARE	0	0	1,808,992	0	1,808,992	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	107,682	14,980,733	0	14,980,733	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
99.10	09910	CORF	0	0	0	0	0	99.10

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 150035

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

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Cost Center Description		SOCIAL SERVICE	PARAMEDICAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	23.00	24.00	25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	107,682	214,831,454	0	214,831,454
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	44,550	0	44,550
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	4,862,819	0	4,862,819
192.01	19201	OTHER NONREIMBURSABLE	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	1,943,809	0	1,943,809
194.02	07952	SENIOR CIRCLE	0	0	99,996	0	99,996
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	0	0	1,882,210	0	1,882,210
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	98,879	0	98,879
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	107,682	223,763,717	0	223,763,717

COST ALLOCATION STATISTICS

Provider CCN: 150035

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

Worksheet Non-CMS W  
Date/Time Prepared:  
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Cost Center Description		Statistics Code	Statistics Description		
		1.00	2.00		
<b>GENERAL SERVICE COST CENTERS</b>					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE	FEET	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2	SQUARE	FEET	2.00
4.00	EMPLOYEE BENEFITS	S	GROSS	SALARIES	4.00
5.00	ADMINISTRATIVE & GENERAL	-18	ACCUM.	COST	5.00
7.00	OPERATION OF PLANT	7	SQUARE	FEET	7.00
8.00	LAUNDRY & LINEN SERVICE	8	POUNDS OF	LAUNDRY	8.00
9.00	HOUSEKEEPING	9	SQUARE	FEET	9.00
10.00	DIETARY	10	MEALS	SERVED	10.00
11.00	CAFETERIA	11	FTE'S		11.00
13.00	NURSING ADMINISTRATION	13	NURSING	WAGES	13.00
14.00	CENTRAL SERVICES & SUPPLY	14	COSTED	REQUIS.	14.00
15.00	PHARMACY	15	COSTED	REQUIS.	15.00
16.00	MEDICAL RECORDS & LIBRARY	C	GROSS	CHARGES	16.00
17.00	SOCIAL SERVICE	17	PATIENT	DAYS	17.00
23.00	PARAMEDICAL EDUCATION	23	ASSIGNED	TIME	23.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150035

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

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Part II  
Date/Time Prepared:  
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Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	1.00			
<b>GENERAL SERVICE COST CENTERS</b>						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	4,316	48,507	52,823	52,823 4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	55,113	619,349	674,462	6,943 5.00
7.00 00700	OPERATION OF PLANT	0	312,721	3,514,281	3,827,002	1,280 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	15,557	174,827	190,384	79 8.00
9.00 00900	HOUSEKEEPING	0	10,058	113,025	123,083	1,259 9.00
10.00 01000	DIETARY	0	28,527	320,576	349,103	624 10.00
11.00 01100	CAFETERIA	0	0	0	0	786 11.00
13.00 01300	NURSING ADMINISTRATION	0	15,158	170,345	185,503	2,126 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	19,421	218,244	237,665	574 14.00
15.00 01500	PHARMACY	0	7,911	88,904	96,815	1,659 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	5,270	59,219	64,489	1,110 16.00
17.00 01700	SOCIAL SERVICE	0	0	0	0	0 17.00
23.00 02341	PARAMEDICAL EDUCATION	0	0	0	0	0 23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>						
30.00 03000	ADULTS & PEDIATRICS	0	121,069	1,360,536	1,481,605	9,210 30.00
31.00 03100	INTENSIVE CARE UNIT	0	23,017	258,660	281,677	3,612 31.00
31.01 03101	NEONATAL INTENSIVE CARE UNIT	0	10,313	115,893	126,206	969 31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0 32.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	0 40.00
41.00 04100	SUBPROVIDER - IRF	0	20,830	234,084	254,914	610 41.00
42.00 04200	SUBPROVIDER	0	0	0	0	0 42.00
43.00 04300	NURSERY	0	1,475	16,581	18,056	180 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
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000	OPERATING ROOM	0	92,708	1,041,821	1,134,529	5,521 50.00
51.00 05100	RECOVERY ROOM	0	0	0	0	0 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	16,610	186,659	203,269	1,333 52.00
53.00 05300	ANESTHESIOLOGY	0	316	3,552	3,868	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	56,626	636,348	692,974	3,805 54.00
54.01 05401	ULTRASOUND	0	0	0	0	0 54.01
54.02 05402	CT SCAN	0	0	0	0	0 54.02
54.03 05403	MRI	0	0	0	0	0 54.03
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	25,735	289,201	314,936	2,923 60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	0 60.01
62.00 06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0 62.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0 63.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0 64.00
65.00 06500	RESPIRATORY THERAPY	0	5,496	61,764	67,260	1,403 65.00
66.00 06600	PHYSICAL THERAPY	0	27,197	305,629	332,826	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	37,883	425,719	463,602	2,560 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 PATIENT	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	77 73.00
74.00 07400	RENAL DIALYSIS	0	605	6,799	7,404	0 74.00
76.00 03020	OTHER ANCILLARY	0	0	0	0	0 76.00
76.01 03025	SLEEP LAB	0	0	0	0	0 76.01
76.02 03021	PSYCH SERVICES	0	0	0	0	0 76.02
76.03 03026	WOUND CARE	0	7,746	87,043	94,789	81 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	49,007	550,729	599,736	3,835 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
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

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150035

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	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		0	2.00			
99.10 09910 CORF	0	1.00	2.00	0	0	0 99.10
<b>SPECIAL PURPOSE COST CENTERS</b>						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0 109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0 110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0 111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	970,685	10,908,295	11,878,980	52,559	0 118.00
<b>NONREIMBURSABLE COST CENTERS</b>						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	972	10,921	11,893	0	0 190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	139,937	385,607	525,544	0	0 192.00
192.01 19201 OTHER NONREIMBURSABLE	0	0	0	0	0	0 192.01
194.00 07950 OTHER NONREIMBURSABLE	0	0	0	0	0	0 194.00
194.01 07951 MARKETING	0	0	0	0	229	0 194.01
194.02 07952 SENIOR CIRCLE	0	0	0	0	35	0 194.02
194.03 07953 OTHER NONREIMB COST C - REGENCY LTAC	0	25,502	0	25,502	0	0 194.03
194.04 07954 OTHER NONREIMBURSABLE COST CENTERS	0	11,971	0	11,971	0	0 194.04
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	1,149,067	11,304,823	12,453,890	52,823	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150035

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

Worksheet B  
Part II  
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Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL	681,405					5.00
7.00	00700	OPERATION OF PLANT	52,051	3,880,333				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	7,105	79,542	277,110			8.00
9.00	00900	HOUSEKEEPING	15,015	51,424	0	190,781		9.00
10.00	01000	DIETARY	7,720	145,855	0	7,302	510,604	10.00
11.00	01100	CAFETERIA	7,446	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	18,541	77,503	0	3,880	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,521	99,296	12,983	4,971	0	14.00
15.00	01500	PHARMACY	13,806	40,449	0	2,025	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	13,947	26,943	0	1,349	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
23.00	02341	PARAMEDICAL EDUCATION	328	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	82,541	619,011	106,955	30,992	266,859	30.00
31.00	03100	INTENSIVE CARE UNIT	31,325	117,684	20,737	5,892	18,191	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	8,293	52,729	1,884	2,640	483	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	6,332	106,503	8,040	5,332	19,246	41.00
42.00	04200	SUBPROVIDER	278	0	0	0	0	42.00
43.00	04300	NURSERY	1,313	7,544	1,964	378	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	65,782	474,004	37,905	23,732	759	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	12,067	84,926	7,004	4,252	3,197	52.00
53.00	05300	ANESTHESIOLOGY	563	1,616	0	81	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	40,864	289,523	22,038	14,495	50	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
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	50,720	131,579	59	6,588	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	11,851	28,101	0	1,407	0	65.00
66.00	06600	PHYSICAL THERAPY	13,592	139,054	1,351	6,962	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	25,087	193,692	15,834	9,697	711	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	11,608	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	82,343	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	44,656	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	2,018	3,094	0	155	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03026	WOUND CARE	4,647	39,603	3,236	1,983	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	35,510	250,568	37,120	12,545	2,900	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
99.10	09910	CORF	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150035

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

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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	672,870	3,060,243	277,110	146,658	312,396	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	49	4,969	0	249	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,151	684,734	0	34,282	32,234	192.00
192.01	19201 OTHER NONREIMBURSABLE	0	0	0	0	0	192.01
194.00	07950 OTHER NONREIMBURSABLE	0	0	0	0	0	194.00
194.01	07951 MARKETING	5,884	0	0	0	0	194.01
194.02	07952 SENIOR CIRCLE	298	0	0	0	0	194.02
194.03	07953 OTHER NONREIMB COST C - REGENCY LTAC	104	130,387	0	6,528	165,974	194.03
194.04	07954 OTHER NONREIMBURSABLE COST CENTERS	49	0	0	3,064	0	194.04
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)	681,405	3,880,333	277,110	190,781	510,604	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150035

