

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: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet S Parts I-III Date/Time Prepared: 2/19/2013 8:53 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 2/19/2013	Time: 8:53 am
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 SKOKIE HOSPITAL (140051) for the cost reporting period beginning 10/01/2011 and ending 09/30/2012 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	10,834	89,338	-77,497	0	1.00
2.00 Subprovider - IPF	0	0	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	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	10,834	89,338	-77,497	0	200.00

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

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Encryption Information
 ECR: Date: 2/19/2013 Time: 8:53 am
 0.FFF6Hji eGV03KJe0u. hSwQZ2x790
 yZpW20WqknYMe7gL7ZHnl bJ7p5GI WL
 HU1J0si wNv0LomR2
 PI: Date: 2/19/2013 Time: 8:53 am
 JL5hID1fWovvufml EU7U1VGI vb4fu0
 P5I I J04o7i K2tDHJZSKgbj kyWBGj tQ
 wSi H: 72p550Y4Yg2

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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1.00 Hospital	0	10,834	89,338	-77,497	0	1.00
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3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	0	0	0	0	5.00
6.00 Swing bed - NF	0	0	0	0	0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0	0	0	7.00
8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	10,834	89,338	-77,497	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/19/2013 8:52 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 Zip Code: 60076		4.00 County: COOK		1.00
1.00	Street: 9600 GROSS POINT ROAD	2.00 State: IL		3.00 Zip Code: 60076		4.00 County: COOK		2.00
2.00	City: SKOKIE	2.00 State: IL		3.00 Zip Code: 60076		4.00 County: COOK		2.00

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

3.00 Hospital and Hospital -Based Component Identification:										
3.00	Hospital	SKOKIE HOSPITAL	140051	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital -Based SNF									9.00
10.00	Hospital -Based NF									10.00
10.01	ICF/MR									10.01
11.00	Hospital -Based OLTC									11.00
12.00	Hospital -Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital -Based Hospice									14.00
15.00	Hospital -Based Health Clinic - RHC									15.00
16.00	Hospital -Based Health Clinic - FQHC									16.00
17.00	Hospital -Based (CMHC) I									17.00
17.10	Hospital -Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:		
						1.00	2.00		

20.00	Cost Reporting Period (mm/dd/yyyy)	10/01/2011	09/30/2012	20.00
21.00	Type of Control (see instructions)	2		21.00

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

		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days	
		1.00	2.00	3.00	4.00	5.00	6.00	
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	3,321	1,340	0	0	111	0	24.00
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	0	0	0	0	0	0	25.00

						Urban/Rural S	Date of Geogr		
						1.00	2.00		

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part I Date/Time Prepared: 2/19/2013 8:52 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N				
		1.00				
39.00	Does this facility qualify for the Inpatient Hospital Payment Adjustment for Low Volume Hospitals in accordance with 42 CFR §412.101(b)(2)(ii)? Enter in column 1 "Y" for yes or "N" for no.	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	Y	N		45.00
46.00	Is this facility eligible for additional payment exception for extraordinary circumstances pursuant to 42 CFR §412.348(f)? If yes, complete Worksheet L, Part III and L-1, Parts I through III.	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y				60.00
		Y/N	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
2/19/2013 8:52 am

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)			0.00	0.00	0.000000	65.00

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

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

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	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.	N				70.00
71.00	If line 70 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	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)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical		Occupational		
		1.00		2.00		
		Speech		Respiratory		
		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		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
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1				118.00

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	0	579,157	2,531,000	118.01
		1.00	2.00		
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		N		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:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?		Y		144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y		145.00
		1.00	2.00		
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00	Hospital	N	N	N	N
156.00	Subprovider - IPF	N	N	N	N
157.00	Subprovider - IRF	N	N	N	N
158.00	SUBPROVIDER				
159.00	SNF	N	N	N	N
160.00	HOME HEALTH AGENCY	N	N	N	N
161.00	CMHC		N	N	N
161.10	CORF		N	N	N

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140051			Period: From 10/01/2011 To 09/30/2012		Worksheet S-2 Part I Date/Time Prepared: 2/19/2013 8:52 am			
								1.00		
Multi campus										
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.								N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus			
		0	1.00	2.00	3.00	4.00	5.00			
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5								0.00	166.00
								1.00		
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act										
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.								Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)									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)								0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet S-2 Part II Date/Time Prepared: 2/19/2013 8:52 am
		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		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.	Y		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		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		
		Description	Y/N	Date
		0	1.00	2.00
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	12/17/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	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		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		20.00

		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		1.00	2.00	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions	N		22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N		23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N		24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N		25.00
26.00	Were assets subject to Sec. 2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N		26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N		27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N		28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N		29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N		30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N		31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	Y		32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.	Y		33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	Y		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	N		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			40.00
		1.00	2.00	
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	ALEXIS	WASHA	41.00
42.00	Enter the employer/company name of the cost report preparer.	NORTHSHORE UNIVERSITY HEALTHSYSTEM		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	(847) 570-5230	AWASHA@NORTHSHORE.ORG	43.00

