

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: 140034	Period: From 01/01/2012 To 12/31/2012 Worksheet S Parts I-III Date/Time Prepared: 5/21/2013 2:34 pm

PART I - COST REPORT STATUS		
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/21/2013 Time: 2:34 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 ST. MARY'S HOSPITAL (140034) for the cost reporting period beginning 01/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	426,398	503,318	0	0	1.00
2.00 Subprovider - IPF	0	39,765	0		0	2.00
3.00 Subprovider - IRF	0	0	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0		0		0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0		0		0	11.00
12.00 CMHC I	0		0		0	12.00
12.20 OUTPATIENT PHYSICAL THERAPY I	0		0		0	12.20
200.00 Total	0	466,163	503,318	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/21/2013 2:33 pm
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1.00	2.00	3.00	4.00	1.00
Hospital and Hospital Health Care Complex Address:				
Street: 400 NORTH PLEASANT AVENUE		PO Box:	State: IL	Zip Code: 62801-
City: CENTRALIA				County: MARI ON

	Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
						V	XVIII	XIX		
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00			
Hospital and Hospital -Based Component Identification:										
3.00	Hospital	ST. MARY'S HOSPITAL	140034	99914	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF	ST. MARY'S PSYCH	14S034	99914	4	01/01/2002	N	P	P	4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NF									10.00
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA									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
17.20	Hospital -Based (OPT) I	ST MARY'S WORK SAFETY INSTITUTE	146668	99914		03/08/2000	N	O	N	17.20
17.30	Hospital -Based (OOT) I									17.30
17.40	Hospital -Based (OSP) I									17.40
18.00	Renal Dialysis									18.00
19.00	Other									19.00

		From:	To:	
		1.00	2.00	
20.00	Cost Reporting Period (mm/dd/yyyy)	01/01/2012	12/31/2012	20.00
21.00	Type of Control (see instructions)	1		21.00

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

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
	1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,850	150	0	0	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	25.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/21/2013 2:33 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.	1				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.	01/01/2012	12/31/2012			38.00
		Y/N	Y/N			
		1.00	2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.	N	N			39.00
		V	XVIII	XIX		
		1.00	2.00	3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	N	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

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	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
					5.00	
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))
			3.00
1.00	2.00	3.00	

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

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
					5.00	
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		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)			0		76.00
		1.00				
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.		N			80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.		N			85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
		1.00			2.00 3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	Y				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

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	493,484	0		118.01
				1.00	2.00
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	Y	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.		N		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	269020	140.00
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: SSM HEALTHCARE	Contractor's Name: A		Contractor's Number: 05301	
142.00	Street: 477 N LINDBERGH	PO Box:			
143.00	City: ST. LOUIS	State: MO		Zip Code: 63141	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			N	145.00
				1.00	2.00
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	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				
161.10	CORF				
161.20	OUTPATIENT PHYSICAL THERAPY				
161.30	OUTPATIENT OCCUPATIONAL THERAPY				
161.40	OUTPATIENT SPEECH PATHOLOGY		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140034			Period: From 01/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/21/2013 2:33 pm	
							1.00	
Multi campus								
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.						N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus	
		0	1.00	2.00	3.00	4.00	5.00	
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00
							1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act								
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.						N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0	168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/21/2013 2:33 pm	
			Y/N	Date	
			1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
			Y/N	Date	V/I
			1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y			3.00
			Y/N	Type	Date
			1.00	2.00	3.00
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Legal Oper.	
			1.00	2.00	
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
				Y/N	
				1.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
Description		Y/N	Date	Y/N	
0		1.00	2.00	3.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	03/31/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/21/2013 2:33 pm
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	Description	Part A		Part B		
		Y/N	Date	Y/N		
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N		21.00
						1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)						
Capital Related Cost						
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions					22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.					23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions					24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.					25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.					26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.					27.00
Interest Expense						
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.					28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions					29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.					30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.					31.00
Purchased Services						
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.					32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.					33.00
Provider-Based Physicians						
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.					34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.					35.00
						Y/N
						Date
						1.00
						2.00
Home Office Costs						
36.00	Were home office costs claimed on the cost report?					36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.					37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	N				38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.					39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.					40.00
						1.00
						2.00
Cost Report Preparer Contact Information						
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	MI KE		HOBBS		41.00
42.00	Enter the employer/company name of the cost report preparer.	SMGS				42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	6184367566		MI KE_HOBBS@SSMHC.COM		43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE	Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/21/2013 2:33 pm
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		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	03/31/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	FINANCIAL REIMBURSEMENT SPECIALIST	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140034

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	82	30,111	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)		82	30,111	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		94	34,503	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	12	4,392		0	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPI CE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10				0	25.10
25.20 CMHC - OUTPATIENT PHYSICAL THERAPY	99.20				0	25.20
25.30 CMHC - OUTPATIENT OCCUPATIONAL THERAPY	99.30				0	25.30
25.40 CMHC - OUTPATIENT SPEECH PATHOLOGY	99.40				0	25.40
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		106				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 Equivalents		
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)	13,550	2,994	19,367			1.00
2.00 HMO	124	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	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)	13,550	2,994	19,367			7.00
8.00 INTENSIVE CARE UNIT	1,567	397	2,680			8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		505	574			13.00
14.00 Total (see instructions)	15,117	3,896	22,621	0.00	739.30	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	520	788	2,463	0.00	10.50	16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140034

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

Worksheet S-3
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
25.10	CMHC - CORF	0	0	0	0.00	0.00	25.10
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0	0	0	0.00	0.00	25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0.00	0.00	25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0	0	0	0.00	0.00	25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	749.80	27.00
28.00	Observation Bed Days		532	2,127			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			273			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		104	138			32.00
33.00	LTCH non-covered days	0					33.00
Component		Discharges					
		Full Time Equivalents	Title V	Title VIII	Title XIX	Total All Patients	
		Nonpaid Workers	12.00	13.00	14.00	15.00	
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	3,175	1,052	5,228	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
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	3,175	1,052	5,228	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF	0.00	0	134	240	728	16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						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
25.20	CMHC - OUTPATIENT PHYSICAL THERAPY	0.00					25.20
25.30	CMHC - OUTPATIENT OCCUPATIONAL THERAPY	0.00					25.30
25.40	CMHC - OUTPATIENT SPEECH PATHOLOGY	0.00					25.40
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION			Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet S-3 Part II Date/Time Prepared: 5/21/2013 2:33 pm	
	Worksheet A Line Number	Amount Reported	Reclassification of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 + col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)		
	1.00	2.00	3.00	4.00	5.00	6.00		
PART II - WAGE DATA								
SALARIES								
1.00	Total salaries (see instructions)	200.00	37,859,963	0	37,859,963	1,568,993.00	24.13	1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00	2.00
3.00	Non-physician anesthetist Part B		214,672	0	214,672	2,166.00	99.11	3.00
4.00	Physician-Part A - Administrative		283,443	0	283,443	1,855.00	152.80	4.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00	4.01
5.00	Physician-Part B		69,328	0	69,328	446.00	155.44	5.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00	6.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00	7.01
8.00	Home office personnel		0	0	0	0.00	0.00	8.00
9.00	SNF	44.00	0	0	0	0.00	0.00	9.00
10.00	Excluded area salaries (see instructions)		1,505,931	52,625	1,558,556	69,202.00	22.52	10.00
OTHER WAGES & RELATED COSTS								
11.00	Contract labor (see instructions)		365,451	0	365,451	5,999.00	60.92	11.00
12.00	Contract management and administrative services		0	0	0	0.00	0.00	12.00
13.00	Contract Labor: Physician-Part A - Administrative		199,091	0	199,091	1,184.00	168.15	13.00
14.00	Home office salaries & wage-related costs		6,764,455	0	6,764,455	105,165.00	64.32	14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00	15.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00	16.00
WAGE-RELATED COSTS								
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		17,967,554	0	17,967,554			17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0			18.00
19.00	Excluded areas		759,181	0	759,181			19.00
20.00	Non-physician anesthetist Part A		0	0	0			20.00
21.00	Non-physician anesthetist Part B		107,087	0	107,087			21.00
22.00	Physician Part A - Administrative		31,533	0	31,533			22.00
22.01	Physician Part A - Teaching		0	0	0			22.01
23.00	Physician Part B		7,602	0	7,602			23.00
24.00	Wage-related costs (RHC/FOHC)		0	0	0			24.00
25.00	Interns & residents (in an approved program)		0	0	0			25.00
OVERHEAD COSTS - DIRECT SALARIES								
26.00	Employee Benefits	4.00	397,700	0	397,700	19,024.00	20.91	26.00
27.00	Administrative & General	5.00	5,628,566	16,298	5,644,864	222,081.00	25.42	27.00
28.00	Administrative & General under contract (see inst.)		200,000	0	200,000	1,000.00	200.00	28.00
29.00	Maintenance & Repairs	6.00	758,570	-558,709	199,861	10,816.00	18.48	29.00
30.00	Operation of Plant	7.00	0	558,709	558,709	30,209.00	18.49	30.00
31.00	Laundry & Linen Service	8.00	130,055	0	130,055	11,273.00	11.54	31.00
32.00	Housekeeping	9.00	979,641	0	979,641	80,509.00	12.17	32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00	33.00
34.00	Dietary	10.00	895,763	-586,900	308,863	19,939.00	15.49	34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00	35.00
36.00	Cafeteria	11.00	0	586,900	586,900	46,204.00	12.70	36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00	37.00
38.00	Nursing Administration	13.00	855,868	0	855,868	21,118.00	40.53	38.00
39.00	Central Services and Supply	14.00	0	0	0	0.00	0.00	39.00
40.00	Pharmacy	15.00	0	0	0	0.00	0.00	40.00
41.00	Medical Records & Medical Records Library	16.00	935,487	0	935,487	53,687.00	17.42	41.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140034

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

Worksheet S-3
Part II
Date/Time Prepared:
5/21/2013 2:33 pm

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	289,445	0	289,445	13,404.00	21.59	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140034

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

Worksheet S-3
Part III
Date/Time Prepared:
5/21/2013 2:33 pm

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Sal aries (from Worksheet A-6)	Adjusted Sal aries (col . 2 ± col . 3)	Paid Hours Related to Sal aries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	37,775,963	0	37,775,963	1,567,381.00	24.10	1.00
2.00	Excluded area salaries (see instructions)	1,505,931	52,625	1,558,556	69,202.00	22.52	2.00
3.00	Subtotal salaries (line 1 minus line 2)	36,270,032	-52,625	36,217,407	1,498,179.00	24.17	3.00
4.00	Subtotal other wages & related costs (see inst.)	7,328,997	0	7,328,997	112,348.00	65.23	4.00
5.00	Subtotal wage-related costs (see inst.)	17,999,087	0	17,999,087	0.00	49.70	5.00
6.00	Total (sum of lines 3 thru 5)	61,598,116	-52,625	61,545,491	1,610,527.00	38.21	6.00
7.00	Total overhead cost (see instructions)	11,071,095	16,298	11,087,393	529,264.00	20.95	7.00

HOSPITAL WAGE RELATED COSTS

Provider CCN: 140034

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

Worksheet S-3
Part IV
Date/Time Prepared:
5/21/2013 2:33 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401K Employer Contributions	305,308	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	-122,921	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	1,270,884	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401K/TSA Plan Administration Fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	12,782,769	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	264,196	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	111,723	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	8,962	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	133,523	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	503,899	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,422,823	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	37,504	19.00
20.00	State or Federal Unemployment Taxes	0	20.00
OTHER			
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))	0	21.00
22.00	Day Care Cost and Allowances	0	22.00
23.00	Tuition Reimbursement	248,884	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,967,554	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COST	159,872	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140034

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

Worksheet S-3
Part V
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	868,980	0	1.00
2.00	Hospital	868,980	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF			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			8.00
9.00	Hospital-Based NF			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			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
16.20	Hospital-Based-CMHC 20	0	0	16.20
16.30	Hospital-Based-CMHC 30	0	0	16.30
16.40	Hospital-Based-CMHC 40	0	0	16.40
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/21/2013 2:33 pm
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			1.00		
Uncompensated and indigent care cost computation					
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.330667	1.00	
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		10,958,714	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		53,221,257	6.00	
7.00	Medicaid cost (line 1 times line 6)		17,598,513	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)		6,639,799	8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP		0	9.00	
10.00	Stand-alone SCHIP charges		0	10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0	11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0	12.00	
Other state or local government indigent care program (see instructions for each line)					
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0	13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0	14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0	15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0	16.00	
Uncompensated care (see instructions for each line)					
17.00	Private grants, donations, or endowment income restricted to funding charity care		0	17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0	18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		6,639,799	19.00	
			1.00		
			2.00		
			3.00		
			1.00		
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	8,904,311	559,158	9,463,469	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	2,944,362	184,895	3,129,257	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)	2,944,362	184,895	3,129,257	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)		9,132,300	26.00	
27.00	Medicare bad debts for the entire hospital complex (see instructions)		942,154	27.00	
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		8,190,146	28.00	
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,708,211	29.00	
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		5,837,468	30.00	
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		12,477,267	31.00	

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet A	
Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,702,502	1,702,502	1,061,122	2,763,624	1.00
2.00	00200		1,894,285	1,894,285	27,191	1,921,476	2.00
3.00	00300		74,941	74,941	-74,941	0	3.00
4.00	00400	397,700	16,275,860	16,673,560	-17	16,673,543	4.00
5.00	00500	5,628,566	15,713,403	21,341,969	-946,074	20,395,895	5.00
6.00	00600	758,570	2,233,760	2,992,330	-2,103,869	888,461	6.00
6.01	00602	0	955,199	955,199	0	955,199	6.01
7.00	00700	0	0	0	2,179,689	2,179,689	7.00
8.00	00800	130,055	439,798	569,853	-117	569,736	8.00
9.00	00900	979,641	219,995	1,199,636	-105,320	1,094,316	9.00
10.00	01000	895,763	777,038	1,672,801	-1,195,423	477,378	10.00
11.00	01100	0	0	0	1,195,294	1,195,294	11.00
13.00	01300	855,868	57,306	913,174	-48	913,126	13.00
16.00	01600	935,487	327,882	1,263,369	-79	1,263,290	16.00
17.00	01700	289,445	22,847	312,292	-205	312,087	17.00
19.00	01900	214,672	0	214,672	0	214,672	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,655,596	894,817	8,550,413	-1,058,843	7,491,570	30.00
31.00	03100	2,435,058	904,423	3,339,481	27,811	3,367,292	31.00
40.00	04000	903,564	32,426	935,990	0	935,990	40.00
43.00	04300	0	0	0	649,852	649,852	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,539,245	2,715,663	5,254,908	60,401	5,315,309	50.00
52.00	05200	0	0	0	520,234	520,234	52.00
53.00	05300	0	2,141,210	2,141,210	0	2,141,210	53.00
54.00	05400	1,528,674	1,150,778	2,679,452	-55	2,679,397	54.00
54.01	05401	92,407	3,397	95,804	0	95,804	54.01
56.01	03470	171,431	678,583	850,014	0	850,014	56.01
57.00	05700	272,363	61,376	333,739	0	333,739	57.00
58.00	05800	124,330	57,420	181,750	0	181,750	58.00
59.00	05900	324,931	361,772	686,703	22,924	709,627	59.00
60.00	06000	1,698,954	2,143,124	3,842,078	-668	3,841,410	60.00
64.00	06400	239,475	62,153	301,628	0	301,628	64.00
65.00	06500	708,492	284,608	993,100	6,422	999,522	65.00
65.98	06501	0	0	0	116,996	116,996	65.98
66.00	06600	1,586,574	550,192	2,136,766	-497	2,136,269	66.00
68.00	06800	89,551	3,932	93,483	0	93,483	68.00
69.00	06900	731,102	481,372	1,212,474	0	1,212,474	69.00
70.01	07001	323,717	310,367	634,084	-22	634,062	70.01
71.00	07100	160,662	161,533	322,195	-322,195	0	71.00
73.00	07300	1,223,809	5,047,235	6,271,044	0	6,271,044	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	295,013	73,833	368,846	-116,996	251,850	90.00
90.01	09002	34,539	1,534	36,073	0	36,073	90.01
90.02	09001	564,535	139,227	703,762	-110	703,652	90.02
90.04	09003	97,492	454	97,946	0	97,946	90.04
91.00	09100	2,370,315	1,198,921	3,569,236	0	3,569,236	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		37,257,596	60,155,166	97,412,762	-57,543	97,355,219	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	29,938	11,790	41,728	-389	41,339	190.00
193.05	19305	570,231	794,511	1,364,742	-67,714	1,297,028	193.05
193.06	19306	1,530	37	1,567	0	1,567	193.06
193.07	19307	0	0	0	125,646	125,646	193.07
193.08	19308	668	0	668	0	668	193.08
200.00		37,859,963	60,961,504	98,821,467	0	98,821,467	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140034

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

Worksheet A
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	-477,733	2,285,891	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	741,917	2,663,393	2.00
3.00	00300	OTHER CAPITAL RELATED COSTS	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	-4,610,182	12,063,361	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-1,811,738	18,584,157	5.00
6.00	00600	MAINTENANCE & REPAIRS	-837	887,624	6.00
6.01	00602	BIOMEDICAL SERVICES	0	955,199	6.01
7.00	00700	OPERATION OF PLANT	0	2,179,689	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	569,736	8.00
9.00	00900	HOUSEKEEPING	-1,072	1,093,244	9.00
10.00	01000	DIETARY	-2,508	474,870	10.00
11.00	01100	CAFETERIA	-378,207	817,087	11.00
13.00	01300	NURSING ADMINISTRATION	-6,633	906,493	13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-118,868	1,144,422	16.00
17.00	01700	SOCIAL SERVICE	-221	311,866	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	-214,672	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-5,396	7,486,174	30.00
31.00	03100	INTENSIVE CARE UNIT	-245	3,367,047	31.00
40.00	04000	SUBPROVIDER - IPF	-3,190	932,800	40.00
43.00	04300	NURSERY	-35	649,817	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-28,354	5,286,955	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	520,234	52.00
53.00	05300	ANESTHESIOLOGY	-1,916,758	224,452	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-953,333	1,726,064	54.00
54.01	05401	CARDIAC REHABILITATION	-9,126	86,678	54.01
56.01	03470	NUCLEAR MEDICINE	-50,315	799,699	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	333,739	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	181,750	58.00
59.00	05900	CARDIAC CATHETERIZATION	-18,280	691,347	59.00
60.00	06000	LABORATORY	-94,215	3,747,195	60.00
64.00	06400	INTRAVENOUS THERAPY	-44	301,584	64.00
65.00	06500	RESPIRATORY THERAPY	-37,850	961,672	65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	0	116,996	65.98
66.00	06600	PHYSICAL THERAPY	-176,257	1,960,012	66.00
68.00	06800	SPEECH PATHOLOGY	0	93,483	68.00
69.00	06900	ELECTROCARDIOLOGY	-443,394	769,080	69.00
70.01	07001	NUEROLOGY	-276,325	357,737	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,354	6,263,690	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-118,037	133,813	90.00
90.01	09002	DIABETES EDUCATION	0	36,073	90.01
90.02	09001	PSYCH SERVICES	-84,072	619,580	90.02
90.04	09003	ANTI COAGULATION CLINIC	0	97,946	90.04
91.00	09100	EMERGENCY	-682,168	2,887,068	91.00
92.00	09200	OBSERVATION BEDS			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	99.40
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-11,785,502	85,569,717	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	41,339	190.00
193.05	19305	OTHER NON-REIMBURSABLE	64,626	1,361,654	193.05
193.06	19306	OUTSIDE ACCOUNTING	0	1,567	193.06
193.07	19307	OUTSIDE PRINTING	0	125,646	193.07
193.08	19308	FOUNDATION	211,910	212,578	193.08
200.00		TOTAL (SUM OF LINES 118-199)	-11,508,966	87,312,501	200.00