Period:  
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To 12/31/2012

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	8,232					11.00
13.00	01300	324	287,877				13.00
14.00	01400	232	0	361,242			14.00
15.00	01500	216	14,352	0	169,322		15.00
16.00	01600	309	0	0	0	108,147	16.00
17.00	01700	0	0	0	0	0	17.00
23.00	02341	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	2,028	79,529	0	0	7,791	30.00
31.00	03100	626	31,245	0	0	2,172	31.00
31.01	03101	162	8,381	0	0	1,059	31.01
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	116	5,278	0	0	527	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	31	1,557	0	0	127	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	1,058	47,762	3,636	0	22,784	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	232	11,534	0	0	942	52.00
53.00	05300	0	0	0	0	992	53.00
54.00	05400	703	32,916	467	0	16,426	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
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	765	0	31,260	0	13,410	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	286	0	0	0	1,142	65.00
66.00	06600	0	0	0	0	1,548	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	456	22,145	0	0	6,793	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	36,508	0	2,747	71.00
72.00	07200	0	0	289,371	0	11,106	72.00
73.00	07300	8	0	0	169,322	8,051	73.00
74.00	07400	0	0	0	0	182	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03025	0	0	0	0	0	76.01
76.02	03021	0	0	0	0	0	76.02
76.03	03026	15	0	0	0	426	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	618	33,178	0	0	9,922	91.00
92.00	09200						92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
99.10	09910	0	0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>							
109.00	10900	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150035

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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
118.00		8,185	287,877	361,242	169,322	108,147	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
194.00	07950	0	0	0	0	0	194.00
194.01	07951	39	0	0	0	0	194.01
194.02	07952	8	0	0	0	0	194.02
194.03	07953	0	0	0	0	0	194.03
194.04	07954	0	0	0	0	0	194.04
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		8,232	287,877	361,242	169,322	108,147	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150035

Period:  
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Cost Center Description			SOCIAL SERVICE	PARAMEDICAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	23.00	24.00	25.00	26.00	
<b>GENERAL SERVICE COST CENTERS</b>								
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	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
23.00	02341	PARAMEDICAL EDUCATION	0	328				23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000	ADULTS & PEDIATRICS	0		2,686,521	0	2,686,521	30.00
31.00	03100	INTENSIVE CARE UNIT	0		513,161	0	513,161	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0		202,806	0	202,806	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0		406,898	0	406,898	41.00
42.00	04200	SUBPROVIDER	0		278	0	278	42.00
43.00	04300	NURSERY	0		31,150	0	31,150	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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0		1,817,472	0	1,817,472	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		328,756	0	328,756	52.00
53.00	05300	ANESTHESIOLOGY	0		7,120	0	7,120	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		1,114,261	0	1,114,261	54.00
54.01	05401	ULTRASOUND	0		0	0	0	54.01
54.02	05402	CT SCAN	0		0	0	0	54.02
54.03	05403	MRI	0		0	0	0	54.03
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		552,240	0	552,240	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	60.01
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		111,450	0	111,450	65.00
66.00	06600	PHYSICAL THERAPY	0		495,333	0	495,333	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		740,577	0	740,577	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		50,863	0	50,863	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0		382,820	0	382,820	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		222,114	0	222,114	73.00
74.00	07400	RENAL DIALYSIS	0		12,853	0	12,853	74.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	76.00
76.01	03025	SLEEP LAB	0		0	0	0	76.01
76.02	03021	PSYCH SERVICES	0		0	0	0	76.02
76.03	03026	WOUND CARE	0		144,780	0	144,780	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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		985,932	0	985,932	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
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
99.10	09910	CORF	0		0	0	0	99.10

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 150035

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

Worksheet B  
Part II  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		SOCIAL SERVICE	PARAMEDICAL EDUCATION	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		17.00	23.00	24.00	25.00	26.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	10,807,385	0	10,807,385	118.00
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	17,160	0	17,160	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,278,945	0	1,278,945	192.00
192.01	19201	OTHER NONREIMBURSABLE	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	194.00
194.01	07951	MARKETING	0	6,152	0	6,152	194.01
194.02	07952	SENIOR CIRCLE	0	341	0	341	194.02
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	0	328,495	0	328,495	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	15,084	0	15,084	194.04
200.00		Cross Foot Adjustments		328	0	328	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	328	12,453,890	0	12,453,890

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150035

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCU. COST)	
		NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)				
		1.00	2.00				
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	679,890				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		595,222			2.00
4.00	00400	EMPLOYEE BENEFITS	2,554	2,554	79,169,195		4.00
5.00	00500	ADMINISTRATIVE & GENERAL	32,610	32,610	10,408,685	-56,764,216	5.00
7.00	00700	OPERATION OF PLANT	185,034	185,034	1,919,094	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,205	9,205	118,910	0	8.00
9.00	00900	HOUSEKEEPING	5,951	5,951	1,887,742	0	9.00
10.00	01000	DIETARY	16,879	16,879	935,412	0	10.00
11.00	01100	CAFETERIA	0	0	1,177,737	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,969	8,969	3,186,770	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,491	11,491	860,092	0	14.00
15.00	01500	PHARMACY	4,681	4,681	2,487,430	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,118	3,118	1,663,580	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02341	PARAMEDICAL EDUCATION	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	71,635	71,635	13,783,492	0	30.00
31.00	03100	INTENSIVE CARE UNIT	13,619	13,619	5,415,036	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	6,102	6,102	1,452,501	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	12,325	12,325	914,710	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	873	873	269,916	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	54,854	54,854	8,277,645	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,828	9,828	1,998,884	0	52.00
53.00	05300	ANESTHESIOLOGY	187	187	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,505	33,505	5,704,694	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	54.03
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	15,227	15,227	4,382,759	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
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	3,252	3,252	2,104,021	0	65.00
66.00	06600	PHYSICAL THERAPY	16,092	16,092	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	22,415	22,415	3,837,908	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 PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	115,018	0	73.00
74.00	07400	RENAL DIALYSIS	358	358	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	76.02
76.03	03026	WOUND CARE	4,583	4,583	121,454	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	28,997	28,997	5,750,099	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150035

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCU. COST)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (SQUARE FEET)						
	1.00	2.00	4.00					
99.10 09910 CORF	0	0	0	0	5A	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	574,344	574,344	78,773,589	-56,764,216		164,907,789		118.00
<b>NONREIMBURSABLE COST CENTERS</b>								
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	575	575	0	0	0	11,893		190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	82,799	20,303	0	0	0	527,285		192.00
192.01 19201 OTHER NONREIMBURSABLE	0	0	0	0	0	0		192.01
194.00 07950 OTHER NONREIMBURSABLE	0	0	0	0	0	0		194.00
194.01 07951 MARKETING	0	0	342,840	0	0	1,442,144		194.01
194.02 07952 SENIOR CIRCLE	0	0	52,766	0	0	72,917		194.02
194.03 07953 OTHER NONREIMB COST C - REGENCY LTAC	15,089	0	0	0	0	25,502		194.03
194.04 07954 OTHER NONREIMBURSABLE COST CENTERS	7,083	0	0	0	0	11,971		194.04
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)	1,149,067	11,304,823	13,623,652			56,764,216		202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	1.690078	18.992616	0.172083			0.339907		203.00
204.00 Cost to be allocated (per Wkst. B, Part II)			52,823			681,405		204.00
205.00 Unit cost multiplier (Wkst. B, Part II)			0.000667			0.004080		205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150035

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

Worksheet B-1

Date/Time Prepared:  
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Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
<b>GENERAL SERVICE COST CENTERS</b>							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT	449,051				7.00
8.00	00800	LAUNDRY & LINEN SERVICE	9,205	1,656,467			8.00
9.00	00900	HOUSEKEEPING	5,951	0	440,978		9.00
10.00	01000	DIETARY	16,879	0	16,879	257,790	10.00
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	8,969	0	8,969	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,491	77,607	11,491	0	14.00
15.00	01500	PHARMACY	4,681	0	4,681	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	3,118	0	3,118	0	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
23.00	02341	PARAMEDICAL EDUCATION	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	ADULTS & PEDIATRICS	71,635	639,337	71,635	134,730	263
31.00	03100	INTENSIVE CARE UNIT	13,619	123,961	13,619	9,184	81
31.01	03101	NEONATAL INTENSIVE CARE UNIT	6,102	11,259	6,102	244	21
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	12,325	48,061	12,325	9,717	15
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	873	11,742	873	0	4
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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	OPERATING ROOM	54,854	226,581	54,854	383	137
51.00	05100	RECOVERY ROOM	0	0	0	0	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	9,828	41,866	9,828	1,614	30
53.00	05300	ANESTHESIOLOGY	187	0	187	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	33,505	131,736	33,505	25	91
54.01	05401	ULTRASOUND	0	0	0	0	0
54.02	05402	CT SCAN	0	0	0	0	0
54.03	05403	MRI	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	15,227	353	15,227	0	99
60.01	06001	BLOOD LABORATORY	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	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	3,252	0	3,252	0	37
66.00	06600	PHYSICAL THERAPY	16,092	8,077	16,092	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	22,415	94,649	22,415	359	59
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1
74.00	07400	RENAL DIALYSIS	358	0	358	0	0
76.00	03020	OTHER ANCILLARY	0	0	0	0	0
76.01	03025	SLEEP LAB	0	0	0	0	0
76.02	03021	PSYCH SERVICES	0	0	0	0	0
76.03	03026	WOUND CARE	4,583	19,346	4,583	0	2
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	28,997	221,892	28,997	1,464	80
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES	0	0	0	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
99.10	09910	CORF	0	0	0	0	0