		Part B		
		Y/N	Date	
		3.00	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)	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	12/17/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	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		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		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		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.	SR DIRECTOR, FINANCE		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: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	112	45,248	0.00		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						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		112	45,248	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	16	6,848	0.00		8.00
9.00 CORONARY CARE UNIT	32.00	0	0	0.00		9.00
10.00 BURN INTENSIVE CARE UNIT	33.00	0	0	0.00		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	34.00	0	0	0.00		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		128	52,096	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	40.00	0	0			16.00
17.00 SUBPROVIDER - IRF	41.00	0	0			17.00
18.00 SUBPROVIDER	42.00	0	0			18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0			19.00
20.00 NURSING FACILITY	45.00	0	0			20.00
20.01 ICF/MR	45.01	0	0	0.00		20.01
21.00 OTHER LONG TERM CARE	46.00	0	0			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	99.10					25.10
26.00 RURAL HEALTH CLINIC	88.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00					26.25
27.00 Total (sum of lines 14-26)		128				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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	17,067	2,926	27,329		1.00
2.00 HMO		880	1,451			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	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	17,067	2,926	27,329		7.00
8.00 INTENSIVE CARE UNIT	0	2,355	395	3,686		8.00
9.00 CORONARY CARE UNIT	0	0	0	0		9.00
10.00 BURN INTENSIVE CARE UNIT	0	0	0	0		10.00
11.00 SURGICAL INTENSIVE CARE UNIT	0	0	0	0		11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		0	0		13.00
14.00 Total (see instructions)	0	19,422	3,321	31,015		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF	0	0	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0	0	0		17.00
18.00 SUBPROVIDER	0	0	0	0		18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0		19.00
20.00 NURSING FACILITY	0		0	0		20.00
20.01 ICF/MR	0	0	0	0		20.01
21.00 OTHER LONG TERM CARE				0		21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0	0	0	0		25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0		26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0		26.25
27.00 Total (sum of lines 14-26)						27.00
28.00 Observation Bed Days	0		281	3,766		28.00
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,871	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)	20.38	762.80	0.00	0	3,871	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0.00	0.00	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0.00	0.00	0	0	17.00
18.00 SUBPROVIDER	0.00	0.00	0.00	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
20.01 ICF/MR	0.00	0.00	0.00	0	0	20.01
21.00 OTHER LONG TERM CARE	0.00	0.00	0.00			21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
25.10 CMHC - CORF	0.00	0.00	0.00			25.10
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	20.38	762.80	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 AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	409	6,644		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				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)	409	6,644		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	0		16.00
17.00 SUBPROVIDER - IRF	0	0		17.00
18.00 SUBPROVIDER	0	0		18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
20.01 ICF/MR	0	0		20.01
21.00 OTHER LONG TERM CARE		0		21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
25.10 CMHC - CORF				25.10
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				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: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/19/2013 8:52 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	50,146,377	-13,333	50,133,044	1,586,634.84	31.60
2.00	Non-physician anesthetist Part A		0	0	0	0.00	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00	0.00
4.00	Physician-Part A - Administrative		130,529	0	130,529	824.81	158.25
4.01	Physicians - Part A - Teaching		246,320	0	246,320	1,363.09	180.71
5.00	Physician-Part B		1,497,410	0	1,497,410	27,987.00	53.50
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	127,716	-13,333	114,383	1,225.42	93.34
7.01	Contracted interns and residents (in an approved programs)		1,828,839	0	1,828,839	42,390.40	43.14
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		711,902	0	711,902	13,869.40	51.33
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		1,867,262	0	1,867,262	43,054.00	43.37
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		0	0	0	0.00	0.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		12,841,967	0	12,841,967		17.00
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		1,071,451	0	1,071,451		18.00
19.00	Excluded areas		131,137	0	131,137		19.00
20.00	Non-physician anesthetist Part A		0	0	0		20.00
21.00	Non-physician anesthetist Part B		0	0	0		21.00
22.00	Physician Part A - Administrative		9,060	0	9,060		22.00
22.01	Physician Part A - Teaching		33,780	0	33,780		22.01
23.00	Physician Part B		307,418	0	307,418		23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0		24.00
25.00	Interns & residents (in an approved program)		420,817	0	420,817		25.00
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	237,333	0	237,333	10,502.05	22.60
27.00	Administrative & General	5.00	4,576,389	0	4,576,389	190,586.95	24.01
28.00	Administrative & General under contract (see inst.)		885,981	0	885,981	4,303.00	205.90
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	0	0	0	0.00	0.00
31.00	Laundry & Linen Service	8.00	0	0	0	0.00	0.00
32.00	Housekeeping	9.00	0	0	0	0.00	0.00
33.00	Housekeeping under contract (see instructions)		2,034,830	0	2,034,830	115,033.60	17.69
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		2,174,141	0	2,174,141	108,389.25	20.06
36.00	Cafeteria	11.00	0	0	0	0.00	0.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00	0.00
38.00	Nursing Administration	13.00	802,878	0	802,878	21,034.33	38.17
39.00	Central Services and Supply	14.00	562,962	0	562,962	32,065.05	17.56
40.00	Pharmacy	15.00	2,266,003	0	2,266,003	57,964.46	39.09

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
2/19/2013 8:52 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adjus ted Sal ari es (col . 2 ± col . 3)	Paid Hours Related to Sal ari es in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
41.00	Medical Records & Medical Records Library	16.00 608,170	0	608,170	28,140.75	21.61	41.00
42.00	Social Service	17.00 0	0	0	0.00	0.00	42.00
43.00	Other General Service	18.00 0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
2/19/2013 8:52 am