RECLASSIFICATIONS

Provider CCN: 140034

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

Worksheet A-6
Date/Time Prepared:
5/21/2013 2:33 pm

		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS FROM OB TO NURSERY						
1.00	NURSERY	43.00	566,480	81,981	1.00	
	TOTALS		566,480	81,981		
B - RECLASS FROM OB TO DELIVERY ROOM						
1.00	DELIVERY ROOM & LABOR ROOM	52.00	454,464	65,770	1.00	
	TOTALS		454,464	65,770		
C - RECLASS FROM DIETARY TO CAFETERIA						
1.00	CAFETERIA	11.00	586,900	608,394	1.00	
	TOTALS		586,900	608,394		
D - RECLASS IV PUMP COST						
1.00	ADULTS & PEDIATRICS	30.00	0	109,852	1.00	
2.00	INTENSIVE CARE UNIT	31.00	0	27,811	2.00	
3.00	NURSERY	43.00	0	1,391	3.00	
	TOTALS		0	139,054		
E - RECLASS MAILROOM COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	11,284	0	1.00	
	TOTALS		11,284	0		
F - RECLASS CENTRAL SERVICE COST						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,289	1.00	
2.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	133	2.00	
3.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	474	3.00	
4.00	ADMINISTRATIVE & GENERAL	5.00	57,639	0	4.00	
5.00	OPERATING ROOM	50.00	62,382	1,289	5.00	
6.00	RESPIRATORY THERAPY	65.00	6,422	133	6.00	
7.00	CARDIAC CATHETERIZATION	59.00	22,935	474	7.00	
	TOTALS		149,378	3,792		
G - RECLASS INTEREST & FINANCIN						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	972,638	1.00	
	TOTALS		0	972,638		
H - RECLASS PLANT OPERATIONS						
1.00	OPERATION OF PLANT	7.00	558,709	1,545,160	1.00	
	TOTALS		558,709	1,545,160		
I - RECLASS O/S PRINTING TO NON-REIMBURS						
1.00	OUTSIDE PRINTING	193.07	52,625	73,021	1.00	
	TOTALS		52,625	73,021		
J - RECLASS INVENTORY COST						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	24,375	1.00	
	TOTALS		0	24,375		
K - RECLASS DOCUMENT SHREDDING						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	103,686	1.00	
	TOTALS		0	103,686		
L - RECLASS UTILITIES						
1.00	OPERATION OF PLANT	7.00	0	75,820	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
	TOTALS		0	75,820		
M - RECLASS REAL ESTATE TAXES						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	40,734	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		0	40,734		
N - RECLASS HYPERBARIC OXYGEN THERAPY						
1.00	HYPERBARIC OXYGEN THERAPY	65.98	94,883	22,113	1.00	
	TOTALS		94,883	22,113		
O - RECLASS MEDICAL SUPPLIES						
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,981	1.00	
	TOTALS		0	1,981		

Provider CCN: 140034

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

Worksheet A-6

Date/Time Prepared:
5/21/2013 2:33 pm

Increases					
Cost Center	Line #	Salary	Other		
2.00	3.00	4.00	5.00		
500.00	Grand Total : Increases	2,474,723	3,758,519		500.00

RECLASSIFICATIONS

Provider CCN: 140034

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

Worksheet A-6
Date/Time Prepared:
5/21/2013 2:33 pm

Decreases						Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - RECLASS FROM OB TO NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	566,480	81,981	0		1.00
	TOTALS		566,480	81,981			
B - RECLASS FROM OB TO DELIVERY ROOM							
1.00	ADULTS & PEDIATRICS	30.00	454,464	65,770	0		1.00
	TOTALS		454,464	65,770			
C - RECLASS FROM DIETARY TO CAFETERIA							
1.00	DIETARY	10.00	586,900	608,394	0		1.00
	TOTALS		586,900	608,394			
D - RECLASS IV PUMP COST							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	109,852	0		1.00
2.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	27,811	0		2.00
3.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	1,391	0		3.00
	TOTALS		0	139,054			
E - RECLASS MAILROOM COST							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	11,284	0	0		1.00
	TOTALS		11,284	0			
F - RECLASS CENTRAL SERVICE COST							
1.00	OPERATING ROOM	50.00	0	1,289	0		1.00
2.00	RESPIRATORY THERAPY	65.00	0	133	0		2.00
3.00	CARDIAC CATHETERIZATION	59.00	0	474	0		3.00
4.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	57,639	0	0		4.00
5.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	62,382	1,289	0		5.00
6.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	6,422	133	0		6.00
7.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	22,935	474	0		7.00
	TOTALS		149,378	3,792			
G - RECLASS INTEREST & FINANCIN							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	972,638	11		1.00
	TOTALS		0	972,638			
H - RECLASS PLANT OPERATIONS							
1.00	MAINTENANCE & REPAIRS	6.00	558,709	1,545,160	0		1.00
	TOTALS		558,709	1,545,160			
I - RECLASS O/S PRINTING TO NON-REIMBURS							
1.00	ADMINISTRATIVE & GENERAL	5.00	52,625	73,021	0		1.00
	TOTALS		52,625	73,021			
J - RECLASS INVENTORY COST							
1.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	24,375	0		1.00
	TOTALS		0	24,375			
K - RECLASS DOCUMENT SHREDDING							
1.00	HOUSEKEEPING	9.00	0	103,686	0		1.00
	TOTALS		0	103,686			
L - RECLASS UTILITIES							
1.00	EMPLOYEE BENEFITS	4.00	0	17	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	40,372	0		2.00
3.00	LAUNDRY & LINEN SERVICE	8.00	0	117	0		3.00
4.00	HOUSEKEEPING	9.00	0	1,634	0		4.00
5.00	DIETARY	10.00	0	129	0		5.00
6.00	NURSING ADMINISTRATION	13.00	0	48	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	79	0		7.00
8.00	SOCIAL SERVICE	17.00	0	205	0		8.00
9.00	RADIOLOGY-DIAGNOSTIC	54.00	0	55	0		9.00
10.00	CARDIAC CATHETERIZATION	59.00	0	11	0		10.00
11.00	LABORATORY	60.00	0	668	0		11.00
12.00	PHYSICAL THERAPY	66.00	0	497	0		12.00
13.00	NUEROLOGY	70.01	0	22	0		13.00
14.00	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00	0	85	0		14.00
15.00	PSYCH SERVICES	90.02	0	110	0		15.00
16.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	389	0		16.00
17.00	OTHER NON-REIMBURSABLE	193.05	0	31,382	0		17.00
	TOTALS		0	75,820			

RECLASSIFICATIONS

Provider CCN: 140034

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

Worksheet A-6

Date/Time Prepared:
5/21/2013 2:33 pm

Decreases						
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
M - RECLASS REAL ESTATE TAXES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	4,402	13	1.00
2.00	OTHER NON-REIMBURSABLE	193.05	0	36,332	0	2.00
	TOTALS		0	40,734		
N - RECLASS HYPERBARIC OXYGEN THERAPY						
1.00	CLINIC	90.00	94,883	22,113	0	1.00
	TOTALS		94,883	22,113		
O - RECLASS MEDICAL SUPPLIES						
1.00	OPERATING ROOM	50.00	0	1,981	0	1.00
	TOTALS		0	1,981		
500.00	Grand Total: Decreases		2,474,723	3,758,519		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140034

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

Worksheet A-7
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,259,000	0	0	0	0	1.00
2.00	Land Improvements	667,527	0	0	0	0	2.00
3.00	Buildings and Fixtures	26,707,191	4,474,164	0	4,474,164	6,835,328	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	0	1,342,093	0	1,342,093	0	5.00
6.00	Movable Equipment	14,243,481	2,112,955	0	2,112,955	300,782	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	42,877,199	7,929,212	0	7,929,212	7,136,110	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	42,877,199	7,929,212	0	7,929,212	7,136,110	10.00
		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	1,259,000	0				1.00
2.00	Land Improvements	667,527	0				2.00
3.00	Buildings and Fixtures	24,346,027	0				3.00
4.00	Building Improvements	0	0				4.00
5.00	Fixed Equipment	1,342,093	0				5.00
6.00	Movable Equipment	16,055,654	0				6.00
7.00	HIT designated Assets	0	0				7.00
8.00	Subtotal (sum of lines 1-7)	43,670,301	0				8.00
9.00	Reconciling Items	0	0				9.00
10.00	Total (line 8 minus line 9)	43,670,301	0				10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140034

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

Worksheet A-7
Part II
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	1,702,502	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	1,894,285	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	3,596,787	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	1,702,502				1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	1,894,285				2.00
3.00	Total (sum of lines 1-2)	0	3,596,787				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140034

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

Worksheet A-7
Part III
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	28,195,955	0	28,195,955	0.637174	47,750	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	16,055,654	0	16,055,654	0.362826	27,191	2.00
3.00	Total (sum of lines 1-2)	44,251,609	0	44,251,609	1.000000	74,941	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of col.s. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	47,750	1,224,769	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	27,191	2,636,202	0	2.00
3.00	Total (sum of lines 1-2)	0	0	74,941	3,860,971	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of col.s. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	972,638	47,750	40,734	0	2,285,891	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	27,191	0	0	2,663,393	2.00
3.00	Total (sum of lines 1-2)	972,638	74,941	40,734	0	4,949,284	3.00

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 #			
			3.00	4.00			
1.00	2.00	3.00	4.00	5.00			
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00 Investment income - other (chapter 2)			0		0.00	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-11,225		ADMINISTRATIVE & GENERAL	5.00	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)			0		0.00	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)			0		0.00	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	A	-12,094		ADMINISTRATIVE & GENERAL	5.00	0	7.00
8.00 Television and radio service (chapter 21)			0		0.00	0	8.00
9.00 Parking lot (chapter 21)			0		0.00	0	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,832,469				0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-491		RADIOLOGY-DIAGNOSTIC	54.00	0	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-4,417,415				0	12.00
13.00 Laundry and linen service			0		0.00	0	13.00
14.00 Cafeteria-employees and guests	B	-370,438		CAFETERIA	11.00	0	14.00
15.00 Rental of quarters to employee and others			0		0.00	0	15.00
16.00 Sale of medical and surgical supplies to other than patients			0		0.00	0	16.00
17.00 Sale of drugs to other than patients			0		0.00	0	17.00
18.00 Sale of medical records and abstracts	A	-39,175		MEDICAL RECORDS & LIBRARY	16.00	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)			0		0.00	0	19.00
20.00 Vending machines	B	-7,224		CAFETERIA	11.00	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)			0		0.00	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments			0		0.00	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		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 - CAP REL COSTS-BLDG & FIXT	A	325,000		CAP REL COSTS-BLDG & FIXT	1.00	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	112,965		CAP REL COSTS-MVBLE EQUIP	2.00	9	27.00
28.00 Non-physician Anesthetist		-214,672		NONPHYSICIAN ANESTHETISTS	19.00		28.00
29.00 Physicians' assistant			0		0.00	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		0	*** Cost Center Deleted ***	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	0	32.00
33.00 OTHER ADJUSTMENTS (SPECIFY) (3)			0		0.00	0	33.00
34.00 MISC. REVENUE	B	-24,577		ADMINISTRATIVE & GENERAL	5.00	0	34.00
35.00 MISC. REVENUE	A	-7,187		DRUGS CHARGED TO PATIENTS	73.00	0	35.00

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			Wkst. A-7 Ref.
			Cost Center		Line #	
			1.00	2.00	3.00	
35.02 MI SC. REVENUE	B	-239	HOUSEKEEPING		9.00	0 35.02
36.00 VENDING COMMISSIONS	B	-2,251	DIETARY		10.00	0 36.00
37.00 CARDIOLOGY	A	-29,676	ELECTROCARDIOLOGY		69.00	0 37.00
38.00 BABY PHOTO INCOME	B	-35	NURSERY		43.00	0 38.00
39.00 MANAGEMENT FEES	B	-36,000	RADIOLOGY-DIAGNOSTIC		54.00	0 39.00
40.00 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-150	OPERATING ROOM		50.00	0 40.00
40.01 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-44	INTRAVENOUS THERAPY		64.00	0 40.01
41.01 CLASS FEES	B	-4,897	RESPIRATORY THERAPY		65.00	0 41.01
42.00 MEDICAL RECORDS & MISCELLANEOUS INCOME	B	-26,327	PHYSICAL THERAPY		66.00	0 42.00
44.00 MI SC. REVENUE	B	-545	CAFETERIA		11.00	0 44.00
45.00 MI SC. REVENUE	B	-79,539	MEDICAL RECORDS & LIBRARY		16.00	0 45.00
45.01 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-30,729	EMPLOYEE BENEFITS		4.00	0 45.01
45.02 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-88,039	ADMINISTRATIVE & GENERAL		5.00	0 45.02
45.03 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-837	MAINTENANCE & REPAIRS		6.00	0 45.03
45.04 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-833	HOUSEKEEPING		9.00	0 45.04
45.05 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-257	DIETARY		10.00	0 45.05
45.06 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-6,633	NURSING ADMINISTRATION		13.00	0 45.06
45.07 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-154	MEDICAL RECORDS & LIBRARY		16.00	0 45.07
45.08 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-221	SOCIAL SERVICE		17.00	0 45.08
45.09 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-459	ADULTS & PEDIATRICS		30.00	0 45.09
45.10 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-245	INTENSIVE CARE UNIT		31.00	0 45.10
45.11 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-9	SUBPROVIDER - IPF		40.00	0 45.11
45.12 AMORTIZATION OF GOODWILL	A	-140,151	CAP REL COSTS-MVBLE EQUIP		2.00	9 45.12
45.13 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-236	RADIOLOGY-DIAGNOSTIC		54.00	0 45.13
45.14 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-164	RESPIRATORY THERAPY		65.00	0 45.14
45.15 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-1,414	LABORATORY		60.00	0 45.15
45.17 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-132	PHYSICAL THERAPY		66.00	0 45.17
45.20 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-167	DRUGS CHARGED TO PATIENTS		73.00	0 45.20
45.21 GIFTS, CONTRIBUTIONS & ENTERTAINMENT	A	-625	EMERGENCY		91.00	0 45.21
45.25 PHYSICIAN RECRUITMENT	A	-163,565	ADMINISTRATIVE & GENERAL		5.00	0 45.25
45.26 OTHER FINANCE DEPT.	A	6,000	OTHER NON-REIMBURSABLE		193.05	0 45.26
45.27 UNFUNDED PENSION	A	-405,371	EMPLOYEE BENEFITS		4.00	0 45.27
45.28 OTHER FINANCE BENEFITS	A	2,400	EMPLOYEE BENEFITS		4.00	9 45.28
45.29 PATIENT TELEPHONE SERVICE	A	-209	CAP REL COSTS-MVBLE EQUIP		2.00	9 45.29
45.30 PATIENT TELEPHONE SERVICE BENEFIT	A	-5,318	EMPLOYEE BENEFITS		4.00	0 45.30
45.31 MEDICAL RECORDS BENEFITS	A	-14,448	EMPLOYEE BENEFITS		4.00	0 45.31
45.32 PROFESSIONAL FEES DEDUCTIBLE RESERVE	A	-13,000	ADMINISTRATIVE & GENERAL		5.00	0 45.32
45.35 CANCER CENTER OFFSETS	A	9,570	OTHER NON-REIMBURSABLE		193.05	0 45.35
45.36 FOUNDATION EXPENSE OFFSETS	A	89,081	FOUNDATION		193.08	0 45.36
45.37 FOUNDATION SALARY OFFSETS	A	122,829	FOUNDATION		193.08	0 45.37
45.38 CRNA FEES	A	-3,375	ANESTHESIOLOGY		53.00	0 45.38
45.39 CRNA BENEFITS	A	-89,797	EMPLOYEE BENEFITS		4.00	0 45.39
45.40 WSI RENT EXPENSE	A	-49,056	PHYSICAL THERAPY		66.00	0 45.40
45.41 WIS RENT EXPENSE	A	49,056	OTHER NON-REIMBURSABLE		193.05	0 45.41
45.42 MD BILLING COST	B	-86,619	ADMINISTRATIVE & GENERAL		5.00	0 45.42
45.43 INTEREST EXP. UNNECESSARY BORROWING	A	-972,637	CAP REL COSTS-BLDG & FIXT		1.00	9 45.43
45.46 DUES RELATED TO LOBBYING EXP.	A	-34,457	ADMINISTRATIVE & GENERAL		5.00	0 45.46

Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet A-8 Date/Time Prepared: 5/21/2013 2:33 pm
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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		
46.00 GIFTS, CONTRIBUTIONS & ENTERTAI	A	-40	CLINIC	90.00	0	46.00
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-11,508,966				50.00

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

Provider CCN: 140034

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2013 2:33 pm

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	5.00	ADMINISTRATIVE & GENERAL	CORPORATE FEES	304,500	304,500 1.00
2.00	5.00	ADMINISTRATIVE & GENERAL	SISTER SERVICES	98,924	98,924 2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	CORPORATE FEES	777,445	962,208 3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	DATA PROCESSING	4,649,403	5,754,352 4.00
4.01	1.00	CAP REL COSTS-BLDG & FIXT	DEPRECIATION	169,904	0 4.01
4.02	2.00	CAP REL COSTS-MVBLE EQUIP	DEPRECIATION	769,312	0 4.02
4.03	4.00	EMPLOYEE BENEFITS	FLEX BENEFITS	6,008,264	10,075,183 4.03
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			12,777,752	17,195,167 5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

Symbol (1)	Name	Percentage of Ownership	Related Organization(s) and/or Home Office	
			Name	Percentage of Ownership
1.00	2.00	3.00	4.00	5.00
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	B		0.00	MOTHERHOUSE	0.00	6.00
7.00	B		0.00	SSM	0.00	7.00
8.00	B		0.00	FSI	0.00	8.00
9.00			0.00		0.00	9.00
10.00			0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:					100.00

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

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

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

Provider CCN: 140034

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

Worksheet A-8-1

Date/Time Prepared:
5/21/2013 2:33 pm

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	0	0		1.00
2.00	0	0		2.00
3.00	-184,763	0		3.00
4.00	-1,104,949	0		4.00
4.01	169,904	9		4.01
4.02	769,312	9		4.02
4.03	-4,066,919	0		4.03
5.00	-4,417,415			5.00

* The amounts on lines 1-4 (and subscripts as appropriate) are transferred in detail to Worksheet A, column 6, lines as appropriate. Positive amounts increase cost and negative amounts decrease cost. For related organization or home office cost which has not been posted to Worksheet A, columns 1 and/or 2, the amount allowable should be indicated in column 4 of this part.

	Related Organization(s) and/or Home Office		
	Type of Business		
	6.00		
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:			

The Secretary, by virtue of the authority granted under section 1814(b)(1) of the Social Security Act, requires that you furnish the information requested under Part B of this worksheet.