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150035

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

Worksheet B-1

Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTE'S)	
		7.00	8.00	9.00	10.00	11.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	354,146	1,656,467	338,990	157,720	1,060
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	575	0	575	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	79,241	0	79,241	16,274	192.00
192.01	19201	OTHER NONREIMBURSABLE	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	194.02
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	15,089	0	15,089	83,796	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	7,083	0	194.04
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)	17,094,011	2,683,817	5,157,451	3,375,347	2,445,326
203.00		Unit cost multiplier (wkst. B, Part I)	38.066970	1.620206	11.695484	13.093398	2,293.926829
204.00		Cost to be allocated (per wkst. B, Part II)	3,880,333	277,110	190,781	510,604	8,232
205.00		Unit cost multiplier (wkst. B, Part II)	8.641186	0.167290	0.432632	1.980697	7.722326

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150035

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		NURSING ADMINISTRATION (NURSING WAGES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>GENERAL SERVICE COST CENTERS</b>							
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	49,892,314					13.00
14.00	01400	0	25,526,032				14.00
15.00	01500	2,487,430	0	11,470,437			15.00
16.00	01600	0	0	0	1,106,042,350		16.00
17.00	01700	0	0	0	0	55,881	17.00
23.00	02341	0	0	0	0	0	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>							
30.00	03000	13,783,492	0	0	79,504,430	41,320	30.00
31.00	03100	5,415,036	0	0	22,164,359	6,944	31.00
31.01	03101	1,452,501	0	0	10,809,759	1,982	31.01
32.00	03200	0	0	0	0	0	32.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	914,710	0	0	5,380,796	3,060	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	269,916	0	0	1,298,020	2,575	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
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000	8,277,645	256,929	0	234,966,349	0	50.00
51.00	05100	0	0	0	0	0	51.00
52.00	05200	1,998,884	0	0	9,612,590	0	52.00
53.00	05300	0	0	0	10,117,694	0	53.00
54.00	05400	5,704,693	32,986	0	167,613,326	0	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
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	2,208,856	0	136,839,242	0	60.00
60.01	06001	0	0	0	0	0	60.01
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	0	0	11,657,993	0	65.00
66.00	06600	0	0	0	15,794,088	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	3,837,908	0	0	69,319,716	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	2,579,689	0	28,034,609	0	71.00
72.00	07200	0	20,447,572	0	113,321,765	0	72.00
73.00	07300	0	0	11,470,437	82,151,864	0	73.00
74.00	07400	0	0	0	1,861,641	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03025	0	0	0	0	0	76.01
76.02	03021	0	0	0	0	0	76.02
76.03	03026	0	0	0	4,349,067	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	5,750,099	0	0	101,245,042	0	91.00
92.00	09200	0	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	0	0	0	0	0	95.00
96.00	09600	0	0	0	0	0	96.00
97.00	09700	0	0	0	0	0	97.00
99.10	09910	0	0	0	0	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150035

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		NURSING ADMINISTRATION  (NURSING WAGES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE  (PATIENT DAYS)	
		13.00	14.00	15.00	16.00	17.00	
<b>SPECIAL PURPOSE COST CENTERS</b>							
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
118.00		SUBTOTALS (SUM OF LINES 1-117)	49,892,314	25,526,032	11,470,437	1,106,042,350	55,881
<b>NONREIMBURSABLE COST CENTERS</b>							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
192.01	19201	OTHER NONREIMBURSABLE	0	0	0	0	192.01
194.00	07950	OTHER NONREIMBURSABLE	0	0	0	0	194.00
194.01	07951	MARKETING	0	0	0	0	194.01
194.02	07952	SENIOR CIRCLE	0	0	0	0	194.02
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04
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)	6,631,642	2,579,503	5,161,746	4,827,113	0
203.00		Unit cost multiplier (wkst. B, Part I)	0.132919	0.101054	0.450004	0.004364	0.000000
204.00		Cost to be allocated (per wkst. B, Part II)	287,877	361,242	169,322	108,147	0
205.00		Unit cost multiplier (wkst. B, Part II)	0.005770	0.014152	0.014762	0.000098	0.000000

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150035

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		PARAMEDICAL EDUCATION (ASSIGNED TIME)	
		23.00	
<b>GENERAL SERVICE COST CENTERS</b>			
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400 EMPLOYEE BENEFITS		4.00
5.00	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
23.00	02341 PARAMEDICAL EDUCATION	100	23.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>			
30.00	03000 ADULTS & PEDIATRICS	0	30.00
31.00	03100 INTENSIVE CARE UNIT	0	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT	0	31.01
32.00	03200 CORONARY CARE UNIT	0	32.00
40.00	04000 SUBPROVIDER - IPF	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	41.00
42.00	04200 SUBPROVIDER	0	42.00
43.00	04300 NURSERY	0	43.00
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
<b>ANCILLARY SERVICE COST CENTERS</b>			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	05401 ULTRASOUND	0	54.01
54.02	05402 CT SCAN	0	54.02
54.03	05403 MRI	0	54.03
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
60.01	06001 BLOOD LABORATORY	0	60.01
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
74.00	07400 RENAL DIALYSIS	0	74.00
76.00	03020 OTHER ANCILLARY	0	76.00
76.01	03025 SLEEP LAB	0	76.01
76.02	03021 PSYCH SERVICES	0	76.02
76.03	03026 WOUND CARE	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>			
88.00	08800 RURAL HEALTH CLINIC	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00	09000 CLINIC	0	90.00
91.00	09100 EMERGENCY	100	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>			
95.00	09500 AMBULANCE SERVICES	0	95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	97.00
99.10	09910 CORF	0	99.10

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 150035

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

Worksheet B-1  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		PARAMEDICAL EDUCATION (ASSIGNED TIME)	
		23.00	
<b>SPECIAL PURPOSE COST CENTERS</b>			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	100
<b>NONREIMBURSABLE COST CENTERS</b>			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	OTHER NONREIMBURSABLE	0
194.00	07950	OTHER NONREIMBURSABLE	0
194.01	07951	MARKETING	0
194.02	07952	SENIOR CIRCLE	0
194.03	07953	OTHER NONREIMB COST C - REGENCY LTAC	0
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per wkst. B, Part I)	107,682
203.00		Unit cost multiplier (wkst. B, Part I)	1,076.820000
204.00		Cost to be allocated (per wkst. B, Part II)	328
205.00		Unit cost multiplier (wkst. B, Part II)	3.280000

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150035

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	36,239,271		36,239,271	0	36,239,271	68,569,160	30.00
31.00	03100	INTENSIVE CARE UNIT	12,288,422		12,288,422	0	12,288,422	22,164,359	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	3,337,136		3,337,136	0	3,337,136	10,809,759	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,077,252		3,077,252	0	3,077,252	5,380,796	41.00
42.00	04200	SUBPROVIDER	91,189		91,189	0	91,189	0	42.00
43.00	04300	NURSERY	544,548		544,548	0	544,548	1,298,020	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
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	27,171,534		27,171,534	0	27,171,534	112,506,943	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,917,491		4,917,491	0	4,917,491	9,596,361	52.00
53.00	05300	ANESTHESIOLOGY	238,419		238,419	0	238,419	4,685,318	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,002,909		17,002,909	0	17,002,909	29,233,829	54.00
54.01	05401	ULTRASOUND	0		0	0	0	0	54.01
54.02	05402	CT SCAN	0		0	0	0	0	54.02
54.03	05403	MRI	0		0	0	0	0	54.03
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	18,462,636		18,462,636	0	18,462,636	52,150,634	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,189,574	0	4,189,574	0	4,189,574	10,122,652	65.00
66.00	06600	PHYSICAL THERAPY	5,346,427	0	5,346,427	0	5,346,427	9,354,582	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	10,460,197		10,460,197	0	10,460,197	25,203,952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,195,115		4,195,115	0	4,195,115	16,562,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,603,143		29,603,143	0	29,603,143	76,657,114	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,187,958		20,187,958	0	20,187,958	43,718,287	73.00
74.00	07400	RENAL DIALYSIS	688,508		688,508	0	688,508	1,861,641	74.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	0	76.00
76.01	03025	SLEEP LAB	0		0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0		0	0	0	0	76.02
76.03	03026	WOUND CARE	1,808,992		1,808,992	0	1,808,992	240,769	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>									
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	14,980,733		14,980,733	0	14,980,733	25,824,895	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,172,452		2,172,452	0	2,172,452	225,000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
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
99.10	09910	CORF	0		0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>									
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150035