	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)	51,541,044	0	51,541,044	1,741,394.78	29.60	1.00
2.00	Excluded area salaries (see instructions)	711,902	0	711,902	13,869.40	51.33	2.00
3.00	Subtotal salaries (line 1 minus line 2)	50,829,142	0	50,829,142	1,727,525.38	29.42	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,867,262	0	1,867,262	43,054.00	43.37	4.00
5.00	Subtotal wage-related costs (see inst.)	13,922,478	0	13,922,478	0.00	27.39	5.00
6.00	Total (sum of lines 3 thru 5)	66,618,882	0	66,618,882	1,770,579.38	37.63	6.00
7.00	Total overhead cost (see instructions)	14,148,687	0	14,148,687	568,019.44	24.91	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 2/19/2013 8:52 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			0 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			1,833,628 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			30,500 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)			5,398,294 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			0 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			1,639 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			0 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			0 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			2,960,786 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			3,519,332 17.00
18.00	Medicare Taxes - Employers Portion Only			0 18.00
19.00	Unemployment Insurance			0 19.00
20.00	State or Federal Unemployment Taxes			0 20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))			0 21.00
22.00	Day Care Cost and Allowances			0 22.00
23.00	Tuition Reimbursement			0 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			13,744,179 24.00
Part B - Other than Core Related Cost				
25.00	MALPRACTICE EXPENSE			1,071,451 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet S-3
Part V
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,867,262	0	1.00
2.00	Hospital	1,867,262	0	2.00
3.00	Subprovider - IPF	0	0	3.00
4.00	Subprovider - IRF	0	0	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
9.01	Hospital-Based NF	0	0	9.01
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC			16.00
16.10	Hospital-Based-CMHC 10	0	0	16.10
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet S-10 Date/Time Prepared: 2/19/2013 8:52 am
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 202 column 3 divided by line 202 column 8)		0.256728		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		7,657,705		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		14,063,123		6.00	
7.00	Medicaid cost (line 1 times line 6)		3,610,397		7.00	
8.00	Difference between net revenue and costs for Medicaid program (line 7 minus sum of lines 2 and 5; if < zero then enter zero)		0		8.00	
State Children's Health Insurance Program (SCHIP) (see instructions for each line)						
9.00	Net revenue from stand-alone SCHIP		0		9.00	
10.00	Stand-alone SCHIP charges		0		10.00	
11.00	Stand-alone SCHIP cost (line 1 times line 10)		0		11.00	
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)		0		12.00	
Other state or local government indigent care program (see instructions for each line)						
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)		0		13.00	
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)		0		14.00	
15.00	State or local indigent care program cost (line 1 times line 14)		0		15.00	
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)		0		16.00	
Uncompensated care (see instructions for each line)						
17.00	Private grants, donations, or endowment income restricted to funding charity care		0		17.00	
18.00	Government grants, appropriations or transfers for support of hospital operations		0		18.00	
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)		0		19.00	
				Uninsured patients	Insured patients	Total (col. 1 + col. 2)
				1.00	2.00	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility		6,842,941	1,269,228	8,112,169	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		1,756,775	325,846	2,082,621	21.00
22.00	Partial payment by patients approved for charity care		198,140	359,474	557,614	22.00
23.00	Cost of charity care (line 21 minus line 22)		1,558,635	-33,628	1,525,007	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)				6,784,610	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)				989,296	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)				5,795,314	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)				1,487,819	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)				3,012,826	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)				3,012,826	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassification (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		11,103,271	11,103,271	0	11,103,271	1.00
1.01	00101		0	0	0	0	1.01
2.00	00200		4,661,215	4,661,215	-576,535	4,084,680	2.00
4.00	00400	237,333	82,549	319,882	0	319,882	4.00
5.00	00500	4,576,389	11,350,548	15,926,937	530,530	16,457,467	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	0	7,265,710	7,265,710	34,627	7,300,337	7.00
8.00	00800	0	585,934	585,934	0	585,934	8.00
9.00	00900	0	2,428,427	2,428,427	0	2,428,427	9.00
10.00	01000	0	3,051,906	3,051,906	0	3,051,906	10.00
11.00	01100	0	425,002	425,002	0	425,002	11.00
12.00	01200	0	0	0	0	0	12.00
13.00	01300	802,878	370,486	1,173,364	0	1,173,364	13.00
14.00	01400	562,962	2,106,073	2,669,035	-254,927	2,414,108	14.00
15.00	01500	2,266,003	7,830,625	10,096,628	-4,144,491	5,952,137	15.00
16.00	01600	608,170	249,189	857,359	0	857,359	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	127,716	1,840,483	1,968,199	0	1,968,199	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	241,077	83,495	324,572	0	324,572	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	12,913,688	4,933,860	17,847,548	0	17,847,548	30.00
31.00	03100	3,194,181	1,283,544	4,477,725	0	4,477,725	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	5,368,998	15,657,998	21,026,996	-7,927,568	13,099,428	50.00
51.00	05100	1,011,547	407,295	1,418,842	0	1,418,842	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	1,427,361	820,926	2,248,287	0	2,248,287	53.00
54.00	05400	1,745,942	1,631,341	3,377,283	-373,196	3,004,087	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	565,265	951,626	1,516,891	0	1,516,891	56.00
56.01	05601	707,605	264,353	971,958	0	971,958	56.01
56.02	05602	449,968	142,992	592,960	0	592,960	56.02
56.03	05603	259,957	174,139	434,096	-9,072	425,024	56.03
57.00	05700	551,633	978,205	1,529,838	0	1,529,838	57.00
58.00	05800	617,174	844,222	1,461,396	0	1,461,396	58.00
59.00	05900	721,220	2,849,748	3,570,968	-2,849,748	721,220	59.00
60.00	06000	2,213,899	2,869,803	5,083,702	0	5,083,702	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	431,145	302,490	733,635	0	733,635	64.00
65.00	06500	1,186,424	584,298	1,770,722	0	1,770,722	65.00
66.00	06600	766,460	243,667	1,010,127	0	1,010,127	66.00
67.00	06700	226,820	74,184	301,004	0	301,004	67.00
67.01	06701	0	0	0	0	0	67.01
68.00	06800	62,111	23,510	85,621	0	85,621	68.00
69.00	06900	769,365	280,564	1,049,929	0	1,049,929	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	266,305	266,305	71.00
72.00	07200	0	0	0	11,190,506	11,190,506	72.00
73.00	07300	0	0	0	4,144,491	4,144,491	73.00
75.00	07500	0	0	0	0	0	75.00
75.02	07501	0	0	0	0	0	75.02
75.04	07502	131,031	68,905	199,936	0	199,936	75.04
75.05	07503	0	326,715	326,715	0	326,715	75.05
75.06	07504	2,347,020	1,163,263	3,510,283	-30,922	3,479,361	75.06