This information is used by the Centers for Medicare and Medicaid Services and its intermediaries/contractors in determining that the costs applicable to services, facilities, and supplies furnished by organizations related to you by common ownership or control represent reasonable costs as determined under section 1861 of the Social Security Act. If you do not provide all or any part of the request information, the cost report is considered incomplete and not acceptable for purposes of claiming reimbursement under title XVIII.

6.00	CONVENT		6.00
7.00	CORPORATE		7.00
8.00	CORPORATE		8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT			Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet A-8-2	
							Date/Time Prepared: 5/21/2013 2:33 pm	
1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	9.00
1.00	5.00	ADMI NISTRATI VE & GENERAL	176,417	22,987	153,430	159,800	1,145	1.00
2.00	30.00	ADULTS & PEDI ATRICS	9,700	400	9,300	159,800	62	2.00
3.00	40.00	SUBPROVI DER - IPF	5,515	1,140	4,375	138,700	35	3.00
4.00	50.00	OPERATI NG ROOM	47,197	1,643	45,554	182,900	216	4.00
5.00	53.00	ANESTHESI OLOGY	1,939,394	1,881,670	57,724	167,500	323	5.00
6.00	54.00	RADI OLOGY-DI AGNOSTIC	922,360	908,610	13,750	217,600	55	6.00
7.00	54.01	CARDI AC REHABI LI TATION	15,272	0	15,272	159,800	80	7.00
8.00	56.01	NUCLEAR MEDI CI NE	50,315	50,315	0	217,600	0	8.00
9.00	60.00	LABORATORY	139,501	69,021	70,480	208,000	467	9.00
10.00	65.00	RESPI RATORY THERAPY	46,848	24,104	22,744	159,800	183	10.00
11.00	66.00	PHYSI CAL THERAPY	103,508	95,805	7,703	159,800	36	11.00
12.00	69.00	ELECTROCARDI OLOGY	420,940	401,388	19,552	159,800	94	12.00
13.00	59.00	CARDI AC CATHETERI ZATION	23,735	6,188	17,547	159,800	71	13.00
14.00	70.01	NUEROLOGY	285,237	268,893	16,344	159,800	116	14.00
15.00	90.00	CLI NIC	120,456	116,456	4,000	159,800	32	15.00
16.00	90.02	PSYCH SERVI CES	98,516	75,728	22,788	159,800	188	16.00
17.00	91.00	EMERGENCY	697,830	649,686	48,144	159,800	212	17.00
200.00			5,102,741	4,574,034	528,707		3,315	200.00
1.00	2.00	8.00	9.00	12.00	13.00	14.00	15.00	16.00
1.00	5.00	ADMI NISTRATI VE & GENERAL	87,967	4,398	0	0	0	1.00
2.00	30.00	ADULTS & PEDI ATRICS	4,763	238	0	0	0	2.00
3.00	40.00	SUBPROVI DER - IPF	2,334	117	0	0	0	3.00
4.00	50.00	OPERATI NG ROOM	18,993	950	0	0	0	4.00
5.00	53.00	ANESTHESI OLOGY	26,011	1,301	0	0	0	5.00
6.00	54.00	RADI OLOGY-DI AGNOSTIC	5,754	288	0	0	0	6.00
7.00	54.01	CARDI AC REHABI LI TATION	6,146	307	0	0	0	7.00
8.00	56.01	NUCLEAR MEDI CI NE	0	0	0	0	0	8.00
9.00	60.00	LABORATORY	46,700	2,335	0	0	0	9.00
10.00	65.00	RESPI RATORY THERAPY	14,059	703	0	0	0	10.00
11.00	66.00	PHYSI CAL THERAPY	2,766	138	0	0	0	11.00
12.00	69.00	ELECTROCARDI OLOGY	7,222	361	0	0	0	12.00
13.00	59.00	CARDI AC CATHETERI ZATION	5,455	273	0	0	0	13.00
14.00	70.01	NUEROLOGY	8,912	446	0	0	0	14.00
15.00	90.00	CLI NIC	2,459	123	0	0	0	15.00
16.00	90.02	PSYCH SERVI CES	14,444	722	0	0	0	16.00
17.00	91.00	EMERGENCY	16,287	814	0	0	0	17.00
200.00			270,272	13,514	0	0	0	200.00
1.00	2.00	15.00	16.00	17.00	18.00	19.00	20.00	21.00
1.00	5.00	ADMI NISTRATI VE & GENERAL	0	87,967	65,463	88,450		1.00
2.00	30.00	ADULTS & PEDI ATRICS	0	4,763	4,537	4,937		2.00
3.00	40.00	SUBPROVI DER - IPF	0	2,334	2,041	3,181		3.00
4.00	50.00	OPERATI NG ROOM	0	18,993	26,561	28,204		4.00
5.00	53.00	ANESTHESI OLOGY	0	26,011	31,713	1,913,383		5.00
6.00	54.00	RADI OLOGY-DI AGNOSTIC	0	5,754	7,996	916,606		6.00
7.00	54.01	CARDI AC REHABI LI TATION	0	6,146	9,126	9,126		7.00
8.00	56.01	NUCLEAR MEDI CI NE	0	0	0	50,315		8.00
9.00	60.00	LABORATORY	0	46,700	23,780	92,801		9.00
10.00	65.00	RESPI RATORY THERAPY	0	14,059	8,685	32,789		10.00
11.00	66.00	PHYSI CAL THERAPY	0	2,766	4,937	100,742		11.00
12.00	69.00	ELECTROCARDI OLOGY	0	7,222	12,330	413,718		12.00
13.00	59.00	CARDI AC CATHETERI ZATION	0	5,455	12,092	18,280		13.00
14.00	70.01	NUEROLOGY	0	8,912	7,432	276,325		14.00
15.00	90.00	CLI NIC	0	2,459	1,541	117,997		15.00
16.00	90.02	PSYCH SERVI CES	0	14,444	8,344	84,072		16.00
17.00	91.00	EMERGENCY	0	16,287	31,857	681,543		17.00
200.00			0	270,272	258,435	4,832,469		200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	2,285,891	2,285,891			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	2,663,393		2,663,393		2.00
4.00 00400	EMPLOYEE BENEFITS	12,063,361	12,981	0	12,076,342	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,584,157	702,237	329,174	1,777,564	21,393,132
6.00 00600	MAINTENANCE & REPAIRS	887,624	45,703	0	65,649	998,976
6.01 00602	BIOMEDICAL SERVICES	955,199	5,628	0	0	960,827
7.00 00700	OPERATION OF PLANT	2,179,689	117,635	90,707	183,520	2,571,551
8.00 00800	LAUNDRY & LINEN SERVICE	569,736	39,794	7,400	42,719	659,649
9.00 00900	HOUSEKEEPING	1,093,244	29,053	18,436	321,785	1,462,518
10.00 01000	DIETARY	474,870	15,212	4,188	101,453	595,723
11.00 01100	CAFETERIA	817,087	43,395	13,437	192,780	1,066,699
13.00 01300	NURSING ADMINISTRATION	906,493	4,169	64,015	281,129	1,255,806
16.00 01600	MEDICAL RECORDS & LIBRARY	1,144,422	33,597	2,378	295,924	1,476,321
17.00 01700	SOCIAL SERVICE	311,866	4,273	0	95,075	411,214
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	7,486,174	289,937	3,123	2,176,119	9,955,353
31.00 03100	INTENSIVE CARE UNIT	3,367,047	30,220	205,268	799,848	4,402,383
40.00 04000	SUBPROVIDER - IPF	932,800	37,334	515	294,984	1,265,633
43.00 04300	NURSERY	649,817	22,216	56,204	186,073	914,310
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,286,955	264,485	630,050	839,059	7,020,549
52.00 05200	DELIVERY ROOM & LABOR ROOM	520,234	34,442	44,755	149,279	748,710
53.00 05300	ANESTHESIOLOGY	224,452	2,168	62,116	0	288,736
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,726,064	69,894	522,561	502,127	2,820,646
54.01 05401	CARDIAC REHABILITATION	86,678	0	7,107	25,337	119,122
56.01 03470	NUCLEAR MEDICINE	799,699	4,919	212	56,310	861,140
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	333,739	3,653	108,512	89,464	535,368
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	181,750	2,126	13,954	40,839	238,669
59.00 05900	CARDIAC CATHETERIZATION	691,347	23,029	54,630	106,468	875,474
60.00 06000	LABORATORY	3,747,195	37,891	71,911	519,806	4,376,803
64.00 06400	INTRAVENOUS THERAPY	301,584	5,529	2,008	78,661	387,782
65.00 06500	RESPIRATORY THERAPY	961,672	8,150	47,349	234,829	1,252,000
65.98 06501	HYPERBARIC OXYGEN THERAPY	116,996	1,079	6,200	0	124,275
66.00 06600	PHYSICAL THERAPY	1,960,012	24,811	19,621	517,833	2,522,277
68.00 06800	SPEECH PATHOLOGY	93,483	3,768	3,238	29,415	129,904
69.00 06900	ELECTROCARDIOLOGY	769,080	31,263	92,595	222,623	1,115,561
70.01 07001	NEUROLOGY	357,737	11,491	23,176	102,695	495,099
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	6,263,690	15,050	60,450	401,987	6,741,177
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	133,813	1,589	6,199	64,423	206,024
90.01 09002	DIABETES EDUCATION	36,073	334	0	42,512	78,919
90.02 09001	PSYCH SERVICES	619,580	54,609	1,340	176,661	852,190
90.04 09003	ANTI COAGULATION CLINIC	97,946	521	0	32,023	130,490
91.00 09100	EMERGENCY	2,887,068	30,997	38,418	771,906	3,728,389
92.00 09200	OBSERVATION BEDS					0
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	0
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	85,569,717	2,065,182	2,611,247	11,818,879	85,039,399
NONREIMBURSABLE COST CENTERS						
190.00 19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	41,339	1,709	0	9,834	52,882
193.05 19305	OTHER NON-REIMBURSABLE	1,361,654	218,250	39,766	187,305	1,806,975
193.06 19306	OUTSIDE ACCOUNTING	1,567	0	0	2,473	4,040
193.07 19307	OUTSIDE PRINTING	125,646	0	12,380	17,286	155,312
193.08 19308	FOUNDATION	212,578	750	0	40,565	253,893
200.00	Cross Foot Adjustments					0
201.00	Negative Cost Centers		0	0	0	0
202.00	TOTAL (sum lines 118-201)	87,312,501	2,285,891	2,663,393	12,076,342	87,312,501

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

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

Worksheet B
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.00	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,393,132				5.00
6.00	00600	MAINTENANCE & REPAIRS	324,203	1,323,179			6.00
6.01	00602	BIOMEDICAL SERVICES	311,822	217	1,272,866		6.01
7.00	00700	OPERATION OF PLANT	834,558	790,787	0	4,196,896	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	214,079	17,436	0	119,212	1,010,376
9.00	00900	HOUSEKEEPING	474,638	11,750	0	87,036	52,439
10.00	01000	DIETARY	193,333	12,346	0	46,539	2,012
11.00	01100	CAFETERIA	346,181	39,691	0	130,000	6,457
13.00	01300	NURSING ADMINISTRATION	407,553	2,058	46,812	20,483	0
16.00	01600	MEDICAL RECORDS & LIBRARY	479,118	2,978	0	100,649	0
17.00	01700	SOCIAL SERVICE	133,453	1,083	0	12,802	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,230,850	82,793	66,350	868,578	318,072
31.00	03100	INTENSIVE CARE UNIT	1,428,727	23,176	50,068	90,533	59,572
40.00	04000	SUBPROVIDER - IPF	410,742	12,779	1,221	111,843	25,012
43.00	04300	NURSERY	296,726	11,967	37,042	66,553	4,718
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,278,414	78,083	267,030	792,331	157,414
52.00	05200	DELIVERY ROOM & LABOR ROOM	242,983	9,043	2,035	103,179	22,484
53.00	05300	ANESTHESIOLOGY	93,705	54	59,837	6,495	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	915,398	25,179	172,999	220,330	68,398
54.01	05401	CARDIAC REHABILITATION	38,659	0	1,221	0	0
56.01	03470	NUCLEAR MEDICINE	279,470	704	30,936	14,738	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	173,746	921	59,837	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	77,456	2,112	62,280	0	0
59.00	05900	CARDIAC CATHETERIZATION	284,122	4,061	89,960	68,989	9,073
60.00	06000	LABORATORY	1,420,426	17,544	24,830	113,514	592
64.00	06400	INTRAVENOUS THERAPY	125,849	3,357	0	16,564	3,677
65.00	06500	RESPIRATORY THERAPY	406,318	2,383	65,943	24,417	0
65.98	06501	HYPERBARIC OXYGEN THERAPY	40,332	0	407	0	0
66.00	06600	PHYSICAL THERAPY	818,567	7,689	53,324	74,328	45,186
68.00	06800	SPEECH PATHOLOGY	42,158	271	1,628	11,287	0
69.00	06900	ELECTROCARDIOLOGY	362,039	5,415	55,360	93,655	13,086
70.01	07001	NEUROLOGY	160,677	2,383	93,216	34,424	9,063
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	2,187,748	2,762	0	45,087	740
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	66,862	5,198	0	0	8,667
90.01	09002	DIABETES EDUCATION	25,612	0	0	0	0
90.02	09001	PSYCH SERVICES	276,565	3,790	407	163,596	0
90.04	09003	ANTI COAGULATION CLINIC	42,349	0	0	1,561	0
91.00	09100	EMERGENCY	1,209,993	30,323	25,645	92,859	118,673
92.00	09200	OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,655,431	1,210,333	1,268,388	3,531,582	925,335
NONREIMBURSABLE COST CENTERS							
190.00	19000	GI FT, FLOWER, COFFEE SHOP & CANTEEN	17,162	54	0	5,121	0
193.05	19305	OTHER NON-REIMBURSABLE	586,427	111,330	4,478	660,193	85,041
193.06	19306	OUTSIDE ACCOUNTING	1,311	0	0	0	0
193.07	19307	OUTSIDE PRINTING	50,404	1,462	0	0	0
193.08	19308	FOUNDATION	82,397	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	21,393,132	1,323,179	1,272,866	4,196,896	1,010,376

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part I Date/Time Prepared: 5/21/2013 2:33 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
			9.00	10.00	11.00	13.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00602	BIOMEDICAL SERVICES						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	2,088,381					9.00
10.00	01000	DIETARY	6,463	856,416				10.00
11.00	01100	CAFETERIA	20,729	0	1,609,757			11.00
13.00	01300	NURSING ADMINISTRATION	631	0	31,914	1,765,257		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	20,335	0	80,723	0	2,160,124	16.00
17.00	01700	SOCIAL SERVICE	11,350	0	20,024	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	555,200	646,404	346,666	801,601	667,046	30.00
31.00	03100	INTENSIVE CARE UNIT	113,184	53,372	141,108	326,283	88,349	31.00
40.00	04000	SUBPROVIDER - IPF	108,297	78,179	61,950	143,246	82,517	40.00
43.00	04300	NURSERY	40,670	0	29,411	68,006	19,225	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	312,516	21,881	160,506	371,138	157,257	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	43,035	0	23,779	54,983	10,369	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	17,713	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	44,848	11,274	95,428	0	160,929	54.00
54.01	05401	CARDIAC REHABILITATION	7,330	0	5,319	0	2,592	54.01
56.01	03470	NUCLEAR MEDICINE	4,887	0	7,196	0	50,979	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	6,148	0	16,270	0	241,070	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	7,173	0	7,509	0	54,435	58.00
59.00	05900	CARDIAC CATHETERIZATION	25,064	3,498	16,583	0	15,553	59.00
60.00	06000	LABORATORY	35,626	0	128,593	0	204,564	60.00
64.00	06400	INTRAVENOUS THERAPY	19,862	3,053	15,331	0	15,121	64.00
65.00	06500	RESPIRATORY THERAPY	6,069	0	50,686	0	5,400	65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	8,591	0	0	0	5,184	65.98
66.00	06600	PHYSICAL THERAPY	60,769	0	47,557	0	15,337	66.00
68.00	06800	SPEECH PATHOLOGY	1,655	0	4,380	0	648	68.00
69.00	06900	ELECTROCARDIOLOGY	24,828	2,666	44,742	0	48,171	69.00
70.01	07001	NUEROLOGY	47,134	1,760	20,024	0	23,977	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	16,710	0	54,754	0	118,591	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	27,271	0	14,705	0	7,992	90.00
90.01	09002	DIABETES EDUCATION	0	0	6,258	0	216	90.01
90.02	09001	PSYCH SERVICES	34,838	0	32,852	0	12,961	90.02
90.04	09003	ANTI COAGULATION CLINIC	6,463	0	3,129	0	648	90.04
91.00	09100	EMERGENCY	204,771	34,329	131,409	0	133,280	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,822,447	856,416	1,598,806	1,765,257	2,160,124	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,468	0	3,442	0	0	190.00
193.05	19305	OTHER NON-REIMBURSABLE	262,466	0	0	0	0	193.05
193.06	19306	OUTSIDE ACCOUNTING	0	0	939	0	0	193.06
193.07	19307	OUTSIDE PRINTING	0	0	6,570	0	0	193.07
193.08	19308	FOUNDATION	0	0	0	0	0	193.08
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)	2,088,381	856,416	1,609,757	1,765,257	2,160,124	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140034