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

			Title XVIII		Hospital		PPS	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
200.00	Subtotal (see instructions)	217,003,906	0	217,003,906	0	217,003,906	526,166,998	200.00
201.00	Less Observation Beds	2,172,452		2,172,452		2,172,452		201.00
202.00	Total (see instructions)	214,831,454	0	214,831,454	0	214,831,454	526,166,998	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000 ADULTS & PEDIATRICS		68,569,160					30.00
31.00	03100 INTENSIVE CARE UNIT		22,164,359					31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		10,809,759					31.01
32.00	03200 CORONARY CARE UNIT		0					32.00
40.00	04000 SUBPROVIDER - IPF		0					40.00
41.00	04100 SUBPROVIDER - IRF		5,380,796					41.00
42.00	04200 SUBPROVIDER		0					42.00
43.00	04300 NURSERY		1,298,020					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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	122,459,406	234,966,349	0.115640	0.000000	0.115640		50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0.000000	0.000000		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	16,229	9,612,590	0.511568	0.000000	0.511568		52.00
53.00	05300 ANESTHESIOLOGY	5,432,376	10,117,694	0.023565	0.000000	0.023565		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	138,379,497	167,613,326	0.101441	0.000000	0.101441		54.00
54.01	05401 ULTRASOUND	0	0	0.000000	0.000000	0.000000		54.01
54.02	05402 CT SCAN	0	0	0.000000	0.000000	0.000000		54.02
54.03	05403 MRI	0	0	0.000000	0.000000	0.000000		54.03
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	84,688,608	136,839,242	0.134922	0.000000	0.134922		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
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	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	1,535,341	11,657,993	0.359374	0.000000	0.359374		65.00
66.00	06600 PHYSICAL THERAPY	6,439,506	15,794,088	0.338508	0.000000	0.338508		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	44,115,764	69,319,716	0.150898	0.000000	0.150898		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	11,471,682	28,034,609	0.149641	0.000000	0.149641		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	36,664,651	113,321,765	0.261231	0.000000	0.261231		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	38,433,577	82,151,864	0.245740	0.000000	0.245740		73.00
74.00	07400 RENAL DIALYSIS	0	1,861,641	0.369839	0.000000	0.369839		74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0.000000		76.00
76.01	03025 SLEEP LAB	0	0	0.000000	0.000000	0.000000		76.01
76.02	03021 PSYCH SERVICES	0	0	0.000000	0.000000	0.000000		76.02
76.03	03026 WOUND CARE	4,108,298	4,349,067	0.415949	0.000000	0.415949		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	75,420,147	101,245,042	0.147965	0.000000	0.147965		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,710,270	10,935,270	0.198665	0.000000	0.198665		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150035

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
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
99.10	09910	CORF	0	0				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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
200.00		Subtotal (see instructions)	579,875,352	1,106,042,350				200.00
201.00		Less observation Beds						201.00
202.00		Total (see instructions)	579,875,352	1,106,042,350				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150035

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Disallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>									
30.00	03000	ADULTS & PEDIATRICS	36,239,271		36,239,271	0	0	68,569,160	30.00
31.00	03100	INTENSIVE CARE UNIT	12,288,422		12,288,422	0	0	22,164,359	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	3,337,136		3,337,136	0	0	10,809,759	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0		0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,077,252		3,077,252	0	0	5,380,796	41.00
42.00	04200	SUBPROVIDER	91,189		91,189	0	0	0	42.00
43.00	04300	NURSERY	544,548		544,548	0	0	1,298,020	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
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	27,171,534		27,171,534	0	0	112,506,943	50.00
51.00	05100	RECOVERY ROOM	0		0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,917,491		4,917,491	0	0	9,596,361	52.00
53.00	05300	ANESTHESIOLOGY	238,419		238,419	0	0	4,685,318	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	17,002,909		17,002,909	0	0	29,233,829	54.00
54.01	05401	ULTRASOUND	0		0	0	0	0	54.01
54.02	05402	CT SCAN	0		0	0	0	0	54.02
54.03	05403	MRI	0		0	0	0	0	54.03
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	18,462,636		18,462,636	0	0	52,150,634	60.00
60.01	06001	BLOOD LABORATORY	0		0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0		0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0		0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	4,189,574	0	4,189,574	0	0	10,122,652	65.00
66.00	06600	PHYSICAL THERAPY	5,346,427	0	5,346,427	0	0	9,354,582	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	10,460,197		10,460,197	0	0	25,203,952	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,195,115		4,195,115	0	0	16,562,927	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	29,603,143		29,603,143	0	0	76,657,114	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	20,187,958		20,187,958	0	0	43,718,287	73.00
74.00	07400	RENAL DIALYSIS	688,508		688,508	0	0	1,861,641	74.00
76.00	03020	OTHER ANCILLARY	0		0	0	0	0	76.00
76.01	03025	SLEEP LAB	0		0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0		0	0	0	0	76.02
76.03	03026	WOUND CARE	1,808,992		1,808,992	0	0	240,769	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>									
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	14,980,733		14,980,733	0	0	25,824,895	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	2,172,452		2,172,452	0	0	225,000	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>									
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
99.10	09910	CORF	0		0	0	0	0	99.10
<b>SPECIAL PURPOSE COST CENTERS</b>									
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

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150035

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

			Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges		
			Total Costs	RCE Disallowance	Total Costs	Inpatient		
			1.00	2.00	3.00	4.00	5.00	6.00
200.00	Subtotal (see instructions)	217,003,906	0	217,003,906	0	0	526,166,998	200.00
201.00	Less Observation Beds	2,172,452		2,172,452		0		201.00
202.00	Total (see instructions)	214,831,454	0	214,831,454	0	0	526,166,998	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
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>								
30.00	03000 ADULTS & PEDIATRICS		68,569,160					30.00
31.00	03100 INTENSIVE CARE UNIT		22,164,359					31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		10,809,759					31.01
32.00	03200 CORONARY CARE UNIT		0					32.00
40.00	04000 SUBPROVIDER - IPF		0					40.00
41.00	04100 SUBPROVIDER - IRF		5,380,796					41.00
42.00	04200 SUBPROVIDER		0					42.00
43.00	04300 NURSERY		1,298,020					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
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000 OPERATING ROOM	122,459,406	234,966,349	0.115640	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	16,229	9,612,590	0.511568	0.000000	0.000000		52.00
53.00	05300 ANESTHESIOLOGY	5,432,376	10,117,694	0.023565	0.000000	0.000000		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	138,379,497	167,613,326	0.101441	0.000000	0.000000		54.00
54.01	05401 ULTRASOUND	0	0	0.000000	0.000000	0.000000		54.01
54.02	05402 CT SCAN	0	0	0.000000	0.000000	0.000000		54.02
54.03	05403 MRI	0	0	0.000000	0.000000	0.000000		54.03
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	84,688,608	136,839,242	0.134922	0.000000	0.000000		60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0.000000		60.01
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	0	0	0.000000	0.000000	0.000000		64.00
65.00	06500 RESPIRATORY THERAPY	1,535,341	11,657,993	0.359374	0.000000	0.000000		65.00
66.00	06600 PHYSICAL THERAPY	6,439,506	15,794,088	0.338508	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	44,115,764	69,319,716	0.150898	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	11,471,682	28,034,609	0.149641	0.000000	0.000000		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	36,664,651	113,321,765	0.261231	0.000000	0.000000		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	38,433,577	82,151,864	0.245740	0.000000	0.000000		73.00
74.00	07400 RENAL DIALYSIS	0	1,861,641	0.369839	0.000000	0.000000		74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0.000000		76.00
76.01	03025 SLEEP LAB	0	0	0.000000	0.000000	0.000000		76.01
76.02	03021 PSYCH SERVICES	0	0	0.000000	0.000000	0.000000		76.02
76.03	03026 WOUND CARE	4,108,298	4,349,067	0.415949	0.000000	0.000000		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	75,420,147	101,245,042	0.147965	0.000000	0.000000		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	10,710,270	10,935,270	0.198665	0.000000	0.000000		92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500 AMBULANCE SERVICES	0	0	0.000000	0.000000	0.000000		95.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 150035

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

Worksheet C  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
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
99.10	09910	CORF	0	0				99.10
<b>SPECIAL PURPOSE COST CENTERS</b>								
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
200.00		Subtotal (see instructions)	579,875,352	1,106,042,350				200.00
201.00		Less observation Beds						201.00
202.00		Total (see instructions)	579,875,352	1,106,042,350				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS	Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 2:43 pm
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Cost Center Description	Title XVIII			Hospital		PPS
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	2,686,521	0	2,686,521	43,955	61.12	30.00
31.00	INTENSIVE CARE UNIT	513,161		513,161	6,944	73.90	31.00
31.01	NEONATAL INTENSIVE CARE UNIT	202,806		202,806	1,982	102.32	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
40.00	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	SUBPROVIDER - IRF	406,898	0	406,898	3,060	132.97	41.00
42.00	SUBPROVIDER	278	0	278	0	0.00	42.00
43.00	NURSERY	31,150		31,150	2,575	12.10	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)	3,840,814		3,840,814	58,516		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	22,939	1,402,032				30.00
31.00	INTENSIVE CARE UNIT	3,770	278,603				31.00
31.01	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	CORONARY CARE UNIT	0	0				32.00
40.00	SUBPROVIDER - IPF	0	0				40.00
41.00	SUBPROVIDER - IRF	2,248	298,917				41.00
42.00	SUBPROVIDER	0	0				42.00
43.00	NURSERY	0	0				43.00
44.00	SKILLED NURSING FACILITY	0	0				44.00
45.00	NURSING FACILITY	0	0				45.00
200.00	Total (lines 30-199)	28,957	1,979,552				200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 150035