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	2,584,210	1,245,982	3,830,192	0	3,830,192	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	49,675,552	91,558,543	141,234,095	0	141,234,095	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	68,530	95,086	163,616	0	163,616	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	95,674	2,426,891	2,522,565	0	2,522,565	192.00
192.01	19201 GHP/WH	0	102	102	0	102	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	306,621	62,827	369,448	0	369,448	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	TOTAL (SUM OF LINES 118-199)	50,146,377	94,143,449	144,289,826	0	144,289,826	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100			1.00
1.01	00101			1.01
2.00	00200			2.00
4.00	00400			4.00
5.00	00500			5.00
6.00	00600			6.00
7.00	00700			7.00
8.00	00800			8.00
9.00	00900			9.00
10.00	01000			10.00
11.00	01100			11.00
12.00	01200			12.00
13.00	01300			13.00
14.00	01400			14.00
15.00	01500			15.00
16.00	01600			16.00
17.00	01700			17.00
19.00	01900			19.00
20.00	02000			20.00
21.00	02100			21.00
22.00	02200			22.00
23.00	02300			23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000			30.00
31.00	03100			31.00
32.00	03200			32.00
33.00	03300			33.00
34.00	03400			34.00
40.00	04000			40.00
41.00	04100			41.00
42.00	04200			42.00
43.00	04300			43.00
44.00	04400			44.00
45.00	04500			45.00
45.01	04510			45.01
46.00	04600			46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000			50.00
51.00	05100			51.00
52.00	05200			52.00
53.00	05300			53.00
54.00	05400			54.00
55.00	05500			55.00
56.00	05600			56.00
56.01	05601			56.01
56.02	05602			56.02
56.03	05603			56.03
57.00	05700			57.00
58.00	05800			58.00
59.00	05900			59.00
60.00	06000			60.00
60.01	06001			60.01
61.00	06100			61.00
62.00	06200			62.00
63.00	06300			63.00
64.00	06400			64.00
65.00	06500			65.00
66.00	06600			66.00
67.00	06700			67.00
67.01	06701			67.01
68.00	06800			68.00
69.00	06900			69.00
70.00	07000			70.00
71.00	07100			71.00
72.00	07200			72.00
73.00	07300			73.00
75.00	07500			75.00
75.02	07501			75.02
75.04	07502			75.04
75.05	07503			75.05
75.06	07504			75.06
OUTPATIENT SERVICE COST CENTERS				
88.00	08800			88.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000	CLINIC	0	0	90.00
91.00	09100	EMERGENCY	-123,244	3,706,948	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910	CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900	PANCREAS ACQUISITION	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-7,913,753	133,320,342	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	163,616	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	2,522,565	192.00
192.01	19201	GHP/WH	0	102	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	0	369,448	192.02
193.00	19300	NONPAID WORKERS	0	0	193.00
200.00		TOTAL (SUM OF LINES 118-199)	-7,913,753	136,376,073	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - CHARGEABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	4,144,491	1.00
	TOTALS		0	4,144,491	
B - CHARGEABLE MED SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	242,772	1.00
	TOTALS		0	242,772	
C - C/S RENTAL COST					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	17,844	1.00
	TOTALS		0	17,844	
D - CAPITAL					
1.00	ADMINISTRATIVE & GENERAL	5.00	0	536,219	1.00
2.00	OPERATION OF PLANT	7.00	0	34,627	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	5,689	3.00
	TOTALS		0	576,535	
E - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	5,689	1.00
	TOTALS		0	5,689	
F - IMPLANTABLE DEVICES					
1.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	11,190,506	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
	TOTALS		0	11,190,506	
G - EXCLUDED SALARIES					
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	13,333	1.00
	TOTALS		0	13,333	
500.00	Grand Total: Increases		0	16,191,170	500.00

		Decreases				Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other				
6.00	7.00	8.00	9.00	10.00			
A - CHARGEABLE DRUGS							
1.00	PHARMACY	15.00	0	4,144,491	0		1.00
	TOTALS		0	4,144,491			
B - CHARGEABLE MED SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	242,772	0		1.00
	TOTALS		0	242,772			
C - C/S RENTAL COST							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,844	0		1.00
	TOTALS		0	17,844			
D - CAPITAL							
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	576,535	9		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
	TOTALS		0	576,535			
E - MEDICAL SUPPLIES							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	5,689	0		1.00
	TOTALS		0	5,689			
F - IMPLANTABLE DEVICES							
1.00	OPERATING ROOM	50.00	0	7,927,568	0		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	373,196	0		2.00
3.00	BREAST IMAGING	56.03	0	9,072	0		3.00
4.00	CARDIAC CATHETERIZATION	59.00	0	2,849,748	0		4.00
5.00	OP SURGERY	75.06	0	30,922	0		5.00
	TOTALS		0	11,190,506			
G - EXCLUDED SALARIES							
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	13,333	0	0		1.00
	TOTALS		13,333	0			
500.00	Grand Total: Decreases		13,333	16,177,837			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/19/2013 8:52 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	26,269,650	0	0	0	1.00
2.00	Land Improvements	2,796,041	122,146	0	122,146	2.00
3.00	Buildings and Fixtures	112,723,101	13,469,296	0	13,469,296	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	32,514,345	5,994,478	0	5,994,478	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	174,303,137	19,585,920	0	19,585,920	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	174,303,137	19,585,920	0	19,585,920	10.00
SUMMARY OF CAPITAL						
Cost Center Description	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	NEW CAP REL COSTS-BLDG & FIXT	11,103,271	0	0	0	1.00
1.01	NEW CAP REL COSTS-OOH	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	4,661,215	0	0	0	2.00
3.00	Total (sum of lines 1-2)	15,764,486	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	148,008,112	0	148,008,112	0.795686	1.00
1.01	NEW CAP REL COSTS-OOH	0	0	0	0.000000	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	38,005,145	0	38,005,145	0.204314	2.00
3.00	Total (sum of lines 1-2)	186,013,257	0	186,013,257	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/19/2013 8:52 am

		Ending Balance	Fully Depreciated Assets			
		6.00	7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	26,269,650	0			1.00
2.00	Land Improvements	2,918,187	0			2.00
3.00	Buildings and Fixtures	118,820,275	3,348,065			3.00
4.00	Building Improvements	0	0			4.00
5.00	Fixed Equipment	38,005,145	9,041,265			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	0	0			7.00
8.00	Subtotal (sum of lines 1-7)	186,013,257	12,389,330			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	186,013,257	12,389,330			10.00
SUMMARY OF CAPITAL						
Cost Center Description		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	NEW CAP REL COSTS-BLDG & FIXT	0	11,103,271			1.00
1.01	NEW CAP REL COSTS-OOH	0	0			1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	4,661,215			2.00
3.00	Total (sum of lines 1-2)	0	15,764,486			3.00
ALLOCATION OF OTHER CAPITAL						
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease
		6.00	7.00	8.00	9.00	10.00
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	11,103,271	0
1.01	NEW CAP REL COSTS-OOH	0	0	0	0	0
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	3,810,382	0
3.00	Total (sum of lines 1-2)	0	0	0	14,913,653	0