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

Worksheet B Part I Date/Time Prepared: 5/21/2013 2:33 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00602	BIOMEDICAL SERVICES						6.01
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
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	589,926					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	359,855	0	17,898,768	0	17,898,768	30.00
31.00	03100	INTENSIVE CARE UNIT	35,396	0	6,812,151	0	6,812,151	31.00
40.00	04000	SUBPROVIDER - IPF	117,985	0	2,419,404	0	2,419,404	40.00
43.00	04300	NURSERY	0	0	1,488,628	0	1,488,628	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	11,617,119	0	11,617,119	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,260,600	0	1,260,600	52.00
53.00	05300	ANESTHESIOLOGY	0	0	466,540	0	466,540	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	4,535,429	0	4,535,429	54.00
54.01	05401	CARDIAC REHABILITATION	0	0	174,243	0	174,243	54.01
56.01	03470	NUCLEAR MEDICINE	0	0	1,250,050	0	1,250,050	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	1,033,360	0	1,033,360	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	449,634	0	449,634	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	1,392,377	0	1,392,377	59.00
60.00	06000	LABORATORY	0	0	6,322,492	0	6,322,492	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	590,596	0	590,596	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	1,813,216	0	1,813,216	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	0	0	178,789	0	178,789	65.98
66.00	06600	PHYSICAL THERAPY	0	0	3,645,034	0	3,645,034	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	191,931	0	191,931	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	1,765,523	0	1,765,523	69.00
70.01	07001	NUEROLOGY	0	0	887,757	0	887,757	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	9,167,569	0	9,167,569	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	336,719	0	336,719	90.00
90.01	09002	DIABETES EDUCATION	0	0	111,005	0	111,005	90.01
90.02	09001	PSYCH SERVICES	0	0	1,377,199	0	1,377,199	90.02
90.04	09003	ANTI COAGULATION CLINIC	0	0	184,640	0	184,640	90.04
91.00	09100	EMERGENCY	76,690	0	5,786,361	0	5,786,361	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	589,926	0	83,157,134	0	83,157,134	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	82,129	0	82,129	190.00
193.05	19305	OTHER NON-REIMBURSABLE	0	0	3,516,910	0	3,516,910	193.05
193.06	19306	OUTSIDE ACCOUNTING	0	0	6,290	0	6,290	193.06
193.07	19307	OUTSIDE PRINTING	0	0	213,748	0	213,748	193.07
193.08	19308	FOUNDATION	0	0	336,290	0	336,290	193.08
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)	589,926	0	87,312,501	0	87,312,501	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	1.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS	0	12,981	0	12,981	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	19,711	702,237	329,174	1,051,122	5.00
6.00 00600	MAINTENANCE & REPAIRS	765	45,703	0	46,468	6.00
6.01 00602	BIOMEDICAL SERVICES	0	5,628	0	5,628	6.01
7.00 00700	OPERATION OF PLANT	0	117,635	90,707	208,342	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	77	39,794	7,400	47,271	8.00
9.00 00900	HOUSEKEEPING	0	29,053	18,436	47,489	9.00
10.00 01000	DIETARY	0	15,212	4,188	19,400	10.00
11.00 01100	CAFETERIA	0	43,395	13,437	56,832	11.00
13.00 01300	NURSING ADMINISTRATION	0	4,169	64,015	68,184	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	33,597	2,378	35,975	16.00
17.00 01700	SOCIAL SERVICE	0	4,273	0	4,273	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	169,263	289,937	3,123	462,323	30.00
31.00 03100	INTENSIVE CARE UNIT	30,764	30,220	205,268	266,252	31.00
40.00 04000	SUBPROVIDER - IPF	0	37,334	515	37,849	40.00
43.00 04300	NURSERY	1,391	22,216	56,204	79,811	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	8,760	264,485	630,050	903,295	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	34,442	44,755	79,197	52.00
53.00 05300	ANESTHESIOLOGY	1,719	2,168	62,116	66,003	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	111	69,894	522,561	592,566	54.00
54.01 05401	CARDIAC REHABILITATION	0	0	7,107	7,107	54.01
56.01 03470	NUCLEAR MEDICINE	0	4,919	212	5,131	56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	3,653	108,512	112,165	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	10,909	2,126	13,954	26,989	58.00
59.00 05900	CARDIAC CATHETERIZATION	2,118	23,029	54,630	79,777	59.00
60.00 06000	LABORATORY	13,447	37,891	71,911	123,249	60.00
64.00 06400	INTRAVENOUS THERAPY	0	5,529	2,008	7,537	64.00
65.00 06500	RESPIRATORY THERAPY	19,435	8,150	47,349	74,934	65.00
65.98 06501	HYPERBARIC OXYGEN THERAPY	0	1,079	6,200	7,279	65.98
66.00 06600	PHYSICAL THERAPY	104,152	24,811	19,621	148,584	66.00
68.00 06800	SPEECH PATHOLOGY	0	3,768	3,238	7,006	68.00
69.00 06900	ELECTROCARDIOLOGY	174	31,263	92,595	124,032	69.00
70.01 07001	NEUROLOGY	533	11,491	23,176	35,200	70.01
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
73.00 07300	DRUGS CHARGED TO PATIENTS	133,818	15,050	60,450	209,318	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	72	1,589	6,199	7,860	90.00
90.01 09002	DIABETES EDUCATION	0	334	0	334	90.01
90.02 09001	PSYCH SERVICES	7,859	54,609	1,340	63,808	90.02
90.04 09003	ANTI COAGULATION CLINIC	0	521	0	521	90.04
91.00 09100	EMERGENCY	0	30,997	38,418	69,415	91.00
92.00 09200	OBSERVATION BEDS	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	525,078	2,065,182	2,611,247	5,201,507	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,709	0	1,709	190.00
193.05 19305	OTHER NON-REIMBURSABLE	220,986	218,250	39,766	479,002	193.05
193.06 19306	OUTSIDE ACCOUNTING	0	0	0	0	193.06
193.07 19307	OUTSIDE PRINTING	0	0	12,380	12,380	193.07
193.08 19308	FOUNDATION	320	750	0	1,070	193.08
200.00	Cross Foot Adjustments				0	200.00
201.00	Negative Cost Centers		0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	746,384	2,285,891	2,663,393	5,695,668	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/21/2013 2:33 pm	
Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	BIOMEDICAL SERVICES	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		5.00	6.00	6.01	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	1,053,032				5.00
6.00	00600	MAINTENANCE & REPAIRS	15,959	62,498			6.00
6.01	00602	BIOMEDICAL SERVICES	15,349	10	20,987		6.01
7.00	00700	OPERATION OF PLANT	41,081	37,349	0	286,969	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	10,538	824	0	8,151	66,830
9.00	00900	HOUSEKEEPING	23,364	555	0	5,951	3,469
10.00	01000	DIETARY	9,517	583	0	3,182	133
11.00	01100	CAFETERIA	17,041	1,875	0	8,889	427
13.00	01300	NURSING ADMINISTRATION	20,062	97	772	1,401	0
16.00	01600	MEDICAL RECORDS & LIBRARY	23,584	141	0	6,882	0
17.00	01700	SOCIAL SERVICE	6,569	51	0	875	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	159,004	3,911	1,094	59,390	21,040
31.00	03100	INTENSIVE CARE UNIT	70,328	1,095	826	6,190	3,940
40.00	04000	SUBPROVIDER - IPF	20,218	604	20	7,647	1,654
43.00	04300	NURSERY	14,606	565	611	4,551	312
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	112,153	3,688	4,401	54,177	10,412
52.00	05200	DELIVERY ROOM & LABOR ROOM	11,961	427	34	7,055	1,487
53.00	05300	ANESTHESIOLOGY	4,613	3	987	444	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	45,060	1,189	2,852	15,065	4,524
54.01	05401	CARDIAC REHABILITATION	1,903	0	20	0	0
56.01	03470	NUCLEAR MEDICINE	13,757	33	510	1,008	0
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	8,553	43	987	0	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,813	100	1,027	0	0
59.00	05900	CARDIAC CATHETERIZATION	13,986	192	1,483	4,717	600
60.00	06000	LABORATORY	69,919	829	409	7,762	39
64.00	06400	INTRAVENOUS THERAPY	6,195	159	0	1,133	243
65.00	06500	RESPIRATORY THERAPY	20,001	113	1,087	1,670	0
65.98	06501	HYPERBARIC OXYGEN THERAPY	1,985	0	7	0	0
66.00	06600	PHYSICAL THERAPY	40,293	363	879	5,082	2,989
68.00	06800	SPEECH PATHOLOGY	2,075	13	27	772	0
69.00	06900	ELECTROCARDIOLOGY	17,821	256	913	6,404	866
70.01	07001	NEUROLOGY	7,909	113	1,537	2,354	599
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	107,690	130	0	3,083	49
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	3,291	246	0	0	573
90.01	09002	DIABETES EDUCATION	1,261	0	0	0	0
90.02	09001	PSYCH SERVICES	13,614	179	7	11,186	0
90.04	09003	ANTI COAGULATION CLINIC	2,085	0	0	107	0
91.00	09100	EMERGENCY	59,561	1,432	423	6,349	7,849
92.00	09200	OBSERVATION BEDS					
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	0
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,016,719	57,168	20,913	241,477	61,205
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	845	3	0	350	0
193.05	19305	OTHER NON-REIMBURSABLE	28,866	5,258	74	45,142	5,625
193.06	19306	OUTSIDE ACCOUNTING	65	0	0	0	0
193.07	19307	OUTSIDE PRINTING	2,481	69	0	0	0
193.08	19308	FOUNDATION	4,056	0	0	0	0
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,053,032	62,498	20,987	286,969	66,830

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet B Part II Date/Time Prepared: 5/21/2013 2:33 pm	
Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	NURSING ADMINISTRATION	MEDICAL RECORDS & LIBRARY	
			9.00	10.00	11.00	13.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00602	BIOMEDICAL SERVICES						6.01
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING	81,174					9.00
10.00	01000	DIETARY	251	33,175				10.00
11.00	01100	CAFETERIA	806	0	86,077			11.00
13.00	01300	NURSING ADMINISTRATION	25	0	1,706	92,549		13.00
16.00	01600	MEDICAL RECORDS & LIBRARY	790	0	4,316	0	72,006	16.00
17.00	01700	SOCIAL SERVICE	441	0	1,071	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,582	25,040	18,537	42,027	22,236	30.00
31.00	03100	INTENSIVE CARE UNIT	4,399	2,067	7,545	17,106	2,945	31.00
40.00	04000	SUBPROVIDER - IPF	4,209	3,028	3,313	7,510	2,751	40.00
43.00	04300	NURSERY	1,581	0	1,573	3,565	641	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,147	848	8,583	19,458	5,242	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,673	0	1,271	2,883	346	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	590	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,743	437	5,103	0	5,364	54.00
54.01	05401	CARDIAC REHABILITATION	285	0	284	0	86	54.01
56.01	03470	NUCLEAR MEDICINE	190	0	385	0	1,699	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	239	0	870	0	8,036	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	279	0	402	0	1,815	58.00
59.00	05900	CARDIAC CATHETERIZATION	974	136	887	0	518	59.00
60.00	06000	LABORATORY	1,385	0	6,876	0	6,819	60.00
64.00	06400	INTRAVENOUS THERAPY	772	118	820	0	504	64.00
65.00	06500	RESPIRATORY THERAPY	236	0	2,710	0	180	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	334	0	0	0	173	65.98
66.00	06600	PHYSICAL THERAPY	2,362	0	2,543	0	511	66.00
68.00	06800	SPEECH PATHOLOGY	64	0	234	0	22	68.00
69.00	06900	ELECTROCARDIOLOGY	965	103	2,392	0	1,606	69.00
70.01	07001	NUEROLOGY	1,832	68	1,071	0	799	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	649	0	2,928	0	3,953	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,060	0	786	0	266	90.00
90.01	09002	DIABETES EDUCATION	0	0	335	0	7	90.01
90.02	09001	PSYCH SERVICES	1,354	0	1,757	0	432	90.02
90.04	09003	ANTI COAGULATION CLINIC	251	0	167	0	22	90.04
91.00	09100	EMERGENCY	7,959	1,330	7,027	0	4,443	91.00
92.00	09200	OBSERVATION BEDS						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	70,837	33,175	85,492	92,549	72,006	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	135	0	184	0	0	190.00
193.05	19305	OTHER NON-REIMBURSABLE	10,202	0	0	0	0	193.05
193.06	19306	OUTSIDE ACCOUNTING	0	0	50	0	0	193.06
193.07	19307	OUTSIDE PRINTING	0	0	351	0	0	193.07
193.08	19308	FOUNDATION	0	0	0	0	0	193.08
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)	81,174	33,175	86,077	92,549	72,006	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140034

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

Worksheet B
Part II
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description			SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
			17.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
6.00	00600	MAINTENANCE & REPAIRS						6.00
6.01	00602	BIOMEDICAL SERVICES						6.01
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
16.00	01600	MEDICAL RECORDS & LIBRARY						16.00
17.00	01700	SOCIAL SERVICE	13,382					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	8,163		846,686	0	846,686	30.00
31.00	03100	INTENSIVE CARE UNIT	803		384,356	0	384,356	31.00
40.00	04000	SUBPROVIDER - IPF	2,676		91,796	0	91,796	40.00
43.00	04300	NURSERY	0		108,016	0	108,016	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0		1,135,306	0	1,135,306	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0		106,494	0	106,494	52.00
53.00	05300	ANESTHESIOLOGY	0		72,640	0	72,640	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0		674,443	0	674,443	54.00
54.01	05401	CARDIAC REHABILITATION	0		9,712	0	9,712	54.01
56.01	03470	NUCLEAR MEDICINE	0		22,774	0	22,774	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0		130,989	0	130,989	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0		34,469	0	34,469	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		103,384	0	103,384	59.00
60.00	06000	LABORATORY	0		217,846	0	217,846	60.00
64.00	06400	INTRAVENOUS THERAPY	0		17,566	0	17,566	64.00
65.00	06500	RESPIRATORY THERAPY	0		101,183	0	101,183	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	0		9,778	0	9,778	65.98
66.00	06600	PHYSICAL THERAPY	0		204,163	0	204,163	66.00
68.00	06800	SPEECH PATHOLOGY	0		10,245	0	10,245	68.00
69.00	06900	ELECTROCARDIOLOGY	0		155,597	0	155,597	69.00
70.01	07001	NUEROLOGY	0		51,592	0	51,592	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0		328,232	0	328,232	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0		14,151	0	14,151	90.00
90.01	09002	DIABETES EDUCATION	0		1,983	0	1,983	90.01
90.02	09001	PSYCH SERVICES	0		92,527	0	92,527	90.02
90.04	09003	ANTI COAGULATION CLINIC	0		3,187	0	3,187	90.04
91.00	09100	EMERGENCY	1,740		168,358	0	168,358	91.00
92.00	09200	OBSERVATION BEDS	0		0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0		0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0	0	0	99.40
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	13,382	0	5,097,473	0	5,097,473	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		3,237	0	3,237	190.00
193.05	19305	OTHER NON-REIMBURSABLE	0		574,370	0	574,370	193.05
193.06	19306	OUTSIDE ACCOUNTING	0		118	0	118	193.06
193.07	19307	OUTSIDE PRINTING	0		15,300	0	15,300	193.07
193.08	19308	FOUNDATION	0		5,170	0	5,170	193.08
200.00		Cross Foot Adjustments		0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	13,382	0	5,695,668	0	5,695,668	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1
Date/Time Prepared:
5/21/2013 2: 33 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	438,640				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2,006,941			2.00
4.00 00400	EMPLOYEE BENEFITS	2,491	0	36,765,181		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	134,752	248,042	5,411,614	-21,393,132	5.00
6.00 00600	MAINTENANCE & REPAIRS	8,770	0	199,861	0	6.00
6.01 00602	BIOMEDICAL SERVICES	1,080	0	0	0	6.01
7.00 00700	OPERATION OF PLANT	22,573	68,350	558,709	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	7,636	5,576	130,055	0	8.00
9.00 00900	HOUSEKEEPING	5,575	13,892	979,641	0	9.00
10.00 01000	DIETARY	2,919	3,156	308,863	0	10.00
11.00 01100	CAFETERIA	8,327	10,125	586,900	0	11.00
13.00 01300	NURSING ADMINISTRATION	800	48,237	855,868	0	13.00
16.00 01600	MEDICAL RECORDS & LIBRARY	6,447	1,792	900,910	0	16.00
17.00 01700	SOCIAL SERVICE	820	0	289,445	0	17.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	55,636	2,353	6,624,952	0	30.00
31.00 03100	INTENSIVE CARE UNIT	5,799	154,675	2,435,058	0	31.00
40.00 04000	SUBPROVIDER - IPF	7,164	388	898,049	0	40.00
43.00 04300	NURSERY	4,263	42,351	566,480	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	50,752	474,760	2,554,430	0	50.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	6,609	33,724	454,464	0	52.00
53.00 05300	ANESTHESIOLOGY	416	46,806	0	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	13,412	393,764	1,528,674	0	54.00
54.01 05401	CARDIAC REHABILITATION	0	5,355	77,135	0	54.01
56.01 03470	NUCLEAR MEDICINE	944	160	171,431	0	56.01
57.00 05700	COMPUTED TOMOGRAPHY (CT) SCAN	701	81,767	272,363	0	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	408	10,515	124,330	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	4,419	41,165	324,131	0	59.00
60.00 06000	LABORATORY	7,271	54,187	1,582,498	0	60.00
64.00 06400	INTRAVENOUS THERAPY	1,061	1,513	239,475	0	64.00
65.00 06500	RESPIRATORY THERAPY	1,564	35,679	714,914	0	65.00
65.98 06501	HYPERBARIC OXYGEN THERAPY	207	4,672	0	0	65.98
66.00 06600	PHYSICAL THERAPY	4,761	14,785	1,576,491	0	66.00
68.00 06800	SPEECH PATHOLOGY	723	2,440	89,551	0	68.00
69.00 06900	ELECTROCARDIOLOGY	5,999	69,773	677,753	0	69.00
70.01 07001	NUEROLOGY	2,205	17,464	312,645	0	70.01
71.00 07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,888	45,551	1,223,809	0	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	305	4,671	196,130	0	90.00
90.01 09002	DIABETES EDUCATION	64	0	129,422	0	90.01
90.02 09001	PSYCH SERVICES	10,479	1,010	537,826	0	90.02
90.04 09003	ANTI COAGULATION CLINIC	100	0	97,492	0	90.04
91.00 09100	EMERGENCY	5,948	28,949	2,349,991	0	91.00
92.00 09200	OBSERVATION BEDS					92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910	CORF	0	0	0	0	99.10
99.20 09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	99.20
99.30 09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	99.30
99.40 09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	396,288	1,967,647	35,981,360	-21,393,132	63,646,267
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	328	0	29,938	0	190.00
193.05 19305	OTHER NON-REIMBURSABLE	41,880	29,965	570,231	0	193.05
193.06 19306	OUTSIDE ACCOUNTING	0	0	7,530	0	193.06
193.07 19307	OUTSIDE PRINTING	0	9,329	52,625	0	193.07
193.08 19308	FOUNDATION	144	0	123,497	0	193.08
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,285,891	2,663,393	12,076,342	21,393,132	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	5.211315	1.327091	0.328472	0.324535	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			12,981	1,053,032	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000353	0.015975	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1

Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		MAINTENANCE & REPAIRS (HOURS OF SERVICE)	BIOMEDICAL SERVICES (HOURS OF SERVICE)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	
		6.00	6.01	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	24,436					6.00
6.01	00602	4	3,127				6.01
7.00	00700	14,604	0	268,828			7.00
8.00	00800	322	0	7,636	875,186		8.00
9.00	00900	217	0	5,575	45,423	26,496	9.00
10.00	01000	228	0	2,981	1,743	82	10.00
11.00	01100	733	0	8,327	5,593	263	11.00
13.00	01300	38	115	1,312	0	8	13.00
16.00	01600	55	0	6,447	0	258	16.00
17.00	01700	20	0	820	0	144	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,529	163	55,636	275,514	7,044	30.00
31.00	03100	428	123	5,799	51,601	1,436	31.00
40.00	04000	236	3	7,164	21,665	1,374	40.00
43.00	04300	221	91	4,263	4,087	516	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,442	656	50,752	136,352	3,965	50.00
52.00	05200	167	5	6,609	19,476	546	52.00
53.00	05300	1	147	416	0	0	53.00
54.00	05400	465	425	14,113	59,246	569	54.00
54.01	05401	0	3	0	0	93	54.01
56.01	03470	13	76	944	0	62	56.01
57.00	05700	17	147	0	0	78	57.00
58.00	05800	39	153	0	0	91	58.00
59.00	05900	75	221	4,419	7,859	318	59.00
60.00	06000	324	61	7,271	513	452	60.00
64.00	06400	62	0	1,061	3,185	252	64.00
65.00	06500	44	162	1,564	0	77	65.00
65.98	06501	0	1	0	0	109	65.98
66.00	06600	142	131	4,761	39,140	771	66.00
68.00	06800	5	4	723	0	21	68.00
69.00	06900	100	136	5,999	11,335	315	69.00
70.01	07001	44	229	2,205	7,850	598	70.01
71.00	07100	0	0	0	0	0	71.00
73.00	07300	51	0	2,888	641	212	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	96	0	0	7,507	346	90.00
90.01	09002	0	0	0	0	0	90.01
90.02	09001	70	1	10,479	0	442	90.02
90.04	09003	0	0	100	0	82	90.04
91.00	09100	560	63	5,948	102,794	2,598	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		22,352	3,116	226,212	801,524	23,122	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1	0	328	0	44	190.00
193.05	19305	2,056	11	42,288	73,662	3,330	193.05
193.06	19306	0	0	0	0	0	193.06
193.07	19307	27	0	0	0	0	193.07
193.08	19308	0	0	0	0	0	193.08
200.00							200.00
201.00							201.00
202.00		1,323,179	1,272,866	4,196,896	1,010,376	2,088,381	202.00
203.00		54,148,756	407,056,604	15,611,826	1,154,470	78,818,727	203.00
204.00		62,498	20,987	286,969	66,830	81,174	204.00
205.00		2,557,620	6,711,545	1,067,482	0,076,361	3,063,632	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1

Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FULL TIME EQUIVALENT)	NURSING ADMINISTRATION (FULL TIME EQUIVALENT)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	SOCIAL SERVICE (TIME SPENT)	
		10.00	11.00	13.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
6.01	00602						6.01
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	115,308					10.00
11.00	01100	0	51,450				11.00
13.00	01300	0	1,020	24,400			13.00
16.00	01600	0	2,580	0	10,000		16.00
17.00	01700	0	640	0	0	100	17.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	87,032	11,080	11,080	3,088	61	30.00
31.00	03100	7,186	4,510	4,510	409	6	31.00
40.00	04000	10,526	1,980	1,980	382	20	40.00
43.00	04300	0	940	940	89	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,946	5,130	5,130	728	0	50.00
52.00	05200	0	760	760	48	0	52.00
53.00	05300	0	0	0	82	0	53.00
54.00	05400	1,518	3,050	0	745	0	54.00
54.01	05401	0	170	0	12	0	54.01
56.01	03470	0	230	0	236	0	56.01
57.00	05700	0	520	0	1,116	0	57.00
58.00	05800	0	240	0	252	0	58.00
59.00	05900	471	530	0	72	0	59.00
60.00	06000	0	4,110	0	947	0	60.00
64.00	06400	411	490	0	70	0	64.00
65.00	06500	0	1,620	0	25	0	65.00
65.98	06501	0	0	0	24	0	65.98
66.00	06600	0	1,520	0	71	0	66.00
68.00	06800	0	140	0	3	0	68.00
69.00	06900	359	1,430	0	223	0	69.00
70.01	07001	237	640	0	111	0	70.01
71.00	07100	0	0	0	0	0	71.00
73.00	07300	0	1,750	0	549	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	470	0	37	0	90.00
90.01	09002	0	200	0	1	0	90.01
90.02	09001	0	1,050	0	60	0	90.02
90.04	09003	0	100	0	3	0	90.04
91.00	09100	4,622	4,200	0	617	13	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	0	0	0	0	0	99.10
99.20	09920	0	0	0	0	0	99.20
99.30	09930	0	0	0	0	0	99.30
99.40	09940	0	0	0	0	0	99.40
SPECIAL PURPOSE COST CENTERS							
118.00		115,308	51,100	24,400	10,000	100	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	110	0	0	0	190.00
193.05	19305	0	0	0	0	0	193.05
193.06	19306	0	30	0	0	0	193.06
193.07	19307	0	210	0	0	0	193.07
193.08	19308	0	0	0	0	0	193.08
200.00							200.00
201.00							201.00
202.00		856,416	1,609,757	1,765,257	2,160,124	589,926	202.00
203.00		7.427204	31.287794	72.346598	216.012400	5,899.260000	203.00
204.00		33,175	86,077	92,549	72,006	13,382	204.00
205.00		0.287708	1.673022	3.792992	7.200600	133.820000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140034

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

Worksheet B-1
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		NONPHYSICIAN ANESTHETISTS (BLANK)	
		19.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
6.00	00600	MAINTENANCE & REPAIRS	6.00
6.01	00602	BIOMEDICAL SERVICES	6.01
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
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - IPF	40.00
43.00	04300	NURSERY	43.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	CARDIAC REHABILITATION	54.01
56.01	03470	NUCLEAR MEDICINE	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
64.00	06400	INTRAVENOUS THERAPY	64.00
65.00	06500	RESPIRATORY THERAPY	65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	65.98
66.00	06600	PHYSICAL THERAPY	66.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.01	07001	NUEROLOGY	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
OUTPATIENT SERVICE COST CENTERS			
90.00	09000	CLINIC	90.00
90.01	09002	DIABETES EDUCATION	90.01
90.02	09001	PSYCH SERVICES	90.02
90.04	09003	ANTI COAGULATION CLINIC	90.04
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS	92.00
OTHER REIMBURSABLE COST CENTERS			
99.10	09910	CORF	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	99.40
SPECIAL PURPOSE COST CENTERS			
118.00		SUBTOTALS (SUM OF LINES 1-117)	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00
193.05	19305	OTHER NON-REIMBURSABLE	193.05
193.06	19306	OUTSIDE ACCOUNTING	193.06
193.07	19307	OUTSIDE PRINTING	193.07
193.08	19308	FOUNDATION	193.08
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)	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140034

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

			Title XVIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	17,898,768		17,898,768	4,537	17,903,305	12,377,195	30.00
31.00	03100	INTENSIVE CARE UNIT	6,812,151		6,812,151	0	6,812,151	3,143,457	31.00
40.00	04000	SUBPROVIDER - I/PF	2,419,404		2,419,404	2,041	2,421,445	1,465,792	40.00
43.00	04300	NURSERY	1,488,628		1,488,628	0	1,488,628	362,509	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	11,617,119		11,617,119	26,561	11,643,680	12,678,352	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,260,600		1,260,600	0	1,260,600	1,893,971	52.00
53.00	05300	ANESTHESIOLOGY	466,540		466,540	31,713	498,253	1,714,195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,535,429		4,535,429	7,996	4,543,425	3,916,951	54.00
54.01	05401	CARDIAC REHABILITATION	174,243		174,243	9,126	183,369	223	54.01
56.01	03470	NUCLEAR MEDICINE	1,250,050		1,250,050	0	1,250,050	1,149,604	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,033,360		1,033,360	0	1,033,360	11,239,511	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	449,634		449,634	0	449,634	1,060,393	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,392,377		1,392,377	12,092	1,404,469	2,262,427	59.00
60.00	06000	LABORATORY	6,322,492		6,322,492	23,780	6,346,272	18,121,151	60.00
64.00	06400	INTRAVENOUS THERAPY	590,596		590,596	0	590,596	13,925	64.00
65.00	06500	RESPIRATORY THERAPY	1,813,216	0	1,813,216	8,685	1,821,901	2,885,136	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	178,789	0	178,789	0	178,789	0	65.98
66.00	06600	PHYSICAL THERAPY	3,645,034	0	3,645,034	4,937	3,649,971	655,703	66.00
68.00	06800	SPEECH PATHOLOGY	191,931	0	191,931	0	191,931	70,043	68.00
69.00	06900	ELECTROCARDIOLOGY	1,765,523		1,765,523	12,330	1,777,853	5,234,273	69.00
70.01	07001	NEUROLOGY	887,757		887,757	7,432	895,189	201,621	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0		0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,167,569		9,167,569	0	9,167,569	12,572,803	73.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	336,719		336,719	1,541	338,260	4,301	90.00
90.01	09002	DIABETES EDUCATION	111,005		111,005	0	111,005	500	90.01
90.02	09001	PSYCH SERVICES	1,377,199		1,377,199	8,344	1,385,543	2,304	90.02
90.04	09003	ANTI COAGULATION CLINIC	184,640		184,640	0	184,640	270	90.04
91.00	09100	EMERGENCY	5,786,361		5,786,361	31,857	5,818,218	5,387,107	91.00
92.00	09200	OBSERVATION BEDS	1,771,663		1,771,663		1,771,663	346,692	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	0	99.40
200.00		Subtotal (see instructions)	84,928,797	0	84,928,797	192,972	85,121,769	98,760,409	200.00
201.00		Less Observation Beds	1,771,663		1,771,663		1,771,663		201.00
202.00		Total (see instructions)	83,157,134	0	83,157,134	192,972	83,350,106	98,760,409	202.00
Charges									
Cost Center Description	Outpatient		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Total (col. 6 + col. 7)								
	7.00	8.00				9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	12,377,195						30.00
31.00	03100	INTENSIVE CARE UNIT	3,143,457						31.00
40.00	04000	SUBPROVIDER - I/PF	1,465,792						40.00
43.00	04300	NURSERY	362,509						43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,436,647	30,114,999	0.385759	0.000000	0.386641		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,186,807	3,080,778	0.409182	0.000000	0.409182		52.00
53.00	05300	ANESTHESIOLOGY	1,951,927	3,666,122	0.127257	0.000000	0.135907		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,144,241	22,061,192	0.205584	0.000000	0.205946		54.00
54.01	05401	CARDIAC REHABILITATION	300,604	300,827	0.579213	0.000000	0.609550		54.01
56.01	03470	NUCLEAR MEDICINE	5,700,099	6,849,703	0.182497	0.000000	0.182497		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	27,415,266	38,654,777	0.026733	0.000000	0.026733		57.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140034

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio		
Cost Center Description	Outpatient	Total (col. 6 + col. 7)	7.00	8.00					
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,015,735	7,076,128	0.063542	0.000000	0.063542		58.00
59.00	05900	CARDIAC CATHETERIZATION	1,738,803	4,001,230	0.347987	0.000000	0.351009		59.00
60.00	06000	LABORATORY	23,155,442	41,276,593	0.153174	0.000000	0.153750		60.00
64.00	06400	INTRAVENOUS THERAPY	1,711,552	1,725,477	0.342280	0.000000	0.342280		64.00
65.00	06500	RESPIRATORY THERAPY	621,740	3,506,876	0.517046	0.000000	0.519523		65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	649,288	649,288	0.275362	0.000000	0.275362		65.98
66.00	06600	PHYSICAL THERAPY	4,601,696	5,257,399	0.693315	0.000000	0.694254		66.00
68.00	06800	SPEECH PATHOLOGY	88,390	158,433	1.211433	0.000000	1.211433		68.00
69.00	06900	ELECTROCARDIOLOGY	5,460,824	10,695,097	0.165078	0.000000	0.166231		69.00
70.01	07001	NEUROLOGY	2,640,673	2,842,294	0.312338	0.000000	0.314953		70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0.000000		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,652,799	26,225,602	0.349566	0.000000	0.349566		73.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	808,311	812,612	0.414366	0.000000	0.416263		90.00
90.01	09002	DIABETES EDUCATION	22,899	23,399	4.744006	0.000000	4.744006		90.01
90.02	09001	PSYCH SERVICES	1,736,104	1,738,408	0.792219	0.000000	0.797018		90.02
90.04	09003	ANTI COAGULATION CLINIC	76,470	76,740	2.406046	0.000000	2.406046		90.04
91.00	09100	EMERGENCY	15,365,211	20,752,318	0.278830	0.000000	0.280365		91.00
92.00	09200	OBSERVATION BEDS	2,240,727	2,587,419	0.684722	0.000000	0.684722		92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0					99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0					99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0					99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0					99.40
200.00		Subtotal (see instructions)	152,722,255	251,482,664					200.00
201.00		Less Observation Beds							201.00
202.00		Total (see instructions)	152,722,255	251,482,664					202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140034

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

			Title XIX		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	17,898,768		17,898,768	4,537	17,903,305	12,377,195	30.00
31.00	03100	INTENSIVE CARE UNIT	6,812,151		6,812,151	0	6,812,151	3,143,457	31.00
40.00	04000	SUBPROVIDER - I/PF	2,419,404		2,419,404	2,041	2,421,445	1,465,792	40.00
43.00	04300	NURSERY	1,488,628		1,488,628	0	1,488,628	362,509	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	11,617,119		11,617,119	26,561	11,643,680	12,678,352	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,260,600		1,260,600	0	1,260,600	1,893,971	52.00
53.00	05300	ANESTHESIOLOGY	466,540		466,540	31,713	498,253	1,714,195	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,535,429		4,535,429	7,996	4,543,425	3,916,951	54.00
54.01	05401	CARDIAC REHABILITATION	174,243		174,243	9,126	183,369	223	54.01
56.01	03470	NUCLEAR MEDICINE	1,250,050		1,250,050	0	1,250,050	1,149,604	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,033,360		1,033,360	0	1,033,360	11,239,511	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	449,634		449,634	0	449,634	1,060,393	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,392,377		1,392,377	12,092	1,404,469	2,262,427	59.00
60.00	06000	LABORATORY	6,322,492		6,322,492	23,780	6,346,272	18,121,151	60.00
64.00	06400	INTRAVENOUS THERAPY	590,596		590,596	0	590,596	13,925	64.00
65.00	06500	RESPIRATORY THERAPY	1,813,216	0	1,813,216	8,685	1,821,901	2,885,136	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	178,789	0	178,789	0	178,789	0	65.98
66.00	06600	PHYSICAL THERAPY	3,645,034	0	3,645,034	4,937	3,649,971	655,703	66.00
68.00	06800	SPEECH PATHOLOGY	191,931	0	191,931	0	191,931	70,043	68.00
69.00	06900	ELECTROCARDIOLOGY	1,765,523		1,765,523	12,330	1,777,853	5,234,273	69.00
70.01	07001	NEUROLOGY	887,757		887,757	7,432	895,189	201,621	70.01
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0		0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,167,569		9,167,569	0	9,167,569	12,572,803	73.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	336,719		336,719	1,541	338,260	4,301	90.00
90.01	09002	DIABETES EDUCATION	111,005		111,005	0	111,005	500	90.01
90.02	09001	PSYCH SERVICES	1,377,199		1,377,199	8,344	1,385,543	2,304	90.02
90.04	09003	ANTI COAGULATION CLINIC	184,640		184,640	0	184,640	270	90.04
91.00	09100	EMERGENCY	5,786,361		5,786,361	31,857	5,818,218	5,387,107	91.00
92.00	09200	OBSERVATION BEDS	1,771,663		1,771,663		1,771,663	346,692	92.00
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0		0		0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0		0		0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0		0		0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0		0		0	0	99.40
200.00		Subtotal (see instructions)	84,928,797	0	84,928,797	192,972	85,121,769	98,760,409	200.00
201.00		Less Observation Beds	1,771,663		1,771,663		1,771,663		201.00
202.00		Total (see instructions)	83,157,134	0	83,157,134	192,972	83,350,106	98,760,409	202.00
Charges									
Cost Center Description	Outpatient		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Total (col. 6 + col. 7)								
	7.00	8.00				9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	12,377,195						30.00
31.00	03100	INTENSIVE CARE UNIT	3,143,457						31.00
40.00	04000	SUBPROVIDER - I/PF	1,465,792						40.00
43.00	04300	NURSERY	362,509						43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	17,436,647	30,114,999	0.385759	0.000000	0.386641		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,186,807	3,080,778	0.409182	0.000000	0.409182		52.00
53.00	05300	ANESTHESIOLOGY	1,951,927	3,666,122	0.127257	0.000000	0.135907		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	18,144,241	22,061,192	0.205584	0.000000	0.205946		54.00
54.01	05401	CARDIAC REHABILITATION	300,604	300,827	0.579213	0.000000	0.609550		54.01
56.01	03470	NUCLEAR MEDICINE	5,700,099	6,849,703	0.182497	0.000000	0.182497		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	27,415,266	38,654,777	0.026733	0.000000	0.026733		57.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140034

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

Worksheet C
Part I
Date/Time Prepared:
5/21/2013 2:33 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				
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6,015,735	7,076,128	0.063542	0.000000	0.063542	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,738,803	4,001,230	0.347987	0.000000	0.351009	59.00
60.00	06000	LABORATORY	23,155,442	41,276,593	0.153174	0.000000	0.153750	60.00
64.00	06400	INTRAVENOUS THERAPY	1,711,552	1,725,477	0.342280	0.000000	0.342280	64.00
65.00	06500	RESPIRATORY THERAPY	621,740	3,506,876	0.517046	0.000000	0.519523	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	649,288	649,288	0.275362	0.000000	0.275362	65.98
66.00	06600	PHYSICAL THERAPY	4,601,696	5,257,399	0.693315	0.000000	0.694254	66.00
68.00	06800	SPEECH PATHOLOGY	88,390	158,433	1.211433	0.000000	1.211433	68.00
69.00	06900	ELECTROCARDIOLOGY	5,460,824	10,695,097	0.165078	0.000000	0.166231	69.00
70.01	07001	NEUROLOGY	2,640,673	2,842,294	0.312338	0.000000	0.314953	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0.000000	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	13,652,799	26,225,602	0.349566	0.000000	0.349566	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	808,311	812,612	0.414366	0.000000	0.416263	90.00
90.01	09002	DIABETES EDUCATION	22,899	23,399	4.744006	0.000000	4.744006	90.01
90.02	09001	PSYCH SERVICES	1,736,104	1,738,408	0.792219	0.000000	0.797018	90.02
90.04	09003	ANTI COAGULATION CLINIC	76,470	76,740	2.406046	0.000000	2.406046	90.04
91.00	09100	EMERGENCY	15,365,211	20,752,318	0.278830	0.000000	0.280365	91.00
92.00	09200	OBSERVATION BEDS	2,240,727	2,587,419	0.684722	0.000000	0.684722	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0				99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0				99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0				99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0				99.40
200.00		Subtotal (see instructions)	152,722,255	251,482,664				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	152,722,255	251,482,664				202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140034

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

Worksheet C Part II Date/Time Prepared: 5/21/2013 2:33 pm

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,617,119	1,135,306	10,481,813	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,260,600	106,494	1,154,106	0	0	52.00
53.00	05300	ANESTHESIOLOGY	466,540	72,640	393,900	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,535,429	674,443	3,860,986	0	0	54.00
54.01	05401	CARDIAC REHABILITATION	174,243	9,712	164,531	0	0	54.01
56.01	03470	NUCLEAR MEDICINE	1,250,050	22,774	1,227,276	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	1,033,360	130,989	902,371	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	449,634	34,469	415,165	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,392,377	103,384	1,288,993	0	0	59.00
60.00	06000	LABORATORY	6,322,492	217,846	6,104,646	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	590,596	17,566	573,030	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,813,216	101,183	1,712,033	0	0	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	178,789	9,778	169,011	0	0	65.98
66.00	06600	PHYSICAL THERAPY	3,645,034	204,163	3,440,871	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	191,931	10,245	181,686	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	1,765,523	155,597	1,609,926	0	0	69.00
70.01	07001	NEUROLOGY	887,757	51,592	836,165	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,167,569	328,232	8,839,337	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	336,719	14,151	322,568	0	0	90.00
90.01	09002	DIABETES EDUCATION	111,005	1,983	109,022	0	0	90.01
90.02	09001	PSYCH SERVICES	1,377,199	92,527	1,284,672	0	0	90.02
90.04	09003	ANTI COAGULATION CLINIC	184,640	3,187	181,453	0	0	90.04
91.00	09100	EMERGENCY	5,786,361	168,358	5,618,003	0	0	91.00
92.00	09200	OBSERVATION BEDS	1,771,663	83,785	1,687,878	0	0	92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
99.20	09920	OUTPATIENT PHYSICAL THERAPY	0	0	0	0	0	99.20
99.30	09930	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	0	0	99.30
99.40	09940	OUTPATIENT SPEECH PATHOLOGY	0	0	0	0	0	99.40
200.00		Subtotal (sum of lines 50 thru 199)	56,309,846	3,750,404	52,559,442	0	0	200.00
201.00		Less Observation Beds	1,771,663	83,785	1,687,878	0	0	201.00
202.00		Total (line 200 minus line 201)	54,538,183	3,666,619	50,871,564	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY

Provider CCN: 140034

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

Worksheet C Part II Date/Time Prepared: 5/21/2013 2:33 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital	PPS
		6.00	7.00	8.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,617,119	30,114,999	0.385759		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,260,600	3,080,778	0.409182		52.00
53.00	05300 ANESTHESIOLOGY	466,540	3,666,122	0.127257		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	4,535,429	22,061,192	0.205584		54.00
54.01	05401 CARDIAC REHABILITATION	174,243	300,827	0.579213		54.01
56.01	03470 NUCLEAR MEDICINE	1,250,050	6,849,703	0.182497		56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	1,033,360	38,654,777	0.026733		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	449,634	7,076,128	0.063542		58.00
59.00	05900 CARDIAC CATHETERIZATION	1,392,377	4,001,230	0.347987		59.00
60.00	06000 LABORATORY	6,322,492	41,276,593	0.153174		60.00
64.00	06400 INTRAVENOUS THERAPY	590,596	1,725,477	0.342280		64.00
65.00	06500 RESPIRATORY THERAPY	1,813,216	3,506,876	0.517046		65.00
65.98	06501 HYPERBARI C OXYGEN THERAPY	178,789	649,288	0.275362		65.98
66.00	06600 PHYSICAL THERAPY	3,645,034	5,257,399	0.693315		66.00
68.00	06800 SPEECH PATHOLOGY	191,931	158,433	1.211433		68.00
69.00	06900 ELECTROCARDIOLOGY	1,765,523	10,695,097	0.165078		69.00
70.01	07001 NUEROLOGY	887,757	2,842,294	0.312338		70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000		71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,167,569	26,225,602	0.349566		73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	336,719	812,612	0.414366		90.00
90.01	09002 DIABETES EDUCATION	111,005	23,399	4.744006		90.01
90.02	09001 PSYCH SERVICES	1,377,199	1,738,408	0.792219		90.02
90.04	09003 ANTI COAGULATION CLINIC	184,640	76,740	2.406046		90.04
91.00	09100 EMERGENCY	5,786,361	20,752,318	0.278830		91.00
92.00	09200 OBSERVATION BEDS	1,771,663	2,587,419	0.684722		92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF	0	0	0.000000		99.10
99.20	09920 OUTPATIENT PHYSICAL THERAPY	0	0	0.000000		99.20
99.30	09930 OUTPATIENT OCCUPATIONAL THERAPY	0	0	0.000000		99.30
99.40	09940 OUTPATIENT SPEECH PATHOLOGY	0	0	0.000000		99.40
200.00	Subtotal (sum of lines 50 thru 199)	56,309,846	234,133,711			200.00
201.00	Less Observation Beds	1,771,663	0			201.00
202.00	Total (line 200 minus line 201)	54,538,183	234,133,711			202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	846,686	0	846,686	21,494	39.39	30.00	
31.00	INTENSIVE CARE UNIT	384,356		384,356	2,680	143.42	31.00	
40.00	SUBPROVIDER - IPF	91,796	0	91,796	2,463	37.27	40.00	
43.00	NURSERY	108,016		108,016	574	188.18	43.00	
200.00	Total (lines 30-199)	1,430,854		1,430,854	27,211		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	13,550	533,735					30.00
31.00	INTENSIVE CARE UNIT	1,567	224,739					31.00
40.00	SUBPROVIDER - IPF	520	19,380					40.00
43.00	NURSERY	0	0					43.00
200.00	Total (lines 30-199)	15,637	777,854					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/21/2013 2:33 pm
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Cost Center Description		Title XVIII			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,135,306	30,114,999	0.037699	7,126,665	268,668	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	106,494	3,080,778	0.034567	0	0	52.00
53.00	05300	ANESTHESIOLOGY	72,640	3,666,122	0.019814	621,778	12,320	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	674,443	22,061,192	0.030571	2,880,151	88,049	54.00
54.01	05401	CARDIAC REHABILITATION	9,712	300,827	0.032284	0	0	54.01
56.01	03470	NUCLEAR MEDICINE	22,774	6,849,703	0.003325	774,283	2,574	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	130,989	38,654,777	0.003389	6,626,964	22,459	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,469	7,076,128	0.004871	566,038	2,757	58.00
59.00	05900	CARDIAC CATHETERIZATION	103,384	4,001,230	0.025838	1,433,751	37,045	59.00
60.00	06000	LABORATORY	217,846	41,276,593	0.005278	11,735,242	61,939	60.00
64.00	06400	INTRAVENOUS THERAPY	17,566	1,725,477	0.010180	11,867	121	64.00
65.00	06500	RESPIRATORY THERAPY	101,183	3,506,876	0.028853	2,039,250	58,838	65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	9,778	649,288	0.015060	0	0	65.98
66.00	06600	PHYSICAL THERAPY	204,163	5,257,399	0.038833	523,401	20,325	66.00
68.00	06800	SPEECH PATHOLOGY	10,245	158,433	0.064665	59,462	3,845	68.00
69.00	06900	ELECTROCARDIOLOGY	155,597	10,695,097	0.014548	3,815,143	55,503	69.00
70.01	07001	NUEROLOGY	51,592	2,842,294	0.018152	136,923	2,485	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	328,232	26,225,602	0.012516	8,090,880	101,265	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,151	812,612	0.017414	3,618	63	90.00
90.01	09002	DIABETES EDUCATION	1,983	23,399	0.084747	141	12	90.01
90.02	09001	PSYCH SERVICES	92,527	1,738,408	0.053225	278	15	90.02
90.04	09003	ANTI COAGULATION CLINIC	3,187	76,740	0.041530	270	11	90.04
91.00	09100	EMERGENCY	168,358	20,752,318	0.008113	3,017,910	24,484	91.00
92.00	09200	OBSERVATION BEDS	83,785	2,587,419	0.032382	120,341	3,897	92.00
200.00		Total (Lines 50-199)	3,750,404	234,133,711		49,584,356	766,675	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/21/2013 2:33 pm	
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
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,494	0.00	13,550	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,680	0.00	1,567	0		31.00
40.00	04000	SUBPROVIDER - IPF	2,463	0.00	520	0		40.00
43.00	04300	NURSERY	574	0.00	0	0		43.00
200.00		Total (lines 30-199)	27,211		15,637	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
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Cost Center Description		Title XVIII				Hospital		PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	0	0	0	0	50.00
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	CARDIAC REHABILITATION	0	0	0	0	0	54.01
56.01	03470	NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01	07001	NEUROLOGY	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09002	DIABETES EDUCATION	0	0	0	0	0	90.01
90.02	09001	PSYCH SERVICES	0	0	0	0	0	90.02
90.04	09003	ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30,114,999	0.000000	0.000000	7,126,665	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,080,778	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	3,666,122	0.000000	0.000000	621,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,061,192	0.000000	0.000000	2,880,151	54.00
54.01	05401	CARDIAC REHABILITATION	0	300,827	0.000000	0.000000	0	54.01
56.01	03470	NUCLEAR MEDICINE	0	6,849,703	0.000000	0.000000	774,283	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	38,654,777	0.000000	0.000000	6,626,964	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,076,128	0.000000	0.000000	566,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,001,230	0.000000	0.000000	1,433,751	59.00
60.00	06000	LABORATORY	0	41,276,593	0.000000	0.000000	11,735,242	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,725,477	0.000000	0.000000	11,867	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,506,876	0.000000	0.000000	2,039,250	65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	0	649,288	0.000000	0.000000	0	65.98
66.00	06600	PHYSICAL THERAPY	0	5,257,399	0.000000	0.000000	523,401	66.00
68.00	06800	SPEECH PATHOLOGY	0	158,433	0.000000	0.000000	59,462	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,695,097	0.000000	0.000000	3,815,143	69.00
70.01	07001	NUEROLOGY	0	2,842,294	0.000000	0.000000	136,923	70.01
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0.000000	0.000000	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,225,602	0.000000	0.000000	8,090,880	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	812,612	0.000000	0.000000	3,618	90.00
90.01	09002	DIABETES EDUCATION	0	23,399	0.000000	0.000000	141	90.01
90.02	09001	PSYCH SERVICES	0	1,738,408	0.000000	0.000000	278	90.02
90.04	09003	ANTI COAGULATION CLINIC	0	76,740	0.000000	0.000000	270	90.04
91.00	09100	EMERGENCY	0	20,752,318	0.000000	0.000000	3,017,910	91.00
92.00	09200	OBSERVATION BEDS	0	2,587,419	0.000000	0.000000	120,341	92.00
200.00		Total (Lines 50-199)	0	234,133,711			49,584,356	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS		11.00	12.00	13.00		
50.00	05000 OPERATING ROOM	0	5,269,363	0		50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	2,232	0		52.00
53.00	05300 ANESTHESIOLOGY	0	448,957	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,138,721	0		54.00
54.01	05401 CARDIAC REHABILITATION	0	208,505	0		54.01
56.01	03470 NUCLEAR MEDICINE	0	2,627,408	0		56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	8,921,671	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	2,007,575	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	722,655	0		59.00
60.00	06000 LABORATORY	0	641,550	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	947,064	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	219,473	0		65.00
65.98	06501 HYPERBARI C OXYGEN THERAPY	0	375,991	0		65.98
66.00	06600 PHYSICAL THERAPY	0	375	0		66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	2,348,896	0		69.00
70.01	07001 NUEROLOGY	0	771,331	0		70.01
71.00	07100 MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0		71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	7,830,106	0		73.00
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	232,426	0		90.00
90.01	09002 DIABETES EDUCATION	0	52	0		90.01
90.02	09001 PSYCH SERVICES	0	239,337	0		90.02
90.04	09003 ANTI COAGULATION CLINIC	0	0	0		90.04
91.00	09100 EMERGENCY	0	2,871,076	0		91.00
92.00	09200 OBSERVATION BEDS	0	1,019,232	0		92.00
200.00	Total (Lines 50-199)	0	43,843,996	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs			
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)			
	1.00	2.00	3.00	4.00	5.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0.385759	5,269,363	0	0	2,032,704	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409182	2,232	0	0	913	52.00
53.00	05300	ANESTHESIOLOGY	0.127257	448,957	0	0	57,133	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205584	6,138,721	0	0	1,262,023	54.00
54.01	05401	CARDIAC REHABILITATION	0.579213	208,505	0	0	120,769	54.01
56.01	03470	NUCLEAR MEDICINE	0.182497	2,627,408	0	0	479,494	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.026733	8,921,671	0	0	238,503	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063542	2,007,575	0	0	127,565	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.347987	722,655	0	0	251,475	59.00
60.00	06000	LABORATORY	0.153174	641,550	0	0	98,269	60.00
64.00	06400	INTRAVENOUS THERAPY	0.342280	947,064	0	0	324,161	64.00
65.00	06500	RESPIRATORY THERAPY	0.517046	219,473	0	0	113,478	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	0.275362	375,991	0	0	103,534	65.98
66.00	06600	PHYSICAL THERAPY	0.693315	375	0	0	260	66.00
68.00	06800	SPEECH PATHOLOGY	1.211433	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.165078	2,348,896	0	0	387,751	69.00
70.01	07001	NEUROLOGY	0.312338	771,331	0	0	240,916	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.349566	7,830,106	0	24,465	2,737,139	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0.414366	232,426	0	0	96,309	90.00
90.01	09002	DIABETES EDUCATION	4.744006	52	0	0	247	90.01
90.02	09001	PSYCH SERVICES	0.792219	239,337	0	0	189,607	90.02
90.04	09003	ANTI COAGULATION CLINIC	2.406046	0	0	0	0	90.04
91.00	09100	EMERGENCY	0.278830	2,871,076	0	0	800,542	91.00
92.00	09200	OBSERVATION BEDS	0.684722	1,019,232	0	0	697,891	92.00
200.00		Subtotal (see instructions)		43,843,996	0	24,465	10,360,683	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		43,843,996	0	24,465	10,360,683	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/21/2013 2:33 pm
	Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
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 CARDIAC REHABILITATION	0	0		54.01
56.01 03470 NUCLEAR MEDICINE	0	0		56.01
57.00 05700 COMPUTED TOMOGRAPHY (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
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.98 06501 HYPERBARIC OXYGEN THERAPY	0	0		65.98
66.00 06600 PHYSICAL THERAPY	0	0		66.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.01 07001 NEUROLOGY	0	0		70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0		71.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,552		73.00
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
90.01 09002 DIABETES EDUCATION	0	0		90.01
90.02 09001 PSYCH SERVICES	0	0		90.02
90.04 09003 ANTI COAGULATION CLINIC	0	0		90.04
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS	0	0		92.00
200.00 Subtotal (see instructions)	0	8,552		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	8,552		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140034 Component CCN: 14S034		Period: From 01/01/2012 To 12/31/2012		Worksheet D Part II Date/Time Prepared: 5/21/2013 2:33 pm	
		Title XVIIII		Subprovider - IPF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,135,306	30,114,999	0.037699	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	106,494	3,080,778	0.034567	0	0	52.00
53.00	05300 ANESTHESIOLOGY	72,640	3,666,122	0.019814	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	674,443	22,061,192	0.030571	15,986	489	54.00
54.01	05401 CARDIAC REHABILITATION	9,712	300,827	0.032284	0	0	54.01
56.01	03470 NUCLEAR MEDICINE	22,774	6,849,703	0.003325	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	130,989	38,654,777	0.003389	29,164	99	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	34,469	7,076,128	0.004871	3,594	18	58.00
59.00	05900 CARDIAC CATHETERIZATION	103,384	4,001,230	0.025838	0	0	59.00
60.00	06000 LABORATORY	217,846	41,276,593	0.005278	192,516	1,016	60.00
64.00	06400 INTRAVENOUS THERAPY	17,566	1,725,477	0.010180	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	101,183	3,506,876	0.028853	2,019	58	65.00
65.98	06501 HYPERBARIC OXYGEN THERAPY	9,778	649,288	0.015060	0	0	65.98
66.00	06600 PHYSICAL THERAPY	204,163	5,257,399	0.038833	745	29	66.00
68.00	06800 SPEECH PATHOLOGY	10,245	158,433	0.064665	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	155,597	10,695,097	0.014548	6,120	89	69.00
70.01	07001 NEUROLOGY	51,592	2,842,294	0.018152	1,104	20	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	328,232	26,225,602	0.012516	47,939	600	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	14,151	812,612	0.017414	0	0	90.00
90.01	09002 DIABETES EDUCATION	1,983	23,399	0.084747	0	0	90.01
90.02	09001 PSYCH SERVICES	92,527	1,738,408	0.053225	1,061	56	90.02
90.04	09003 ANTI COAGULATION CLINIC	3,187	76,740	0.041530	0	0	90.04
91.00	09100 EMERGENCY	168,358	20,752,318	0.008113	90,282	732	91.00
92.00	09200 OBSERVATION BEDS	0	2,587,419	0.000000	0	0	92.00
200.00	Total (lines 50-199)	3,666,619	234,133,711		390,530	3,206	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
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 CARDIAC REHABILITATION	0	0	0	0	0	54.01
56.01 03470 NUCLEAR MEDICINE	0	0	0	0	0	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.98 06501 HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	65.98
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.01 07001 NEUROLOGY	0	0	0	0	0	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	71.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.01 09002 DIABETES EDUCATION	0	0	0	0	0	90.01
90.02 09001 PSYCH SERVICES	0	0	0	0	0	90.02
90.04 09003 ANTI COAGULATION CLINIC	0	0	0	0	0	90.04
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Total	Total Charges	Ratio of Cost	Outpatient	Inpatient Program Charges	
	Outpatient Cost (sum of col. 2, 3 and 4)	(from Wkst. C, Part I, col. 8)	to Charges (col. 5 + col. 7)	Ratio of Cost to Charges (col. 6 + col. 7)		
	6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	30,114,999	0.000000	0.000000	0	50.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	3,080,778	0.000000	0.000000	0	52.00
53.00 05300 ANESTHESIOLOGY	0	3,666,122	0.000000	0.000000	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	22,061,192	0.000000	0.000000	15,986	54.00
54.01 05401 CARDIAC REHABILITATION	0	300,827	0.000000	0.000000	0	54.01
56.01 03470 NUCLEAR MEDICINE	0	6,849,703	0.000000	0.000000	0	56.01
57.00 05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	38,654,777	0.000000	0.000000	29,164	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,076,128	0.000000	0.000000	3,594	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	4,001,230	0.000000	0.000000	0	59.00
60.00 06000 LABORATORY	0	41,276,593	0.000000	0.000000	192,516	60.00
64.00 06400 INTRAVENOUS THERAPY	0	1,725,477	0.000000	0.000000	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	3,506,876	0.000000	0.000000	2,019	65.00
65.98 06501 HYPERBARIC OXYGEN THERAPY	0	649,288	0.000000	0.000000	0	65.98
66.00 06600 PHYSICAL THERAPY	0	5,257,399	0.000000	0.000000	745	66.00
68.00 06800 SPEECH PATHOLOGY	0	158,433	0.000000	0.000000	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	10,695,097	0.000000	0.000000	6,120	69.00
70.01 07001 NEUROLOGY	0	2,842,294	0.000000	0.000000	1,104	70.01
71.00 07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0	71.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	26,225,602	0.000000	0.000000	47,939	73.00
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	812,612	0.000000	0.000000	0	90.00
90.01 09002 DIABETES EDUCATION	0	23,399	0.000000	0.000000	0	90.01
90.02 09001 PSYCH SERVICES	0	1,738,408	0.000000	0.000000	1,061	90.02
90.04 09003 ANTI COAGULATION CLINIC	0	76,740	0.000000	0.000000	0	90.04
91.00 09100 EMERGENCY	0	20,752,318	0.000000	0.000000	90,282	91.00
92.00 09200 OBSERVATION BEDS	0	2,587,419	0.000000	0.000000	0	92.00
200.00 Total (lines 50-199)	0	234,133,711			390,530	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
Title XVIII		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 CARDIAC REHABILITATION	0	0	0	54.01
56.01	03470 NUCLEAR MEDICINE	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.98	06501 HYPERBARIC OXYGEN THERAPY	0	0	0	65.98
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.01	07001 NEUROLOGY	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09002 DIABETES EDUCATION	0	0	0	90.01
90.02	09001 PSYCH SERVICES	0	0	0	90.02
90.04	09003 ANTI COAGULATION CLINIC	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/21/2013 2:33 pm
		Title XIX		Hospital
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)		
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	ADULTS & PEDIATRICS	846,686	0	846,686	21,494	39.39	30.00	
31.00	INTENSIVE CARE UNIT	384,356		384,356	2,680	143.42	31.00	
40.00	SUBPROVIDER - IPF	91,796	0	91,796	2,463	37.27	40.00	
43.00	NURSERY	108,016		108,016	574	188.18	43.00	
200.00	Total (lines 30-199)	1,430,854		1,430,854	27,211		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	2,994	117,934					30.00
31.00	INTENSIVE CARE UNIT	397	56,938					31.00
40.00	SUBPROVIDER - IPF	788	29,369					40.00
43.00	NURSERY	505	95,031					43.00
200.00	Total (lines 30-199)	4,684	299,272					200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/21/2013 2:33 pm
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Cost Center Description		Title XIX			Hospital	PPS		
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,135,306	30,114,999	0.037699	1,944,510	73,306	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	106,494	3,080,778	0.034567	1,381,942	47,770	52.00
53.00	05300	ANESTHESIOLOGY	72,640	3,666,122	0.019814	592,545	11,741	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	674,443	22,061,192	0.030571	590,426	18,050	54.00
54.01	05401	CARDIAC REHABILITATION	9,712	300,827	0.032284	0	0	54.01
56.01	03470	NUCLEAR MEDICINE	22,774	6,849,703	0.003325	136,833	455	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	130,989	38,654,777	0.003389	1,598,521	5,417	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	34,469	7,076,128	0.004871	104,466	509	58.00
59.00	05900	CARDIAC CATHETERIZATION	103,384	4,001,230	0.025838	224,750	5,807	59.00
60.00	06000	LABORATORY	217,846	41,276,593	0.005278	2,328,183	12,288	60.00
64.00	06400	INTRAVENOUS THERAPY	17,566	1,725,477	0.010180	470	5	64.00
65.00	06500	RESPIRATORY THERAPY	101,183	3,506,876	0.028853	508,985	14,686	65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	9,778	649,288	0.015060	0	0	65.98
66.00	06600	PHYSICAL THERAPY	204,163	5,257,399	0.038833	34,363	1,334	66.00
68.00	06800	SPEECH PATHOLOGY	10,245	158,433	0.064665	2,887	187	68.00
69.00	06900	ELECTROCARDIOLOGY	155,597	10,695,097	0.014548	595,541	8,664	69.00
70.01	07001	NUEROLOGY	51,592	2,842,294	0.018152	28,554	518	70.01
71.00	07100	MEDICAL SUPPLIES CHRGED TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	328,232	26,225,602	0.012516	2,304,739	28,846	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	14,151	812,612	0.017414	0	0	90.00
90.01	09002	DIABETES EDUCATION	1,983	23,399	0.084747	0	0	90.01
90.02	09001	PSYCH SERVICES	92,527	1,738,408	0.053225	0	0	90.02
90.04	09003	ANTI COAGULATION CLINIC	3,187	76,740	0.041530	0	0	90.04
91.00	09100	EMERGENCY	168,358	20,752,318	0.008113	782,972	6,352	91.00
92.00	09200	OBSERVATION BEDS	83,785	2,587,419	0.032382	0	0	92.00
200.00		Total (Lines 50-199)	3,750,404	234,133,711		13,160,687	235,935	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part III Date/Time Prepared: 5/21/2013 2:33 pm
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Cost Center Description			Title XIX				Hospital	
			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	PPS
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	21,494	0.00	2,994	0		30.00
31.00	03100	INTENSIVE CARE UNIT	2,680	0.00	397	0		31.00
40.00	04000	SUBPROVIDER - IPF	2,463	0.00	788	0		40.00
43.00	04300	NURSERY	574	0.00	505	0		43.00
200.00		Total (lines 30-199)	27,211		4,684	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140034