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

Worksheet D  
Part II  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	1,817,472	234,966,349	0.007735	49,189,307	380,479	50.00
51.00	05100 RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	328,756	9,612,590	0.034201	13,920	476	52.00
53.00	05300 ANESTHESIOLOGY	7,120	10,117,694	0.000704	1,773,665	1,249	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,114,261	167,613,326	0.006648	23,757,619	157,941	54.00
54.01	05401 ULTRASOUND	0	0	0.000000	0	0	54.01
54.02	05402 CT SCAN	0	0	0.000000	0	0	54.02
54.03	05403 MRI	0	0	0.000000	0	0	54.03
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	552,240	136,839,242	0.004036	29,383,624	118,592	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
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	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	111,450	11,657,993	0.009560	6,586,622	62,968	65.00
66.00	06600 PHYSICAL THERAPY	495,333	15,794,088	0.031362	3,635,897	114,029	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	740,577	69,319,716	0.010683	13,273,834	141,804	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	50,863	28,034,609	0.001814	7,452,975	13,520	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	382,820	113,321,765	0.003378	36,288,085	122,581	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	222,114	82,151,864	0.002704	22,436,011	60,667	73.00
74.00	07400 RENAL DIALYSIS	12,853	1,861,641	0.006904	1,193,055	8,237	74.00
76.00	03020 OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03025 SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03021 PSYCH SERVICES	0	0	0.000000	0	0	76.02
76.03	03026 WOUND CARE	144,780	4,349,067	0.033290	96,527	3,213	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	985,932	101,245,042	0.009738	13,939,270	135,741	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	161,050	10,935,270	0.014728	210,782	3,104	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
200.00	Total (lines 50-199)	7,127,621	997,820,256		209,231,193	1,324,601	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/30/2013 2:43 pm
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Cost Center Description	Title XVIII					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
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
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)	PSA Adj. Nursing School
	6.00	7.00	8.00	9.00	11.00

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	43,955	0.00	22,939	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	6,944	0.00	3,770	0	0	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	1,982	0.00	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	3,060	0.00	2,248	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	2,575	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
200.00		Total (lines 30-199)	58,516		28,957	0	0	200.00

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

INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0				30.00
31.00	03100	INTENSIVE CARE UNIT	0	0				31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT	0	0				31.01
32.00	03200	CORONARY CARE UNIT	0	0				32.00
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	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0				44.00
45.00	04500	NURSING FACILITY	0	0				45.00
200.00		Total (lines 30-199)	0	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150035

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		Title XVIII				Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost				
		1.00	2.00	3.00	4.00	5.00			
<b>ANCILLARY SERVICE COST CENTERS</b>									
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00	
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00	
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00	
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01	
54.02	05402	CT SCAN	0	0	0	0	0	54.02	
54.03	05403	MRI	0	0	0	0	0	54.03	
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00	
57.00	05700	CT SCAN	0	0	0	0	0	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00	
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00	06000	LABORATORY	0	0	0	0	0	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00	
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00	
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00	
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00	
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00	
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00	
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00	
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00	
76.01	03025	SLEEP LAB	0	0	0	0	0	76.01	
76.02	03021	PSYCH SERVICES	0	0	0	0	0	76.02	
76.03	03026	WOUND CARE	0	0	0	0	0	76.03	
<b>OUTPATIENT SERVICE COST CENTERS</b>									
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00	09000	CLINIC	0	0	0	0	0	90.00	
91.00	09100	EMERGENCY	0	0	107,682	0	107,682	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
<b>OTHER REIMBURSABLE COST CENTERS</b>									
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	
200.00		Total (lines 50-199)	0	0	107,682	0	107,682	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150035

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	PPS
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)			
		6.00	7.00	8.00	9.00	10.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	234,966,349	0.000000	0.000000	49,189,307	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	9,612,590	0.000000	0.000000	13,920	52.00
53.00	05300	ANESTHESIOLOGY	0	10,117,694	0.000000	0.000000	1,773,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	167,613,326	0.000000	0.000000	23,757,619	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
54.02	05402	CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03	05403	MRI	0	0	0.000000	0.000000	0	54.03
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	136,839,242	0.000000	0.000000	29,383,624	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
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	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	11,657,993	0.000000	0.000000	6,586,622	65.00
66.00	06600	PHYSICAL THERAPY	0	15,794,088	0.000000	0.000000	3,635,897	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	69,319,716	0.000000	0.000000	13,273,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,034,609	0.000000	0.000000	7,452,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	113,321,765	0.000000	0.000000	36,288,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	82,151,864	0.000000	0.000000	22,436,011	73.00
74.00	07400	RENAL DIALYSIS	0	1,861,641	0.000000	0.000000	1,193,055	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01	03025	SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0.000000	0.000000	0	76.02
76.03	03026	WOUND CARE	0	4,349,067	0.000000	0.000000	96,527	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	107,682	101,245,042	0.001064	0.001064	13,939,270	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,935,270	0.000000	0.000000	210,782	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						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
200.00		Total (lines 50-199)	107,682	997,820,256			209,231,193	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150035

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description			Title XVIII			Hospital		PPS
			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
			11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	0	37,884,223	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	760	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,330,357	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	38,958,965	0	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
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	2,606,651	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	346,189	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	28,783	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	14,125,534	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	4,134,438	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	15,839,057	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	15,962,817	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	0	76.02
76.03	03026	WOUND CARE	0	1,932,608	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	14,831	13,399,974	14,258	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	1,471,873	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						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
200.00		Total (lines 50-199)	14,831	148,022,229	14,258	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150035

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Hospital	PPS
		23.00	24.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000 OPERATING ROOM	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	05401 ULTRASOUND	0	0		54.01
54.02	05402 CT SCAN	0	0		54.02
54.03	05403 MRI	0	0		54.03
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
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 PATIENT	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0		74.00
76.00	03020 OTHER ANCILLARY	0	0		76.00
76.01	03025 SLEEP LAB	0	0		76.01
76.02	03021 PSYCH SERVICES	0	0		76.02
76.03	03026 WOUND CARE	0	0		76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500 AMBULANCE SERVICES				95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0	0		96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0	0		97.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 2:43 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00	05000 OPERATING ROOM	0.115640	37,884,223	0	0	4,380,932 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511568	760	0	0	389 52.00
53.00	05300 ANESTHESIOLOGY	0.023565	1,330,357	0	0	31,350 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101441	38,958,965	0	0	3,952,036 54.00
54.01	05401 ULTRASOUND	0.000000	0	0	0	0 54.01
54.02	05402 CT SCAN	0.000000	0	0	0	0 54.02
54.03	05403 MRI	0.000000	0	0	0	0 54.03
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	0.134922	2,606,651	0	0	351,695 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0 60.01
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	0.000000	0	0	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.359374	346,189	0	0	124,411 65.00
66.00	06600 PHYSICAL THERAPY	0.338508	28,783	0	0	9,743 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	0.150898	14,125,534	0	0	2,131,515 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149641	4,134,438	0	0	618,681 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.261231	15,839,057	0	0	4,137,653 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245740	15,962,817	0	0	3,922,703 73.00
74.00	07400 RENAL DIALYSIS	0.369839	0	0	0	0 74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0 76.00
76.01	03025 SLEEP LAB	0.000000	0	0	0	0 76.01
76.02	03021 PSYCH SERVICES	0.000000	0	0	0	0 76.02
76.03	03026 WOUND CARE	0.415949	1,932,608	0	0	803,866 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	0.147965	13,399,974	0	0	1,982,727 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198665	1,471,873	0	0	292,410 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00	09500 AMBULANCE SERVICES	0.000000		0		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
200.00	Subtotal (see instructions)		148,022,229	0	0	22,740,111 200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	0 201.00
202.00	Net Charges (line 200 +/- line 201)		148,022,229	0	0	22,740,111 202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150035

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Title XVIII		Hospital	PPS
Cost Center Description		Costs			
		Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
		6.00	7.00		
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401	ULTRASOUND	0	0	54.01
54.02	05402	CT SCAN	0	0	54.02
54.03	05403	MRI	0	0	54.03
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
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 PATIENT	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03025	SLEEP LAB	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	76.02
76.03	03026	WOUND CARE	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
200.00		Subtotal (see instructions)	0	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0	0	201.00
202.00		Net Charges (line 200 +/- line 201)	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 150035 Component CCN: 15T035		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/30/2013 2:43 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
<b>ANCILLARY SERVICE COST CENTERS</b>								
50.00	05000	OPERATING ROOM	1,817,472	234,966,349	0.007735	46,399	359	50.00
51.00	05100	RECOVERY ROOM	0	0	0.000000	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	328,756	9,612,590	0.034201	0	0	52.00
53.00	05300	ANESTHESIOLOGY	7,120	10,117,694	0.000704	218	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,114,261	167,613,326	0.006648	256,077	1,702	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0	0	54.01
54.02	05402	CT SCAN	0	0	0.000000	0	0	54.02
54.03	05403	MRI	0	0	0.000000	0	0	54.03
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	552,240	136,839,242	0.004036	639,534	2,581	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0	0	60.01
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	0	0	0.000000	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	111,450	11,657,993	0.009560	160,250	1,532	65.00
66.00	06600	PHYSICAL THERAPY	495,333	15,794,088	0.031362	2,732,698	85,703	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	740,577	69,319,716	0.010683	42,815	457	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	50,863	28,034,609	0.001814	79,180	144	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	382,820	113,321,765	0.003378	7,137	24	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	222,114	82,151,864	0.002704	731,916	1,979	73.00
74.00	07400	RENAL DIALYSIS	12,853	1,861,641	0.006904	67,180	464	74.00
76.00	03020	OTHER ANCILLARY	0	0	0.000000	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0.000000	0	0	76.02
76.03	03026	WOUND CARE	144,780	4,349,067	0.033290	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>								
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	985,932	101,245,042	0.009738	2,248	22	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	10,935,270	0.000000	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>								
95.00	09500	AMBULANCE SERVICES						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
200.00		Total (lines 50-199)	6,966,571	997,820,256		4,765,652	94,967	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150035  
Component CCN: 15T035