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	11,103,271	1.00
1.01	NEW CAP REL COSTS-OOH	0	0	0	0	0	1.01
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,810,382	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	14,913,653	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			ONEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
1.01 Investment income - NEW CAP REL COSTS-00H (chapter 2)			ONEW CAP REL COSTS-00H	1.01	1.01
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)		0		0.00	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)	B	-2,247	OPERATION OF PLANT	7.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-1,663,973			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	0			12.00
13.00 Laundry and linen service		0		0.00	13.00
14.00 Cafeteria-employees and guests	B	-686,485	DIETARY	10.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients		0		0.00	17.00
18.00 Sale of medical records and abstracts		0		0.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines		0		0.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT			ONEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
26.01 Depreciation - NEW CAP REL COSTS-00H			ONEW CAP REL COSTS-00H	1.01	26.01
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			ONEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist			NONPHYSICIAN ANESTHETISTS	19.00	28.00
29.00 Physicians' assistant				0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		OSPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest				0.00	32.00
33.00 REAL ESTATE TAXES	A	-271,960	ADMINISTRATIVE & GENERAL	5.00	33.00
35.00 DEPR POST 033098 ASSETS <5K FY07 AMO	A	-37,843	NEW CAP REL COSTS-MVBLE EQUIP	2.00	35.00
36.00 DEPR POST 033098 ASSETS <5K 06/30/08	A	-120,450	NEW CAP REL COSTS-MVBLE EQUIP	2.00	36.00
37.00 DEPR POST 033098 ASSETS <5K 12/31/08	A	-116,005	NEW CAP REL COSTS-MVBLE EQUIP	2.00	37.00
38.00 NON ALLOWABLE EXPENSES	A	-314,760	ADMINISTRATIVE & GENERAL	5.00	38.00
38.01 NON ALLOWABLE EXPENSES	A	-11,609	PHARMACY	15.00	38.01
38.02 PROVIDER BASED PHYSICIANS OFFSET	A	-14,871	ADULTS & PEDIATRICS	30.00	38.02
38.03 PROVIDER TAX	A	-4,673,550	ADMINISTRATIVE & GENERAL	5.00	38.03
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-7,913,753			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
1.01	Investment income - NEW CAP REL COSTS-00H (chapter 2)	0	1.01
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
26.01	Depreciation - NEW CAP REL COSTS-00H	0	26.01
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	REAL ESTATE TAXES	0	33.00
35.00	DEPR POST 033098 ASSETS <5K FY07 AMO	9	35.00
36.00	DEPR POST 033098 ASSETS <5K 06/30/08	9	36.00
37.00	DEPR POST 033098 ASSETS <5K 12/31/08	9	37.00
38.00	NON ALLOWABLE EXPENSES	0	38.00
38.01	NON ALLOWABLE EXPENSES	0	38.01
38.02	PROVIDER BASED PHYSICIANS OFFSET	0	38.02
38.03	PROVIDER TAX	0	38.03
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/19/2013 8:52 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	30.00	ADULTS & PEDIATRICS	129,793	57,094	1.00
2.00	50.00	OPERATING ROOM	1,525,909	1,317,072	2.00
3.00	56.01	PURCHASED SCAN	33,041	0	3.00
4.00	91.00	EMERGENCY	123,244	123,244	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
200.00			1,811,987	1,497,410	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/19/2013 8:52 am

	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	72,699	138,700	643	42,877	2,144	1.00
2.00	208,837	208,000	914	91,400	4,570	2.00
3.00	33,041	138,700	206	13,737	687	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	314,577		1,763	148,014	7,401	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/19/2013 8:52 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	42,877	1.00
2.00	0	0	0	0	91,400	2.00
3.00	0	0	0	0	13,737	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
200.00	0	0	0	0	148,014	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet A-8-2