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		Title XIX				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		
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	0	0	0	0	0	0	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01	05401	CARDIAC REHABILITATION	0	0	0	0	0	0	54.01
56.01	03470	NUCLEAR MEDICINE	0	0	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	0	0	0	0	0	0	65.98
66.00	06600	PHYSICAL THERAPY	0	0	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.01	07001	NUEROLOGY	0	0	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	0	0	0	0	0	0	90.00
90.01	09002	DIABETES EDUCATION	0	0	0	0	0	0	90.01
90.02	09001	PSYCH SERVICES	0	0	0	0	0	0	90.02
90.04	09003	ANTI COAGULATION CLINIC	0	0	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	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		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	30,114,999	0.000000	0.000000	1,944,510	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	3,080,778	0.000000	0.000000	1,381,942	52.00
53.00	05300	ANESTHESIOLOGY	0	3,666,122	0.000000	0.000000	592,545	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	22,061,192	0.000000	0.000000	590,426	54.00
54.01	05401	CARDIAC REHABILITATION	0	300,827	0.000000	0.000000	0	54.01
56.01	03470	NUCLEAR MEDICINE	0	6,849,703	0.000000	0.000000	136,833	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	38,654,777	0.000000	0.000000	1,598,521	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	7,076,128	0.000000	0.000000	104,466	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	4,001,230	0.000000	0.000000	224,750	59.00
60.00	06000	LABORATORY	0	41,276,593	0.000000	0.000000	2,328,183	60.00
64.00	06400	INTRAVENOUS THERAPY	0	1,725,477	0.000000	0.000000	470	64.00
65.00	06500	RESPIRATORY THERAPY	0	3,506,876	0.000000	0.000000	508,985	65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	0	649,288	0.000000	0.000000	0	65.98
66.00	06600	PHYSICAL THERAPY	0	5,257,399	0.000000	0.000000	34,363	66.00
68.00	06800	SPEECH PATHOLOGY	0	158,433	0.000000	0.000000	2,887	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,695,097	0.000000	0.000000	595,541	69.00
70.01	07001	NUEROLOGY	0	2,842,294	0.000000	0.000000	28,554	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	26,225,602	0.000000	0.000000	2,304,739	73.00
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	812,612	0.000000	0.000000	0	90.00
90.01	09002	DIABETES EDUCATION	0	23,399	0.000000	0.000000	0	90.01
90.02	09001	PSYCH SERVICES	0	1,738,408	0.000000	0.000000	0	90.02
90.04	09003	ANTI COAGULATION CLINIC	0	76,740	0.000000	0.000000	0	90.04
91.00	09100	EMERGENCY	0	20,752,318	0.000000	0.000000	782,972	91.00
92.00	09200	OBSERVATION BEDS	0	2,587,419	0.000000	0.000000	0	92.00
200.00		Total (Lines 50-199)	0	234,133,711			13,160,687	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140034

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description			Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	Hospital	PPS
ANCILLARY SERVICE COST CENTERS			11.00	12.00	13.00		
50.00	05000	OPERATING ROOM	0	0	0		50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300	ANESTHESIOLOGY	0	0	0		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401	CARDIAC REHABILITATION	0	0	0		54.01
56.01	03470	NUCLEAR MEDICINE	0	0	0		56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000	LABORATORY	0	0	0		60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0		65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	0	0	0		65.98
66.00	06600	PHYSICAL THERAPY	0	0	0		66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0		69.00
70.01	07001	NEUROLOGY	0	0	0		70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0		71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0		73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0		90.00
90.01	09002	DIABETES EDUCATION	0	0	0		90.01
90.02	09001	PSYCH SERVICES	0	0	0		90.02
90.04	09003	ANTI COAGULATION CLINIC	0	0	0		90.04
91.00	09100	EMERGENCY	0	0	0		91.00
92.00	09200	OBSERVATION BEDS	0	0	0		92.00
200.00		Total (Lines 50-199)	0	0	0		200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/21/2013 2:33 pm
		Component CCN: 14S034	Title XIX	Subprovider - IPF
				PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,135,306	30,114,999	0.037699	17,365	655	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	106,494	3,080,778	0.034567	8,103	280	52.00
53.00	05300 ANESTHESIOLOGY	72,640	3,666,122	0.019814	7,324	145	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	674,443	22,061,192	0.030571	9,079	278	54.00
54.01	05401 CARDIAC REHABILITATION	9,712	300,827	0.032284	0	0	54.01
56.01	03470 NUCLEAR MEDICINE	22,774	6,849,703	0.003325	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	130,989	38,654,777	0.003389	16,744	57	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	34,469	7,076,128	0.004871	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	103,384	4,001,230	0.025838	0	0	59.00
60.00	06000 LABORATORY	217,846	41,276,593	0.005278	277,131	1,463	60.00
64.00	06400 INTRAVENOUS THERAPY	17,566	1,725,477	0.010180	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	101,183	3,506,876	0.028853	4,997	144	65.00
65.98	06501 HYPERBARIC OXYGEN THERAPY	9,778	649,288	0.015060	0	0	65.98
66.00	06600 PHYSICAL THERAPY	204,163	5,257,399	0.038833	572	22	66.00
68.00	06800 SPEECH PATHOLOGY	10,245	158,433	0.064665	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	155,597	10,695,097	0.014548	10,638	155	69.00
70.01	07001 NEUROLOGY	51,592	2,842,294	0.018152	2,766	50	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	328,232	26,225,602	0.012516	57,360	718	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	14,151	812,612	0.017414	0	0	90.00
90.01	09002 DIABETES EDUCATION	1,983	23,399	0.084747	0	0	90.01
90.02	09001 PSYCH SERVICES	92,527	1,738,408	0.053225	903	48	90.02
90.04	09003 ANTI COAGULATION CLINIC	3,187	76,740	0.041530	0	0	90.04
91.00	09100 EMERGENCY	168,358	20,752,318	0.008113	142,552	1,157	91.00
92.00	09200 OBSERVATION BEDS	0	2,587,419	0.000000	0	0	92.00
200.00	Total (lines 50-199)	3,666,619	234,133,711		555,534	5,172	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140034
Component CCN: 14S034

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

Worksheet D
Part IV
Date/Time Prepared:
5/21/2013 2:33 pm

Title XIX

Subprovider -
IPF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
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	CARDIAC REHABILITATION	0	0	0	0	54.01
56.01	03470	NUCLEAR MEDICINE	0	0	0	0	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
65.98	06501	HYPERBARIC OXYGEN THERAPY	0	0	0	0	65.98
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.01	07001	NEUROLOGY	0	0	0	0	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09002	DIABETES EDUCATION	0	0	0	0	90.01
90.02	09001	PSYCH SERVICES	0	0	0	0	90.02
90.04	09003	ANTI COAGULATION CLINIC	0	0	0	0	90.04
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
	Title XIX	Subprovider - IPF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	30,114,999	0.000000	0.000000	17,365	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	3,080,778	0.000000	0.000000	8,103	52.00
53.00	05300 ANESTHESIOLOGY	0	3,666,122	0.000000	0.000000	7,324	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	22,061,192	0.000000	0.000000	9,079	54.00
54.01	05401 CARDIAC REHABILITATION	0	300,827	0.000000	0.000000	0	54.01
56.01	03470 NUCLEAR MEDICINE	0	6,849,703	0.000000	0.000000	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	38,654,777	0.000000	0.000000	16,744	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,076,128	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,001,230	0.000000	0.000000	0	59.00
60.00	06000 LABORATORY	0	41,276,593	0.000000	0.000000	277,131	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,725,477	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	3,506,876	0.000000	0.000000	4,997	65.00
65.98	06501 HYPERBARIC OXYGEN THERAPY	0	649,288	0.000000	0.000000	0	65.98
66.00	06600 PHYSICAL THERAPY	0	5,257,399	0.000000	0.000000	572	66.00
68.00	06800 SPEECH PATHOLOGY	0	158,433	0.000000	0.000000	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	10,695,097	0.000000	0.000000	10,638	69.00
70.01	07001 NEUROLOGY	0	2,842,294	0.000000	0.000000	2,766	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0	0	0.000000	0.000000	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	26,225,602	0.000000	0.000000	57,360	73.00
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	812,612	0.000000	0.000000	0	90.00
90.01	09002 DIABETES EDUCATION	0	23,399	0.000000	0.000000	0	90.01
90.02	09001 PSYCH SERVICES	0	1,738,408	0.000000	0.000000	903	90.02
90.04	09003 ANTI COAGULATION CLINIC	0	76,740	0.000000	0.000000	0	90.04
91.00	09100 EMERGENCY	0	20,752,318	0.000000	0.000000	142,552	91.00
92.00	09200 OBSERVATION BEDS	0	2,587,419	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	234,133,711			555,534	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet D Part IV Date/Time Prepared: 5/21/2013 2:33 pm
Title XIX		Subprovider - IPF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	
		11.00	12.00	13.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0	0	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	54.00
54.01	05401 CARDIAC REHABILITATION	0	0	0	54.01
56.01	03470 NUCLEAR MEDICINE	0	0	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	65.00
65.98	06501 HYPERBARIC OXYGEN THERAPY	0	0	0	65.98
66.00	06600 PHYSICAL THERAPY	0	0	0	66.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	69.00
70.01	07001 NEUROLOGY	0	0	0	70.01
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
90.01	09002 DIABETES EDUCATION	0	0	0	90.01
90.02	09001 PSYCH SERVICES	0	0	0	90.02
90.04	09003 ANTI COAGULATION CLINIC	0	0	0	90.04
91.00	09100 EMERGENCY	0	0	0	91.00
92.00	09200 OBSERVATION BEDS	0	0	0	92.00
200.00	Total (lines 50-199)	0	0	0	200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/21/2013 2:33 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,494	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,494	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.		15,809	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,558	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)		13,550	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,903,305	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)		17,903,305	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,377,195	28.00
29.00	Private room charges (excluding swing-bed charges)		9,698,392	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,678,803	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.446475	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		613.47	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		752.90	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)		17,903,305	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		832.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		11,286,337	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)		11,286,337	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XVIII		Hospital		PPS		Date/Time Prepared: 5/21/2013 2:33 pm	
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)		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,812,151	2,680	2,541.85	1,567	3,983,079		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					12,031,189		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					27,300,605		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					758,474		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					766,675		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,525,149		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,775,456		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,127		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					832.94		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,771,663		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2013 2:33 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	PPS
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	846,686	17,903,305	0.047292	1,771,663	83,785	90.00
91.00	Nursing School cost	0	17,903,305	0.000000	1,771,663	0	91.00
92.00	Allied health cost	0	17,903,305	0.000000	1,771,663	0	92.00
93.00	All other Medical Education	0	17,903,305	0.000000	1,771,663	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S034		Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,463	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,463	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,463	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)		520	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,421,445	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,421,445	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,465,792	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,465,792	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.651970	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)		595.12	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,421,445	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		983.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		511,228	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)		511,228	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S034				Date/Time Prepared: 5/21/2013 2:33 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					79,746		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					590,974		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					19,380		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					3,206		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					22,586		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					568,388		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034 Component CCN: 14S034		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2013 2:33 pm	
		Title XVIII		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	91,796	2,421,445	0.037910	0	0	90.00
91.00	Nursing School cost	0	2,421,445	0.000000	0	0	91.00
92.00	Allied health cost	0	2,421,445	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,421,445	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 5/21/2013 2:33 pm
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		21,494	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		21,494	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.		15,809	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		3,558	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)		2,994	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)		574	15.00
16.00	Nursery days (title V or XIX only)		505	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		17,903,305	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)		17,903,305	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		12,377,195	28.00
29.00	Private room charges (excluding swing-bed charges)		9,698,392	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		2,678,803	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.446475	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		613.47	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		752.90	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)		17,903,305	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		832.94	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,493,822	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)		2,493,822	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
Title XIX		Hospital		PPS		Date/Time Prepared: 5/21/2013 2:33 pm	
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)		
42.00 NURSERY (title V & XIX only)	1,488,628	574	2,593.43	505	1,309,682		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	6,812,151	2,680	2,541.85	397	1,009,114		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description							
					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,455,720		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					8,268,338		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					269,903		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					235,935		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					505,838		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					7,762,500		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					2,127		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					832.94		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					1,771,663		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2013 2:33 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	846,686	17,903,305	0.047292	1,771,663	83,785	90.00
91.00	Nursing School cost	0	17,903,305	0.000000	1,771,663	0	91.00
92.00	Allied health cost	0	17,903,305	0.000000	1,771,663	0	92.00
93.00	All other Medical Education	0	17,903,305	0.000000	1,771,663	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D-1
		Component CCN: 14S034		Date/Time Prepared: 5/21/2013 2:33 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		2,463	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		2,463	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		2,463	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)		788	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)		574	15.00
16.00	Nursery days (title V or XIX only)		505	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		2,421,445	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		2,421,445	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		1,465,792	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		1,465,792	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		1.651970	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)		595.12	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		2,421,445	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		983.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		774,706	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)		774,706	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1	
		Component CCN: 14S034				Date/Time Prepared: 5/21/2013 2:33 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					122,322		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					897,028		49.00
PASS THROUGH COST ADJUSTMENTS							
50.00 Pass through costs applicable to Program inpatient routine services (from Wkst. D, sum of Parts I and III)					29,369		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					5,172		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					34,541		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					862,487		53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00 Program discharges					0		54.00
55.00 Target amount per discharge					0.00		55.00
56.00 Target amount (line 54 x line 55)					0		56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0		57.00
58.00 Bonus payment (see instructions)					0		58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00		59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00		60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0		61.00
62.00 Relief payment (see instructions)					0		62.00
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0		63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0		64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0		65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0		66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0		67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0		68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0		69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)							70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)							71.00
72.00 Program routine service cost (line 9 x line 71)							72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)							73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)							74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)							75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)							76.00
77.00 Program capital-related costs (line 9 x line 76)							77.00
78.00 Inpatient routine service cost (line 74 minus line 77)							78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)							79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)							80.00
81.00 Inpatient routine service cost per diem limitation							81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)							82.00
83.00 Reasonable inpatient routine service costs (see instructions)							83.00
84.00 Program inpatient ancillary services (see instructions)							84.00
85.00 Utilization review - physician compensation (see instructions)							85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)							86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00 Total observation bed days (see instructions)					0		87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00		88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0		89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140034 Component CCN: 14S034		Period: From 01/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/21/2013 2:33 pm	
		Title XIX		Subprovider - IPF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	91,796	2,421,445	0.037910	0	0	90.00
91.00	Nursing School cost	0	2,421,445	0.000000	0	0	91.00
92.00	Allied health cost	0	2,421,445	0.000000	0	0	92.00
93.00	All other Medical Education	0	2,421,445	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/21/2013 2:33 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		8,352,093	30.00
31.00	03100	INTENSIVE CARE UNIT		2,126,381	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.386641	7,126,665	50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409182	0	52.00
53.00	05300	ANESTHESIOLOGY	0.135907	621,778	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205946	2,880,151	54.00
54.01	05401	CARDIAC REHABILITATION	0.609550	0	54.01
56.01	03470	NUCLEAR MEDICINE	0.182497	774,283	56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.026733	6,626,964	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063542	566,038	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.351009	1,433,751	59.00
60.00	06000	LABORATORY	0.153750	11,735,242	60.00
64.00	06400	INTRAVENOUS THERAPY	0.342280	11,867	64.00
65.00	06500	RESPIRATORY THERAPY	0.519523	2,039,250	65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	0.275362	0	65.98
66.00	06600	PHYSICAL THERAPY	0.694254	523,401	66.00
68.00	06800	SPEECH PATHOLOGY	1.211433	59,462	68.00
69.00	06900	ELECTROCARDIOLOGY	0.166231	3,815,143	69.00
70.01	07001	NUEROLOGY	0.314953	136,923	70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.349566	8,090,880	73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.416263	3,618	90.00
90.01	09002	DIABETES EDUCATION	4.744006	141	90.01
90.02	09001	PSYCH SERVICES	0.797018	278	90.02
90.04	09003	ANTI COAGULATION CLINIC	2.406046	270	90.04
91.00	09100	EMERGENCY	0.280365	3,017,910	91.00
92.00	09200	OBSERVATION BEDS	0.684722	120,341	92.00
200.00		Total (sum of lines 50-94 and 96-98)		49,584,356	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)		49,584,356	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		307,433	40.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.386641	0	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.409182	0	52.00
53.00	05300 ANESTHESIOLOGY	0.135907	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205946	15,986	54.00
54.01	05401 CARDIAC REHABILITATION	0.609550	0	54.01
56.01	03470 NUCLEAR MEDICINE	0.182497	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.026733	29,164	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.063542	3,594	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.351009	0	59.00
60.00	06000 LABORATORY	0.153750	192,516	60.00
64.00	06400 INTRAVENOUS THERAPY	0.342280	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.519523	2,019	65.00
65.98	06501 HYPERBARIC OXYGEN THERAPY	0.275362	0	65.98
66.00	06600 PHYSICAL THERAPY	0.694254	745	66.00
68.00	06800 SPEECH PATHOLOGY	1.211433	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.166231	6,120	69.00
70.01	07001 NEUROLOGY	0.314953	1,104	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.349566	47,939	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.416263	0	90.00
90.01	09002 DIABETES EDUCATION	4.744006	0	90.01
90.02	09001 PSYCH SERVICES	0.797018	1,061	90.02
90.04	09003 ANTI COAGULATION CLINIC	2.406046	0	90.04
91.00	09100 EMERGENCY	0.280365	90,282	91.00
92.00	09200 OBSERVATION BEDS	0.684722	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		390,530	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)		390,530	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/21/2013 2:33 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		1,882,690	30.00
31.00	03100	INTENSIVE CARE UNIT		365,941	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
43.00	04300	NURSERY		298,818	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.386641	1,944,510	751,827 50.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.409182	1,381,942	565,466 52.00
53.00	05300	ANESTHESIOLOGY	0.135907	592,545	80,531 53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.205946	590,426	121,596 54.00
54.01	05401	CARDIAC REHABILITATION	0.609550	0	0 54.01
56.01	03470	NUCLEAR MEDICINE	0.182497	136,833	24,972 56.01
57.00	05700	COMPUTED TOMOGRAPHY (CT) SCAN	0.026733	1,598,521	42,733 57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063542	104,466	6,638 58.00
59.00	05900	CARDIAC CATHETERIZATION	0.351009	224,750	78,889 59.00
60.00	06000	LABORATORY	0.153750	2,328,183	357,958 60.00
64.00	06400	INTRAVENOUS THERAPY	0.342280	470	161 64.00
65.00	06500	RESPIRATORY THERAPY	0.519523	508,985	264,429 65.00
65.98	06501	HYPERBARI C OXYGEN THERAPY	0.275362	0	0 65.98
66.00	06600	PHYSICAL THERAPY	0.694254	34,363	23,857 66.00
68.00	06800	SPEECH PATHOLOGY	1.211433	2,887	3,497 68.00
69.00	06900	ELECTROCARDIOLOGY	0.166231	595,541	98,997 69.00
70.01	07001	NUEROLOGY	0.314953	28,554	8,993 70.01
71.00	07100	MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	0 71.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.349566	2,304,739	805,658 73.00
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.416263	0	0 90.00
90.01	09002	DIABETES EDUCATION	4.744006	0	0 90.01
90.02	09001	PSYCH SERVICES	0.797018	0	0 90.02
90.04	09003	ANTI COAGULATION CLINIC	2.406046	0	0 90.04
91.00	09100	EMERGENCY	0.280365	782,972	219,518 91.00
92.00	09200	OBSERVATION BEDS	0.684722	0	0 92.00
200.00		Total (sum of lines 50-94 and 96-98)		13,160,687	3,455,720 200.00
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)		13,160,687	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/21/2013 2:33 pm
		Title XIX	Subprovider - IPF	PPS
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		470,587	40.00
43.00	04300 NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.386641	17,365	50.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.409182	8,103	52.00
53.00	05300 ANESTHESIOLOGY	0.135907	7,324	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.205946	9,079	54.00
54.01	05401 CARDIAC REHABILITATION	0.609550	0	54.01
56.01	03470 NUCLEAR MEDICINE	0.182497	0	56.01
57.00	05700 COMPUTED TOMOGRAPHY (CT) SCAN	0.026733	16,744	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.063542	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.351009	0	59.00
60.00	06000 LABORATORY	0.153750	277,131	60.00
64.00	06400 INTRAVENOUS THERAPY	0.342280	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.519523	4,997	65.00
65.98	06501 HYPERBARIC OXYGEN THERAPY	0.275362	0	65.98
66.00	06600 PHYSICAL THERAPY	0.694254	572	66.00
68.00	06800 SPEECH PATHOLOGY	1.211433	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.166231	10,638	69.00
70.01	07001 NEUROLOGY	0.314953	2,766	70.01
71.00	07100 MEDICAL SUPPLIES CHRGD TO PATIENTS	0.000000	0	71.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.349566	57,360	73.00
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0.416263	0	90.00
90.01	09002 DIABETES EDUCATION	4.744006	0	90.01
90.02	09001 PSYCH SERVICES	0.797018	903	90.02
90.04	09003 ANTI COAGULATION CLINIC	2.406046	0	90.04
91.00	09100 EMERGENCY	0.280365	142,552	91.00
92.00	09200 OBSERVATION BEDS	0.684722	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		555,534	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)		555,534	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/21/2013 2:33 pm
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		18,379,004	1.00
2.00	Outlier payments for discharges. (see instructions)		160,169	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)		88.46	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		4.38	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		17.37	31.00
32.00	Sum of lines 30 and 31		21.75	32.00
33.00	Allowable disproportionate share percentage (see instructions)		7.16	33.00
34.00	Disproportionate share adjustment (see instructions)		1,315,937	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		19,855,110	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		22,101,508	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		21,539,909	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		1,475,984	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			23,015,893 59.00
60.00	Primary payer payments			37,893 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			22,978,000 61.00
62.00	Deductibles billed to program beneficiaries			2,298,588 62.00
63.00	Coinurance billed to program beneficiaries			77,151 63.00
64.00	Allowable bad debts (see instructions)			786,118 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			550,283 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			618,577 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			21,152,544 67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)			0 68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)			0 69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 70.00
70.93	HVBP incentive payment (see instructions)			24,852 70.93
70.94	Hospital readmissions reduction adjustment (see instructions)			-45,387 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)			21,132,009 71.00
72.00	Interim payments			20,705,611 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)			426,398 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			150,000 75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)			0 90.00
91.00	Capital outlier from Worksheet L, Part I, line 2			0 91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)			0 92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)			0 93.00
94.00	The rate used to calculate the Time Value of Money			0.00 94.00
95.00	Time Value of Money for operating expenses(see instructions)			0 95.00
96.00	Time Value of Money for capital related expenses (see instructions)			0 96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,552	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		10,360,683	2.00
3.00	PPS payments		8,275,048	3.00
4.00	Outlier payment (see instructions)		46,674	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.863	5.00
6.00	Line 2 times line 5		8,941,269	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		93.07	7.00
8.00	Transitional corridor payment (see instructions)		526,615	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,552	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		24,465	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)		24,465	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		24,465	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		15,913	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)		8,552	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		8,848,337	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		1,917,108	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		6,939,781	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		6,939,781	30.00
31.00	Primary payer payments		968	31.00
32.00	Subtotal (line 30 minus line 31)		6,938,813	32.00
ALLOWABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)				
33.00	Composite rate ESRD (from Worksheet I-5, line 11)		0	33.00
34.00	Allowable bad debts (see instructions)		503,008	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		352,106	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		391,435	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,290,919	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		7,290,919	40.00
41.00	Interim payments		6,787,601	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)		503,318	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140034