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	54.03
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
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 PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	76.02
76.03	03026	WOUND CARE	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	107,682	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
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
200.00		Total (lines 50-199)	0	0	107,682	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 150035 Component CCN: 15T035	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/30/2013 2:43 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
	6.00	7.00	8.00	9.00	10.00	
<b>ANCILLARY SERVICE COST CENTERS</b>						
50.00 05000 OPERATING ROOM	0	234,966,349	0.000000	0.000000	46,399	50.00
51.00 05100 RECOVERY ROOM	0	0	0.000000	0.000000	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	9,612,590	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	10,117,694	0.000000	0.000000	218	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	167,613,326	0.000000	0.000000	256,077	54.00
54.01 05401 ULTRASOUND	0	0	0.000000	0.000000	0	54.01
54.02 05402 CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03 05403 MRI	0	0	0.000000	0.000000	0	54.03
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	136,839,242	0.000000	0.000000	639,534	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
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	0	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	11,657,993	0.000000	0.000000	160,250	65.00
66.00 06600 PHYSICAL THERAPY	0	15,794,088	0.000000	0.000000	2,732,698	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	69,319,716	0.000000	0.000000	42,815	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	28,034,609	0.000000	0.000000	79,180	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	113,321,765	0.000000	0.000000	7,137	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	82,151,864	0.000000	0.000000	731,916	73.00
74.00 07400 RENAL DIALYSIS	0	1,861,641	0.000000	0.000000	67,180	74.00
76.00 03020 OTHER ANCILLARY	0	0	0.000000	0.000000	0	76.00
76.01 03025 SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02 03021 PSYCH SERVICES	0	0	0.000000	0.000000	0	76.02
76.03 03026 WOUND CARE	0	4,349,067	0.000000	0.000000	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>						
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	107,682	101,245,042	0.001064	0.001064	2,248	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	10,935,270	0.000000	0.000000	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>						
95.00 09500 AMBULANCE SERVICES						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
200.00 Total (lines 50-199)	107,682	997,820,256			4,765,652	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150035

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 2:43 pm

Component CCN: 15T035

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
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
54.01	05401	ULTRASOUND	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	54.03
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
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 PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	0	0	76.00
76.01	03025	SLEEP LAB	0	0	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	0	0	76.02
76.03	03026	WOUND CARE	0	0	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	2	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500	AMBULANCE SERVICES					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
200.00		Total (lines 50-199)	2	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 150035  
Component CCN: 15T035

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

Worksheet D  
Part IV  
Date/Time Prepared:  
5/30/2013 2:43 pm

Title XVIII

Subprovider -  
IRF

PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
54.01	05401 ULTRASOUND	0	0	54.01
54.02	05402 CT SCAN	0	0	54.02
54.03	05403 MRI	0	0	54.03
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
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 PATIENT	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
76.00	03020 OTHER ANCILLARY	0	0	76.00
76.01	03025 SLEEP LAB	0	0	76.01
76.02	03021 PSYCH SERVICES	0	0	76.02
76.03	03026 WOUND CARE	0	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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
<b>OTHER REIMBURSABLE COST CENTERS</b>				
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
200.00	Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150035

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Title XIX		Hospital		Cost	
Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs		
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)		
		1.00	2.00	3.00	4.00	5.00	
<b>ANCILLARY SERVICE COST CENTERS</b>							
50.00	05000 OPERATING ROOM	0.115640	0	0	2,542,763	0	50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511568	0	0	14,966	0	52.00
53.00	05300 ANESTHESIOLOGY	0.023565	0	0	86,079	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101441	0	0	3,275,588	0	54.00
54.01	05401 ULTRASOUND	0.000000	0	0	0	0	54.01
54.02	05402 CT SCAN	0.000000	0	0	0	0	54.02
54.03	05403 MRI	0.000000	0	0	0	0	54.03
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	0.134922	0	0	2,353,749	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
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	0.000000	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.359374	0	0	43,893	0	65.00
66.00	06600 PHYSICAL THERAPY	0.338508	0	0	215,064	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	0.150898	0	0	963,281	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149641	0	0	118,281	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.261231	0	0	1,242,351	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245740	0	0	2,483,371	0	73.00
74.00	07400 RENAL DIALYSIS	0.369839	0	0	0	0	74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0	0	0	76.00
76.01	03025 SLEEP LAB	0.000000	0	0	0	0	76.01
76.02	03021 PSYCH SERVICES	0.000000	0	0	0	0	76.02
76.03	03026 WOUND CARE	0.415949	0	0	244,652	0	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>							
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	0.147965	0	0	3,298,735	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198665	0	0	144,739	0	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>							
95.00	09500 AMBULANCE SERVICES	0.000000	0	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
200.00	Subtotal (see instructions)		0	0	17,027,512	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	17,027,512	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 150035

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

Worksheet D  
Part V  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Title XIX		Hospital	Cost
Cost Center Description	Costs				
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
	6.00	7.00			
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0	294,045	50.00
51.00	05100	RECOVERY ROOM	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	7,656	52.00
53.00	05300	ANESTHESIOLOGY	0	2,028	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	332,279	54.00
54.01	05401	ULTRASOUND	0	0	54.01
54.02	05402	CT SCAN	0	0	54.02
54.03	05403	MRI	0	0	54.03
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	317,573	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
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	15,774	65.00
66.00	06600	PHYSICAL THERAPY	0	72,801	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	145,357	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	17,700	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	324,541	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	610,264	73.00
74.00	07400	RENAL DIALYSIS	0	0	74.00
76.00	03020	OTHER ANCILLARY	0	0	76.00
76.01	03025	SLEEP LAB	0	0	76.01
76.02	03021	PSYCH SERVICES	0	0	76.02
76.03	03026	WOUND CARE	0	101,763	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	488,097	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	28,755	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
95.00	09500	AMBULANCE SERVICES	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
200.00		Subtotal (see instructions)	0	2,758,633	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges	0		201.00
202.00		Net Charges (line 200 +/- line 201)	0	2,758,633	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 2:43 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		43,955	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		43,955	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.		20,851	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		20,469	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)		22,939	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		36,239,271	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)		36,239,271	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		69,867,180	28.00
29.00	Private room charges (excluding swing-bed charges)		35,967,787	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		33,899,393	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.518688	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		1,724.99	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,656.13	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		68.86	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		35.72	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		744,798	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		35,494,473	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		824.46	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		18,912,288	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		18,912,288	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150035		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 2:43 pm	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Hospital Program Days	PPS 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
<b>Intensive Care Type Inpatient Hospital Units</b>							
43.00	INTENSIVE CARE UNIT	12,288,422	6,944	1,769.65	0	0	43.00
43.01	NEONATAL INTENSIVE CARE UNIT	3,337,136	1,982	1,683.72	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
<b>Cost Center Description</b>							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					36,406,554	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					55,318,842	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>							
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					1,680,635	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,339,432	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					3,020,067	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					52,298,775	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>							
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>							
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>							
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
87.00	Total observation bed days (see instructions)					2,635	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					824.46	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					2,172,452	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 150035

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

Worksheet D-1  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		Title XVIII			Hospital	PPS
		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
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>						
90.00	Capital-related cost	2,686,521	36,239,271	0.074133	2,172,452	161,050
91.00	Nursing School cost	0	36,239,271	0.000000	2,172,452	0
92.00	Allied health cost	0	36,239,271	0.000000	2,172,452	0
93.00	All other Medical Education	0	36,239,271	0.000000	2,172,452	0