Date/Time Prepared:
2/19/2013 8:52 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	29,822	86,916	1.00
2.00	117,437	1,434,509	2.00
3.00	19,304	19,304	3.00
4.00	0	123,244	4.00
5.00	0	0	5.00
6.00	0	0	6.00
7.00	0	0	7.00
8.00	0	0	8.00
9.00	0	0	9.00
10.00	0	0	10.00
200.00	166,563	1,663,973	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS
		NEW BLDG & FIXT	NEW OOH	NEW MVBLE EQUIP	
		1.00	1.01	2.00	
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	11,103,271	11,103,271			1.00
1.01 00101 NEW CAP REL COSTS-OOH	0	0	0		1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,810,382			3,810,382	2.00
4.00 00400 EMPLOYEE BENEFITS	319,882	177,794	0	0	497,676
5.00 00500 ADMINISTRATIVE & GENERAL	11,197,197	3,842,858	0	232,879	45,645
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0
7.00 00700 OPERATION OF PLANT	7,298,090	1,496,711	0	52,961	0
8.00 00800 LAUNDRY & LINEN SERVICE	585,934	0	0	0	0
9.00 00900 HOUSEKEEPING	2,428,427	99,374	0	4,409	0
10.00 01000 DIETARY	2,365,421	145,883	0	24,054	0
11.00 01100 CAFETERIA	425,002	141,387	0	7,192	0
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00 01300 NURSING ADMINISTRATION	1,173,364	16,769	0	147,533	8,008
14.00 01400 CENTRAL SERVICES & SUPPLY	2,414,108	146,271	0	62,278	5,615
15.00 01500 PHARMACY	5,940,528	122,396	0	0	22,601
16.00 01600 MEDICAL RECORDS & LIBRARY	857,359	74,621	0	229	6,066
17.00 01700 SOCIAL SERVICE	0	0	0	0	0
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00 02000 NURSING SCHOOL	0	0	0	0	0
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,968,199	47,568	0	0	1,141
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00 02300 PARAMED ED PRGM	324,572	0	0	0	2,405
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	17,745,761	1,468,237	0	242,777	128,818
31.00 03100 INTENSIVE CARE UNIT	4,477,725	291,482	0	60,510	31,859
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0
42.00 04200 SUBPROVIDER	0	0	0	0	0
43.00 04300 NURSERY	0	0	0	0	0
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0
45.00 04500 NURSING FACILITY	0	0	0	0	0
45.01 04510 ICF/MR	0	0	0	0	0
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	11,664,919	510,359	0	719,623	53,550
51.00 05100 RECOVERY ROOM	1,418,842	80,047	0	2,841	10,089
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00 05300 ANESTHESIOLOGY	2,248,287	10,413	0	99,826	14,236
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,004,087	348,301	0	431,620	17,414
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00 05600 RADIO SOTOPE	1,516,891	73,820	0	35,640	5,638
56.01 05601 PURCHASED SCAN	952,654	62,115	0	7,385	7,058
56.02 05602 ULTRASOUND	592,960	40,850	0	69,106	4,488
56.03 05603 BREAST IMAGING	425,024	67,205	0	131,676	2,593
57.00 05700 CT SCAN	1,529,838	82,347	0	338	5,502
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,461,396	71,934	0	3,692	6,156
59.00 05900 CARDIAC CATHETERIZATION	721,220	186,811	0	757,547	7,193
60.00 06000 LABORATORY	5,083,702	253,758	0	96,410	22,081
60.01 06001 BLOOD LABORATORY	0	0	0	0	0
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00 06400 INTRAVENOUS THERAPY	733,635	4,935	0	0	4,300
65.00 06500 RESPIRATORY THERAPY	1,770,722	71,598	0	53,258	11,833
66.00 06600 PHYSICAL THERAPY	1,010,127	44,339	0	2,967	7,645
67.00 06700 OCCUPATIONAL THERAPY	301,004	0	0	970	2,262
67.01 06701 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0
68.00 06800 SPEECH PATHOLOGY	85,621	6,925	0	243	619
69.00 06900 ELECTROCARDIOLOGY	1,049,929	129,372	0	159,854	7,674
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	266,305	0	0	0	0
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	11,190,506	0	0	0	0
73.00 07300 DRUGS CHARGED TO PATIENTS	4,144,491	0	0	0	0
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0
75.02 07501 CARDIAC CATH LAB	0	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW OOH	NEW MVBLE EQUIP		
	0	1.00	1.01	2.00	4.00	
75.04 07502 SPECIAL DIAGNOSTICS	199,936	7,881	0	8,059	1,307	75.04
75.05 07503 INPATIENT RENAL DIALYSIS	326,715	12,661	0	0	0	75.05
75.06 07504 OP SURGERY	3,479,361	308,510	0	200,862	23,409	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	3,706,948	263,163	0	167,208	25,775	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	133,320,342	10,708,695	0	3,783,947	492,980	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	163,616	31,600	0	0	684	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	2,522,565	354,243	0	24,459	954	192.00
192.01 19201 GHP/WH	102	0	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	369,448	8,733	0	1,976	3,058	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	136,376,073	11,103,271	0	3,810,382	497,676	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part I Date/Time Prepared: 2/19/2013 8:52 am		
Cost Center Description		Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE
		4A	5.00	6.00	7.00	8.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-OOH				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	15,318,579	15,318,579		5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	6.00
7.00	00700	OPERATION OF PLANT	8,847,762	1,119,596	9,967,358	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	585,934	74,144	0	660,078
9.00	00900	HOUSEKEEPING	2,532,210	320,426	0	7,427
10.00	01000	DIETARY	2,535,358	320,824	0	260,310
11.00	01100	CAFETERIA	573,581	72,581	0	252,288
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,345,674	170,282	0	29,922
14.00	01400	CENTRAL SERVICES & SUPPLY	2,628,272	332,582	0	261,002
15.00	01500	PHARMACY	6,085,525	770,062	0	218,401
16.00	01600	MEDICAL RECORDS & LIBRARY	938,275	118,729	0	133,152
17.00	01700	SOCIAL SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,016,908	255,220	0	84,880
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED PRGM	326,977	41,376	0	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	19,585,593	2,478,323	0	2,619,885
31.00	03100	INTENSIVE CARE UNIT	4,861,576	615,184	0	520,113
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	12,948,451	1,638,497	0	910,671
51.00	05100	RECOVERY ROOM	1,511,819	191,306	0	142,834
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,372,762	300,249	0	18,580
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,801,422	481,032	0	621,499
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	1,631,989	206,512	0	131,723
56.01	05601	PURCHASED SCAN	1,029,212	130,236	0	110,837
56.02	05602	ULTRASOUND	707,404	89,515	0	72,892
56.03	05603	BREAST IMAGING	626,498	79,277	0	119,920
57.00	05700	CT SCAN	1,618,025	204,745	0	146,937
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,543,178	195,274	0	128,357
59.00	05900	CARDIAC CATHETERIZATION	1,672,771	211,672	0	333,341
60.00	06000	LABORATORY	5,455,951	690,396	0	452,800
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	742,870	94,003	0	8,806
65.00	06500	RESPIRATORY THERAPY	1,907,411	241,364	0	127,758
66.00	06600	PHYSICAL THERAPY	1,065,078	134,775	0	79,117
67.00	06700	OCCUPATIONAL THERAPY	304,236	38,498	0	0
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	93,408	11,820	0	12,356
69.00	06900	ELECTROCARDIOLOGY	1,346,829	170,428	0	230,849
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	266,305	33,698	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,190,506	1,416,047	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,144,491	524,444	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.02	07501	CARDIAC CATH LAB	0	0	0	0
75.04	07502	SPECIAL DIAGNOSTICS	217,183	27,482	0	14,062
75.05	07503	INPATIENT RENAL DIALYSIS	339,376	42,945	0	22,592
75.06	07504	OP SURGERY	4,012,142	507,696	0	550,497
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description			Subtotal	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4A	5.00	6.00	7.00	8.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	4,163,094	526,798	0	469,582	55,622	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0					92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	132,894,635	14,878,038	0	9,263,284	660,078	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	195,900	24,789	0	56,387	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	2,902,221	367,247	0	632,103	0	192.00
192.01	19201	GHP/WH	102	13	0	0	0	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	383,215	48,492	0	15,584	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0					200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	136,376,073	15,318,579	0	9,967,358	660,078	202.00