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2013 2:33 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		20,705,611		6,787,601	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						3.00
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		20,705,611		6,787,601	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)						5.00
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)						6.00
6.01	SETTLEMENT TO PROVIDER		426,398		503,318	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		21,132,009		7,290,919	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: 140034
Component CCN: 14S034

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

Worksheet E-1
Part I
Date/Time Prepared:
5/21/2013 2:33 pm

Title XVIII

Subprovider -
IPF

PPS

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					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		342,118		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		342,118		0	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		39,765		0	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		381,883		0	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT FOR HIT		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVIII	Hospital	PPS
				1.00
TO BE COMPLETED BY CONTRACTOR FOR NON STANDARD COST REPORTS				
HEALTH INFORMATION TECHNOLOGY DATA COLLECTION AND CALCULATION				
1.00	Total hospital discharges as defined in AARA §4102 from Wkst S-3, Part I column 15 line 14			5,228 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			15,117 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			124 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			22,047 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			251,482,664 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			9,463,469 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			0 32.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part II Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVIIII	Subprovider - IPF	PPS
				1.00
PART II - MEDICARE PART A SERVICES - IPF PPS				
1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)			436,462 1.00
2.00	Net IPF PPS Outlier Payments			0 2.00
3.00	Net IPF PPS ECT Payments			0 3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)			0.00 4.00
4.01	Cap increases for the unweighted intern and resident FTE count for residents that were displaced by program or hospital closure, that would not be counted without a temporary cap adjustment under §412.424(d)(1)(iii)(F)(1) or (2) (see instructions)			0.00 4.01
5.00	New Teaching program adjustment. (see instructions)			0.00 5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)			0.00 8.00
9.00	Average Daily Census (see instructions)			6.729508 9.00
10.00	Medical Education Adjustment Factor $\{(1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1\}$.			0.000000 10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).			0 11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)			436,462 12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)			0 13.00
14.00	Organ acquisition			0 14.00
15.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 15.00
16.00	Subtotal (see instructions)			436,462 16.00
17.00	Primary payer payments			0 17.00
18.00	Subtotal (line 16 less line 17).			436,462 18.00
19.00	Deductibles			87,408 19.00
20.00	Subtotal (line 18 minus line 19)			349,054 20.00
21.00	Coinsurance			6,936 21.00
22.00	Subtotal (line 20 minus line 21)			342,118 22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			56,807 23.00
24.00	Adjusted reimbursable bad debts (see instructions)			39,765 24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			43,120 25.00
26.00	Subtotal (sum of lines 22 and 24)			381,883 26.00
27.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 27.00
28.00	Other pass through costs (see instructions)			0 28.00
29.00	Outlier payments reconciliation			0 29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 30.00
30.99	Recovery of Accelerated Depreciation			0 30.99
31.00	Total amount payable to the provider (see instructions)			381,883 31.00
32.00	Interim payments			342,118 32.00
33.00	Tentative settlement (for contractor use only)			0 33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)			39,765 34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 35.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part II, line 2			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2013 2:33 pm	
		Title XIX	Hospital	PPS	
			Inpatient	Outpatient	
			1.00	2.00	
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES					
COMPUTATION OF NET COST OF COVERED SERVICES					
1.00	Inpatient hospital/SNF/NF services		0		1.00
2.00	Medical and other services			0	2.00
3.00	Organ acquisition (certified transplant centers only)		0		3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	0	4.00
5.00	Inpatient primary payer payments		0		5.00
6.00	Outpatient primary payer payments			0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES					
Reasonable Charges					
8.00	Routine service charges		0		8.00
9.00	Ancillary service charges		13,160,687	0	9.00
10.00	Organ acquisition charges, net of revenue		0		10.00
11.00	Incentive from target amount computation		0		11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		13,160,687	0	12.00
CUSTOMARY CHARGES					
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)		13,160,687	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		13,160,687	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	0	18.00
19.00	Interns and Residents (see instructions)		0	0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.					
22.00	Other than outlier payments		0	0	22.00
23.00	Outlier payments		0	0	23.00
24.00	Program capital payments		0		24.00
25.00	Capital exception payments (see instructions)		0		25.00
26.00	Routine and Ancillary service other pass through costs		0	0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT					
30.00	Excess of reasonable cost (from line 18)		0	0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	0	31.00
32.00	Deductibles		0		32.00
33.00	Coinurance		0	0	33.00
34.00	Allowable bad debts (see instructions)		0	0	34.00
35.00	Utilization review		0		35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	0	37.00
38.00	Subtotal (line 36 ± line 37)		0	0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0		39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	0	40.00
41.00	Interim payments		0	0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140034 Component CCN: 14S034	Period: From 01/01/2012 To 12/31/2012	Worksheet E-3 Part VII Date/Time Prepared: 5/21/2013 2:33 pm
		Title XIX	Subprovider - IPF	PPS
			Inpatient 1.00	Outpatient 2.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges	555,534	0	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)	555,534	0	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)	0.000000	0.000000	15.00
16.00	Total customary charges (see instructions)	555,534	0	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)	555,534	0	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX (sum of lines 21 and 27)		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

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

Provider CCN: 140034

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

Worksheet G

Date/Time Prepared:
5/21/2013 2:33 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	3,599,922	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	25,387,034	0	0	0	4.00
5.00	Other receivable	1,008,126	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-5,030,000	0	0	0	6.00
7.00	Inventory	1,787,238	0	0	0	7.00
8.00	Prepaid expenses	232,143	0	0	0	8.00
9.00	Other current assets	2,534,844	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)	29,519,307	0	0	0	11.00
FIXED ASSETS						
12.00	Land	1,259,000	0	0	0	12.00
13.00	Land improvements	667,527	0	0	0	13.00
14.00	Accumulated depreciation	-626,460	0	0	0	14.00
15.00	Buildings	24,927,335	0	0	0	15.00
16.00	Accumulated depreciation	-6,886,812	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	1,342,093	0	0	0	19.00
20.00	Accumulated depreciation	-417,306	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	16,636,963	0	0	0	23.00
24.00	Accumulated depreciation	-9,365,492	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	27,536,848	0	0	0	30.00
OTHER ASSETS						
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	7,855,866	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	7,855,866	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	64,912,021	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	4,253,231	0	0	0	37.00
38.00	Salaries, wages, and fees payable	0	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	2,305,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	4,257,717	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	10,815,948	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	7,220,000	0	0	0	46.00
47.00	Notes payable	39,032,101	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	7,324,008	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	53,576,109	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	64,392,057	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	519,964				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)	519,964	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	64,912,021	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140034

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

Worksheet G-1

Date/Time Prepared:
5/21/2013 2:33 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		322,208		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		197,756				2.00
3.00	Total (sum of line 1 and line 2)		519,964		0		3.00
4.00	Additions (credit adjustments) (specify)	0		0		0	4.00
5.00		0		0		0	5.00
6.00		0		0		0	6.00
7.00		0		0		0	7.00
8.00		0		0		0	8.00
9.00		0		0		0	9.00
10.00	Total additions (sum of line 4-9)		0		0		10.00
11.00	Subtotal (line 3 plus line 10)		519,964		0		11.00
12.00	Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00		0		0		0	13.00
14.00		0		0		0	14.00
15.00		0		0		0	15.00
16.00		0		0		0	16.00
17.00		0		0		0	17.00
18.00	Total deductions (sum of lines 12-17)		0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		519,964		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: 140034

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/21/2013 2:33 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	12,895,403		12,895,403	1.00
2.00	SUBPROVIDER - IPF	1,484,998		1,484,998	2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	14,380,401		14,380,401	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	3,164,947		3,164,947	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	3,164,947		3,164,947	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	17,545,348		17,545,348	17.00
18.00	Ancillary services	78,176,348	141,725,467	219,901,815	18.00
19.00	Outpatient services	5,486,399	19,103,601	24,590,000	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				23.00
24.00	CMHC				24.00
24.10	CORF	0	0	0	24.10
24.20	OUTPATIENT PHYSICAL THERAPY	0	2,985,710	2,985,710	24.20
24.30	OUTPATIENT OCCUPATIONAL THERAPY	0	0	0	24.30
24.40	OUTPATIENT SPEECH PATHOLOGY	0	0	0	24.40
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)	101,208,095	163,814,778	265,022,873	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		98,821,467		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)		98,821,467		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140034

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

Worksheet G-3

Date/Time Prepared:
5/21/2013 2:33 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	265,022,873	1.00
2.00	Less contractual allowances and discounts on patients' accounts	169,996,683	2.00
3.00	Net patient revenues (line 1 minus line 2)	95,026,190	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	98,821,467	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-3,795,277	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	319,988	6.00
7.00	Income from investments	85,228	7.00
8.00	Revenues from telephone and telegraph service	10	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	11,225	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	370,437	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	79,539	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	7,224	21.00
22.00	Rental of hospital space	215,020	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME INCLUDING GRANTS	2,904,362	24.00
25.00	Total other income (sum of lines 6-24)	3,993,033	25.00
26.00	Total (line 5 plus line 25)	197,756	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)	197,756	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140034	Period: From 01/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/21/2013 2:33 pm
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,467,990	1.00
2.00	Capital DRG outlier payments		7,994	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		60.98	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		0.00	8.00
9.00	Sum of lines 7 and 8		0.00	9.00
10.00	Allowable disproportionate share percentage (see instructions)		0.00	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		0	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		1,475,984	12.00
				1.00
PART II - PAYMENT UNDER REASONABLE COST				
1.00	Program inpatient routine capital cost (see instructions)		0	1.00
2.00	Program inpatient ancillary capital cost (see instructions)		0	2.00
3.00	Total inpatient program capital cost (line 1 plus line 2)		0	3.00
4.00	Capital cost payment factor (see instructions)		0	4.00
5.00	Total inpatient program capital cost (line 3 x line 4)		0	5.00
				1.00
PART III - COMPUTATION OF EXCEPTION PAYMENTS				
1.00	Program inpatient capital costs (see instructions)		0	1.00
2.00	Program inpatient capital costs for extraordinary circumstances (see instructions)		0	2.00
3.00	Net program inpatient capital costs (line 1 minus line 2)		0	3.00
4.00	Applicable exception percentage (see instructions)		0.00	4.00
5.00	Capital cost for comparison to payments (line 3 x line 4)		0	5.00
6.00	Percentage adjustment for extraordinary circumstances (see instructions)		0.00	6.00
7.00	Adjustment to capital minimum payment level for extraordinary circumstances (line 2 x line 6)		0	7.00
8.00	Capital minimum payment level (line 5 plus line 7)		0	8.00
9.00	Current year capital payments (from Part I, line 12, as applicable)		0	9.00
10.00	Current year comparison of capital minimum payment level to capital payments (line 8 less line 9)		0	10.00
11.00	Carryover of accumulated capital minimum payment level over capital payment (from prior year Worksheet L, Part III, line 14)		0	11.00
12.00	Net comparison of capital minimum payment level to capital payments (line 10 plus line 11)		0	12.00
13.00	Current year exception payment (if line 12 is positive, enter the amount on this line)		0	13.00
14.00	Carryover of accumulated capital minimum payment level over capital payment for the following period (if line 12 is negative, enter the amount on this line)		0	14.00
15.00	Current year allowable operating and capital payment (see instructions)		0	15.00
16.00	Current year operating and capital costs (see instructions)		0	16.00
17.00	Current year exception offset amount (see instructions)		0	17.00