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150035 Component CCN: 15T035	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1 Date/Time Prepared: 5/30/2013 2:43 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
<b>PART I - ALL PROVIDER COMPONENTS</b>				
<b>INPATIENT DAYS</b>				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		3,060	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		3,060	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,060	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)		2,248	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
<b>SWING BED ADJUSTMENT</b>				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		3,077,252	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)		3,077,252	27.00
<b>PRIVATE ROOM DIFFERENTIAL ADJUSTMENT</b>				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,380,796	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,380,796	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.571895	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,758.43	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)		3,077,252	37.00
<b>PART II - HOSPITAL AND SUBPROVIDERS ONLY</b>				
<b>PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS</b>				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		1,005.64	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,260,679	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)		2,260,679	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150035 Component CCN: 15T035		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 2:43 pm		
		Title XVIII		Subprovider - IRF		PPS		
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
		1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00	
<b>Intensive Care Type Inpatient Hospital Units</b>								
43.00	INTENSIVE CARE UNIT	0	0	0.00	0	0	43.00	
43.01	NEONATAL INTENSIVE CARE UNIT	0	0	0.00	0	0	43.01	
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00	
45.00	BURN INTENSIVE CARE UNIT						45.00	
46.00	SURGICAL INTENSIVE CARE UNIT						46.00	
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00	
<b>Cost Center Description</b>								
						1.00		
48.00	Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)						1,325,479	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)						3,586,158	49.00
<b>PASS THROUGH COST ADJUSTMENTS</b>								
50.00	Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)						298,917	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)						94,969	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)						393,886	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)						3,192,272	53.00
<b>TARGET AMOUNT AND LIMIT COMPUTATION</b>								
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
<b>PROGRAM INPATIENT ROUTINE SWING BED COST</b>								
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
<b>PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY</b>								
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
<b>PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>								
87.00	Total observation bed days (see instructions)						0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)						0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)						0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 150035 Component CCN: 15T035		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 2:43 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
<b>COMPUTATION OF OBSERVATION BED PASS THROUGH COST</b>							
90.00	Capital-related cost	406,898	3,077,252	0.132228	0	0	90.00
91.00	Nursing School cost	0	3,077,252	0.000000	0	0	91.00
92.00	Allied health cost	0	3,077,252	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,077,252	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 2:43 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		42,310,253	30.00
31.00	03100	INTENSIVE CARE UNIT		12,680,098	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
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			43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.115640	49,189,307	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511568	13,920	52.00
53.00	05300	ANESTHESIOLOGY	0.023565	1,773,665	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101441	23,757,619	54.00
54.01	05401	ULTRASOUND	0.000000	0	54.01
54.02	05402	CT SCAN	0.000000	0	54.02
54.03	05403	MRI	0.000000	0	54.03
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	0.134922	29,383,624	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
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	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.359374	6,586,622	65.00
66.00	06600	PHYSICAL THERAPY	0.338508	3,635,897	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	0.150898	13,273,834	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149641	7,452,975	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.261231	36,288,085	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245740	22,436,011	73.00
74.00	07400	RENAL DIALYSIS	0.369839	1,193,055	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03025	SLEEP LAB	0.000000	0	76.01
76.02	03021	PSYCH SERVICES	0.000000	0	76.02
76.03	03026	WOUND CARE	0.415949	96,527	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.147965	13,939,270	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198665	210,782	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
200.00		Total (sum of lines 50-94 and 96-98)		209,231,193	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)		209,231,193	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150035 Component CCN: 15T035	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 2:43 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		3,944,840	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.115640	46,399	5,366 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511568	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.023565	218	5 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101441	256,077	25,977 54.00
54.01	05401 ULTRASOUND	0.000000	0	0 54.01
54.02	05402 CT SCAN	0.000000	0	0 54.02
54.03	05403 MRI	0.000000	0	0 54.03
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	0.134922	639,534	86,287 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
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	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.359374	160,250	57,590 65.00
66.00	06600 PHYSICAL THERAPY	0.338508	2,732,698	925,040 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	0.150898	42,815	6,461 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149641	79,180	11,849 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.261231	7,137	1,864 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245740	731,916	179,861 73.00
74.00	07400 RENAL DIALYSIS	0.369839	67,180	24,846 74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0 76.00
76.01	03025 SLEEP LAB	0.000000	0	0 76.01
76.02	03021 PSYCH SERVICES	0.000000	0	0 76.02
76.03	03026 WOUND CARE	0.415949	0	0 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	0.147965	2,248	333 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198665	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00	Total (sum of lines 50-94 and 96-98)		4,765,652	1,325,479 200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0 201.00
202.00	Net Charges (line 200 minus line 201)		4,765,652	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 2:43 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>					
30.00	03000	ADULTS & PEDIATRICS		2,682,842	30.00
31.00	03100	INTENSIVE CARE UNIT		1,343,778	31.00
31.01	03101	NEONATAL INTENSIVE CARE UNIT		1,063,824	31.01
32.00	03200	CORONARY CARE UNIT		0	32.00
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		24,700	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>					
50.00	05000	OPERATING ROOM	0.115640	2,767,898	50.00
51.00	05100	RECOVERY ROOM	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.511568	240,392	52.00
53.00	05300	ANESTHESIOLOGY	0.023565	114,011	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.101441	1,496,132	54.00
54.01	05401	ULTRASOUND	0.000000	0	54.01
54.02	05402	CT SCAN	0.000000	0	54.02
54.03	05403	MRI	0.000000	0	54.03
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	0.134922	2,147,816	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
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	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.359374	825,110	65.00
66.00	06600	PHYSICAL THERAPY	0.338508	165,099	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	0.150898	815,294	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149641	385,237	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.261231	1,452,672	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.245740	2,341,990	73.00
74.00	07400	RENAL DIALYSIS	0.369839	149,160	74.00
76.00	03020	OTHER ANCILLARY	0.000000	0	76.00
76.01	03025	SLEEP LAB	0.000000	0	76.01
76.02	03021	PSYCH SERVICES	0.000000	0	76.02
76.03	03026	WOUND CARE	0.415949	43,898	76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>					
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	0.147965	974,430	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.198665	12,119	92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>					
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
200.00		Total (sum of lines 50-94 and 96-98)		13,931,258	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)		13,931,258	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 150035 Component CCN: 15T035	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 2:43 pm
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
<b>INPATIENT ROUTINE SERVICE COST CENTERS</b>				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
31.01	03101 NEONATAL INTENSIVE CARE UNIT		0	31.01
32.00	03200 CORONARY CARE UNIT		0	32.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		79,884	41.00
42.00	04200 SUBPROVIDER		0	42.00
43.00	04300 NURSERY		0	43.00
<b>ANCILLARY SERVICE COST CENTERS</b>				
50.00	05000 OPERATING ROOM	0.115640	4,509	521 50.00
51.00	05100 RECOVERY ROOM	0.000000	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.511568	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.023565	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.101441	2,100	213 54.00
54.01	05401 ULTRASOUND	0.000000	0	0 54.01
54.02	05402 CT SCAN	0.000000	0	0 54.02
54.03	05403 MRI	0.000000	0	0 54.03
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	0.134922	9,787	1,320 60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0 60.01
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	0.000000	0	0 64.00
65.00	06500 RESPIRATORY THERAPY	0.359374	4,256	1,529 65.00
66.00	06600 PHYSICAL THERAPY	0.338508	52,434	17,749 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	0.150898	698	105 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.149641	561	84 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.261231	735	192 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.245740	79,353	19,500 73.00
74.00	07400 RENAL DIALYSIS	0.369839	0	0 74.00
76.00	03020 OTHER ANCILLARY	0.000000	0	0 76.00
76.01	03025 SLEEP LAB	0.000000	0	0 76.01
76.02	03021 PSYCH SERVICES	0.000000	0	0 76.02
76.03	03026 WOUND CARE	0.415949	0	0 76.03
<b>OUTPATIENT SERVICE COST CENTERS</b>				
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	0.147965	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.198665	0	0 92.00
<b>OTHER REIMBURSABLE COST CENTERS</b>				
95.00	09500 AMBULANCE SERVICES			95.00
96.00	09600 DURABLE MEDICAL EQUIP-RENTED	0.000000	0	0 96.00
97.00	09700 DURABLE MEDICAL EQUIP-SOLD	0.000000	0	0 97.00
200.00	Total (sum of lines 50-94 and 96-98)		154,433	41,213 200.00
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)		154,433	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 2:43 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART A - INPATIENT HOSPITAL SERVICES UNDER PPS</b>				
1.00	DRG Amounts Other than Outlier Payments		41,525,038	1.00
2.00	Outlier payments for discharges. (see instructions)		3,013,708	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		249.01	4.00
<b>Indirect Medical Education Adjustment</b>				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
<b>Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA</b>				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(c).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment ( sum of lines 22 and 28)		0	29.00
<b>Disproportionate Share Adjustment</b>				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		2.67	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		14.99	31.00
32.00	Sum of lines 30 and 31		17.66	32.00
33.00	Allowable disproportionate share percentage (see instructions)		4.23	33.00
34.00	Disproportionate share adjustment (see instructions)		1,756,509	34.00
<b>Additional payment for high percentage of ESRD beneficiary discharges</b>				
40.00	Total Medicare discharges on worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		46,295,255	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		46,295,255	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		3,670,940	50.00
51.00	Exception payment for inpatient program capital (worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		3,361	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 2:43 pm
		Title XVIII	Hospital	PPS
				1.00
57.00	Routine service other pass through costs (from wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)			14,831 58.00
59.00	Total (sum of amounts on lines 49 through 58)			49,984,387 59.00
60.00	Primary payer payments			28,247 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			49,956,140 61.00
62.00	Deductibles billed to program beneficiaries			4,543,228 62.00
63.00	Coinsurance billed to program beneficiaries			280,198 63.00
64.00	Allowable bad debts (see instructions)			204,318 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			143,023 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			166,685 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			45,275,737 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96).(For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			-1,605 70.00
70.93	HVBP incentive payment (see instructions)			-3,487 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			5,698 70.94
70.95	Recovery of Accelerated Depreciation			0 70.95
70.96	Low Volume Payment-1			0 70.96
70.97	Low Volume Payment-2			0 70.97
70.98	Low Volume Payment-3			0 70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)			45,276,343 71.00
72.00	Interim payments			45,787,977 72.00
73.00	Tentative settlement (for contractor use only)			0 73.00
74.00	Balance due provider (Program) (line 71 minus the sum of lines 72 and 73)			-511,634 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			2,391,465 75.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Operating outlier amount from worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 2:43 pm
		Title XVIII	Hospital	PPS
		1.00		
<b>PART B - MEDICAL AND OTHER HEALTH SERVICES</b>				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		22,725,853	2.00
3.00	PPS payments		21,661,254	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		14,258	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
<b>COMPUTATION OF LESSER OF COST OR CHARGES</b>				
<b>Reasonable charges</b>				
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
<b>Customary charges</b>				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		21,675,512	24.00
<b>COMPUTATION OF REIMBURSEMENT SETTLEMENT</b>				
25.00	Deductibles and coinsurance (for CAH, see instructions)		13,018	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		4,939,018	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)		16,723,476	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)		16,723,476	30.00
31.00	Primary payer payments		20,491	31.00
32.00	Subtotal (line 30 minus line 31)		16,702,985	32.00
<b>ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)</b>				
33.00	Composite rate ESRD (from worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		385,153	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		269,607	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		347,037	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		16,972,592	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)		16,972,592	40.00
41.00	Interim payments		17,032,640	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)		-60,048	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00
			Overrides	
			1.00	
<b>WORKSHEET OVERRIDE VALUES</b>				
112.00	Override of Ancillary service charges (line 12)		0	112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 150035