COST ALLOCATION - GENERAL SERVICE COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part I Date/Time Prepared: 2/19/2013 8:52 am		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-OOH				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING	3,037,384			9.00
10.00	01000	DIETARY	80,762	3,197,254		10.00
11.00	01100	CAFETERIA	78,273	0	976,723	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	9,283	0	14,823	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	80,977	0	22,609	14.00
15.00	01500	PHARMACY	67,759	0	40,863	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	41,311	0	19,838	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	26,334	0	865	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	1,701	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	812,825	2,422,495	299,806	1,119,353
31.00	03100	INTENSIVE CARE UNIT	161,367	192,748	65,950	246,227
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	282,538	0	95,479	0
51.00	05100	RECOVERY ROOM	44,315	0	18,357	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	5,765	0	11,627	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	192,822	0	42,505	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIO SOTOPE	40,867	0	12,052	0
56.01	05601	PURCHASED SCAN	34,387	0	18,210	0
56.02	05602	ULTRASOUND	22,615	0	6,818	0
56.03	05603	BREAST IMAGING	37,205	0	5,542	0
57.00	05700	CT SCAN	45,588	0	11,290	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	39,823	0	12,815	0
59.00	05900	CARDIAC CATHETERIZATION	103,420	1,195	14,941	0
60.00	06000	LABORATORY	140,482	0	63,545	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	2,732	0	7,771	0
65.00	06500	RESPIRATORY THERAPY	39,637	3,586	28,224	0
66.00	06600	PHYSICAL THERAPY	24,546	0	20,190	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,164	0
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	3,834	0	1,217	0
69.00	06900	ELECTROCARDIOLOGY	71,622	3,040	16,861	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.02	07501	CARDIAC CATH LAB	0	0	0	0
75.04	07502	SPECIAL DIAGNOSTICS	4,363	0	3,020	0
75.05	07503	INPATIENT RENAL DIALYSIS	7,009	0	0	0
75.06	07504	OP SURGERY	170,793	32,921	52,827	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	145,689	64,700	54,748	0	204,404	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,818,943	2,720,685	968,658	0	1,569,984	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	17,494	0	2,317	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	196,112	0	4,223	0	0	192.00
192.01	19201	GHP/WH	0	476,569	0	0	0	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	4,835	0	1,525	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,037,384	3,197,254	976,723	0	1,569,984	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-00H					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	3,341,765				14.00
15.00	01500	PHARMACY	17,813				15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	7,200,423	1,251,305		16.00
17.00	01700	SOCIAL SERVICE	0	0	0		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	471,666	2,195	138,954	0	30.00
31.00	03100	INTENSIVE CARE UNIT	147,010	578	30,640	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,106,813	31,970	141,931	0	50.00
51.00	05100	RECOVERY ROOM	24,792	96	27,344	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	242,635	224,506	21,376	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	97,377	7,034	53,448	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	13,031	29,904	39,288	0	56.00
56.01	05601	PURCHASED SCAN	0	0	37,052	0	56.01
56.02	05602	ULTRASOUND	4,380	122	12,708	0	56.02
56.03	05603	BREAST IMAGING	13,025	464	8,910	0	56.03
57.00	05700	CT SCAN	80,366	37,709	70,952	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	18,109	14,985	43,088	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	158,169	14,011	58,518	0	59.00
60.00	06000	LABORATORY	200,862	790	88,535	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	138,470	2,302	2,761	0	64.00
65.00	06500	RESPIRATORY THERAPY	95,929	475	22,521	0	65.00
66.00	06600	PHYSICAL THERAPY	3,618	35	9,111	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	4,597	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	1,469	0	68.00
69.00	06900	ELECTROCARDIOLOGY	21,581	3,321	44,938	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	33,493	0	51,166	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	104,325	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	6,825,582	88,065	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.02	07501	CARDIAC CATH LAB	0	0	0	0	75.02
75.04	07502	SPECIAL DIAGNOSTICS	569	0	6,511	0	75.04
75.05	07503	INPATIENT RENAL DIALYSIS	7,325	0	2,303	0	75.05
75.06	07504	OP SURGERY	173,957	3,329	43,250	0	75.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	267,449	467	97,544	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	3,338,439	7,199,875	1,251,305	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	3,189	61	0	0	192.00
192.01	19201	GHP/WH	137	487	0	0	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	3,341,765	7,200,423	1,251,305	0	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER			
		Y & FRINGES	PRGM COSTS			
	20.00	21.00	22.00	23.00	24.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
1.01 00101 NEW CAP REL COSTS-OOH						1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.00 00500 ADMINISTRATIVE & GENERAL						5.00
6.00 00600 MAINTENANCE & REPAIRS						6.00
7.00 00700 OPERATION OF PLANT						7.00
8.00 00800 LAUNDRY & LINEN SERVICE						8.00
9.00 00900 HOUSEKEEPING						9.00
10.00 01000 DIETARY						10.00
11.00 01100 CAFETERIA						11.00
12.00 01200 MAINTENANCE OF PERSONNEL						12.00
13.00 01300 NURSING ADMINISTRATION						13.00
14.00 01400 CENTRAL SERVICES & SUPPLY						14.00
15.00 01500 PHARMACY						15.00
16.00 01600 MEDICAL RECORDS & LIBRARY						16.00
17.00 01700 SOCIAL SERVICE						17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS						19.00
20.00 02000 NURSING SCHOOL	0					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	2,384,207				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0			22.00
23.00 02300 PARAMED PRGM	0	0	0	370,054		23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	0	1,278,674	0	0	31,407,774	30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	6,893,998	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	434,024	0	0	17,629,016	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	1,983,104	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	621,204	0	0	3,818,704	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	23,398	0	0	5,343,513	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	0	0	2,123,894	56.00
56.01 05601 PURCHASED SCAN	0	0	0	0	1,359,934	56.01
56.02 05602 ULTRASOUND	0	0	0	0	934,982	56.02
56.03 05603 BREAST IMAGING	0	0	0	0	913,082	56.03
57.00 05700 CT SCAN	0	0	0	0	2,215,612	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	2,025,297	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	2,605,867	59.00
60.00 06000 LABORATORY	0	0	0	0	7,093,361	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	999,715	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	2,466,905	65.00
66.00 06600 PHYSICAL THERAPY	0	26,907	0	0	1,387,862	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	351,495	67.00
67.01 06701 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	124,104	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	1,956,195	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	384,662	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	12,710,878	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	370,054	11,952,636	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 07501 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 07502 SPECIAL DIAGNOSTICS	0	0	0	0	273,190	75.04
75.05 07503 INPATIENT RENAL DIALYSIS	0	0	0	0	421,550	75.05
75.06 07504 OP SURGERY	0	0	0	0	5,615,644	75.06