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		45,756,277		16,999,040	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	
<b>Program to Provider</b>							
3.01	ADJUSTMENTS TO PROVIDER	08/29/2012	31,700	08/29/2012	33,600	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	
<b>Provider to Program</b>							
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)		31,700		33,600	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)		45,787,977		17,032,640	4.00	
<b>TO BE COMPLETED BY CONTRACTOR</b>							
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	
<b>Program to Provider</b>							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
<b>Provider to Program</b>							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		0	6.01	
6.02	SETTLEMENT TO PROGRAM		511,634		60,048	6.02	
7.00	Total Medicare program liability (see instructions)		45,276,343		16,972,592	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: 150035  
Component CCN: 15T035

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

Worksheet E-1  
Part I  
Date/Time Prepared:  
5/30/2013 2:43 pm

Title XVIII

Subprovider -  
IRF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider		3,112,563		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
<b>Program to Provider</b>						
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
<b>Provider to Program</b>						
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)		3,112,563		0	4.00
<b>TO BE COMPLETED BY CONTRACTOR</b>						
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
<b>Program to Provider</b>						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
<b>Provider to Program</b>						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		21,181		0	6.02
7.00	Total Medicare program liability (see instructions)		3,091,382		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 150035 Component CCN: 15T035	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part III Date/Time Prepared: 5/30/2013 2:43 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
<b>PART III - MEDICARE PART A SERVICES - IRF PPS</b>				
1.00	Net Federal PPS Payment (see instructions)			2,793,721 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0155 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			75,634 3.00
4.00	Outlier Payments			265,953 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
5.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 5.01
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTES in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			8.360656 10.00
11.00	Medical Education Adjustment Factor {{{(1 + (line 9/line 10)) raised to the power of .6876 -1}}.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			3,135,308 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			3,135,308 17.00
18.00	Primary payer payments			0 18.00
19.00	Subtotal (line 17 less line 18).			3,135,308 19.00
20.00	Deductibles			15,028 20.00
21.00	Subtotal (line 19 minus line 20)			3,120,280 21.00
22.00	Coinsurance			28,900 22.00
23.00	Subtotal (line 21 minus line 22)			3,091,380 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			3,091,380 27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			2 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			3,091,382 32.00
33.00	Interim payments			3,112,563 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			-21,181 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			58,562 36.00
<b>TO BE COMPLETED BY CONTRACTOR</b>				
50.00	Original outlier amount from worksheet E-3, Part III, line 4			265,953 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

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

Provider CCN: 150035

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

Worksheet G

Date/Time Prepared:  
5/30/2013 2:43 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
<b>CURRENT ASSETS</b>						
1.00	Cash on hand in banks	-3,944,776	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	51,438,962	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-12,558,952	0	0	0	6.00
7.00	Inventory	6,675,280	0	0	0	7.00
8.00	Prepaid expenses	1,070,784	0	0	0	8.00
9.00	Other current assets	276,431	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)	42,957,729	0	0	0	11.00
<b>FIXED ASSETS</b>						
12.00	Land	15,980,775	0	0	0	12.00
13.00	Land improvements	5,049,317	0	0	0	13.00
14.00	Accumulated depreciation	-1,420,437	0	0	0	14.00
15.00	Buildings	198,556,009	0	0	0	15.00
16.00	Accumulated depreciation	-17,739,908	0	0	0	16.00
17.00	Leasehold improvements	5,658,862	0	0	0	17.00
18.00	Accumulated depreciation	-3,503,170	0	0	0	18.00
19.00	Fixed equipment	5,942,133	0	0	0	19.00
20.00	Accumulated depreciation	-543,786	0	0	0	20.00
21.00	Automobiles and trucks	330,596	0	0	0	21.00
22.00	Accumulated depreciation	-229,190	0	0	0	22.00
23.00	Major movable equipment	48,922,642	0	0	0	23.00
24.00	Accumulated depreciation	-15,684,379	0	0	0	24.00
25.00	Minor equipment depreciable	15,322,449	0	0	0	25.00
26.00	Accumulated depreciation	-6,625,940	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)	250,015,973	0	0	0	30.00
<b>OTHER ASSETS</b>						
31.00	Investments	0	0	0	0	31.00
32.00	Deposits on leases	0	0	0	0	32.00
33.00	Due from owners/officers	0	0	0	0	33.00
34.00	Other assets	6,530,028	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,530,028	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	299,503,730	0	0	0	36.00
<b>CURRENT LIABILITIES</b>						
37.00	Accounts payable	6,571,834	0	0	0	37.00
38.00	Salaries, wages, and fees payable	9,898,162	0	0	0	38.00
39.00	Payroll taxes payable	1,178,734	0	0	0	39.00
40.00	Notes and loans payable (short term)	833	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	82,849,330	0	0	0	43.00
44.00	Other current liabilities	5,209,961	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	105,708,854	0	0	0	45.00
<b>LONG TERM LIABILITIES</b>						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	1,667	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	15,596,476	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	15,598,143	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	121,306,997	0	0	0	51.00
<b>CAPITAL ACCOUNTS</b>						
52.00	General fund balance	178,196,733				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)	178,196,733	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	299,503,730	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 150035

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

Worksheet G-1

Date/Time Prepared:  
5/30/2013 2:43 pm

		General Fund		Special Purpose Fund		Endowment Fund
		1.00	2.00	3.00	4.00	5.00
1.00	Fund balances at beginning of period		132,138,380		0	1.00
2.00	Net income (loss) (from wkst. G-3, line 29)		46,058,350			2.00
3.00	Total (sum of line 1 and line 2)		178,196,730		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		178,196,730		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		178,196,730		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (from wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		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: 150035

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

Worksheet G-2  
Parts I & II  
Date/Time Prepared:  
5/30/2013 2:43 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
<b>PART I - PATIENT REVENUES</b>					
<b>General Inpatient Routine Services</b>					
1.00	Hospital	69,867,180		69,867,180	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	5,380,796		5,380,796	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	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)	75,247,976		75,247,976	10.00
<b>Intensive Care Type Inpatient Hospital Services</b>					
11.00	INTENSIVE CARE UNIT	22,164,359		22,164,359	11.00
11.01	NEONATAL INTENSIVE CARE UNIT	10,809,759		10,809,759	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	32,974,118		32,974,118	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	108,222,094		108,222,094	17.00
18.00	Ancillary services	417,698,297	0	417,698,297	18.00
19.00	Outpatient services	0	580,121,959	580,121,959	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				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	525,920,391	580,121,959	1,106,042,350	28.00
<b>PART II - OPERATING EXPENSES</b>					
29.00	Operating expenses (per wkst. A, column 3, line 200)		261,549,625		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		261,549,625		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 150035

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

Worksheet G-3

Date/Time Prepared:  
5/30/2013 2:43 pm

		1.00	
1.00	Total patient revenues (from wkst. G-2, Part I, column 3, line 28)	1,106,042,350	1.00
2.00	Less contractual allowances and discounts on patients' accounts	800,209,006	2.00
3.00	Net patient revenues (line 1 minus line 2)	305,833,344	3.00
4.00	Less total operating expenses (from wkst. G-2, Part II, line 43)	261,549,625	4.00
5.00	Net income from service to patients (line 3 minus line 4)	44,283,719	5.00
<b>OTHER INCOME</b>			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	2,007,850	24.00
24.01	HITECH INCOME	-233,219	24.01
25.00	Total other income (sum of lines 6-24)	1,774,631	25.00
26.00	Total (line 5 plus line 25)	46,058,350	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)	46,058,350	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 150035	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 2:43 pm
		Title XVIII	Hospital	PPS
				1.00
<b>PART I - FULLY PROSPECTIVE METHOD</b>				
<b>CAPITAL FEDERAL AMOUNT</b>				
1.00	Capital DRG other than outlier		3,321,418	1.00
2.00	Capital DRG outlier payments		228,622	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		137.28	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		2.67	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		14.99	8.00
9.00	Sum of lines 7 and 8		17.66	9.00
10.00	Allowable disproportionate share percentage (see instructions)		3.64	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		120,900	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,670,940	12.00
				1.00
<b>PART II - PAYMENT UNDER REASONABLE COST</b>				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
<b>PART III - COMPUTATION OF EXCEPTION PAYMENTS</b>				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00