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	NURSING SCHOOL	INTERNS & RESIDENTS		PARAMED PRGM	Subtotal		
		SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM COSTS				
		20.00	21.00				22.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				6,050,097	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	2,384,207	0	370,054	131,043,071
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	296,887	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	4,105,156	192.00
192.01	19201	GHP/WH	0	0	0	477,308	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	453,651	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments	0	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	0	2,384,207	0	370,054	136,376,073

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-00H		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	-1,278,674	30.00
31.00	03100	INTENSIVE CARE UNIT	0	31.00
32.00	03200	CORONARY CARE UNIT	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
45.01	04510	ICF/MR	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	-434,024	50.00
51.00	05100	RECOVERY ROOM	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	-621,204	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-23,398	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	0	56.00
56.01	05601	PURCHASED SCAN	0	56.01
56.02	05602	ULTRASOUND	0	56.02
56.03	05603	BREAST IMAGING	0	56.03
57.00	05700	CT SCAN	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	59.00
60.00	06000	LABORATORY	0	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	65.00
66.00	06600	PHYSICAL THERAPY	-26,907	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	75.00
75.02	07501	CARDIAC CATH LAB	0	75.02
75.04	07502	SPECIAL DIAGNOSTICS	0	75.04
75.05	07503	INPATIENT RENAL DIALYSIS	0	75.05

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
75.06	07504 OP SURGERY	0	5,615,644	75.06
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	6,050,097	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	-2,384,207	128,658,864	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	296,887	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	4,105,156	192.00
192.01	19201 GHP/WH	0	477,308	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	453,651	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	0	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	-2,384,207	133,991,866	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
			NEW BLDG & FIXT	NEW OOH	NEW MVBLE EQUIP		
		0	1.00	1.01	2.00	2A	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-OOH					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	0	177,794	0	0	177,794
5.00	00500	ADMINISTRATIVE & GENERAL	0	3,842,858	0	232,879	4,075,737
6.00	00600	MAINTENANCE & REPAIRS	0	0	0	0	0
7.00	00700	OPERATION OF PLANT	0	1,496,711	0	52,961	1,549,672
8.00	00800	LAUNDRY & LINEN SERVICE	0	0	0	0	0
9.00	00900	HOUSEKEEPING	0	99,374	0	4,409	103,783
10.00	01000	DIETARY	0	145,883	0	24,054	169,937
11.00	01100	CAFETERIA	0	141,387	0	7,192	148,579
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	0	16,769	0	147,533	164,302
14.00	01400	CENTRAL SERVICES & SUPPLY	0	146,271	0	62,278	208,549
15.00	01500	PHARMACY	0	122,396	0	0	122,396
16.00	01600	MEDICAL RECORDS & LIBRARY	0	74,621	0	229	74,850
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	47,568	0	0	47,568
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	1,468,237	0	242,777	1,711,014
31.00	03100	INTENSIVE CARE UNIT	0	291,482	0	60,510	351,992
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	0
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	510,359	0	719,623	1,229,982
51.00	05100	RECOVERY ROOM	0	80,047	0	2,841	82,888
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	0	10,413	0	99,826	110,239
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	348,301	0	431,620	779,921
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	73,820	0	35,640	109,460
56.01	05601	PURCHASED SCAN	0	62,115	0	7,385	69,500
56.02	05602	ULTRASOUND	0	40,850	0	69,106	109,956
56.03	05603	BREAST IMAGING	0	67,205	0	131,676	198,881
57.00	05700	CT SCAN	0	82,347	0	338	82,685
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	71,934	0	3,692	75,626
59.00	05900	CARDIAC CATHETERIZATION	0	186,811	0	757,547	944,358
60.00	06000	LABORATORY	0	253,758	0	96,410	350,168
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	0	4,935	0	0	4,935
65.00	06500	RESPIRATORY THERAPY	0	71,598	0	53,258	124,856
66.00	06600	PHYSICAL THERAPY	0	44,339	0	2,967	47,306
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	970	970
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	6,925	0	243	7,168
69.00	06900	ELECTROCARDIOLOGY	0	129,372	0	159,854	289,226
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.02	07501	CARDIAC CATH LAB	0	0	0	0	0
75.04	07502	SPECIAL DIAGNOSTICS	0	7,881	0	8,059	15,940

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS			Subtotal	
		NEW BLDG & FIXT	NEW OOH	NEW MVBLE EQUIP		
		1.00	1.01	2.00		
75.05 07503 INPATIENT RENAL DIALYSIS	0	12,661	0	0	12,661	75.05
75.06 07504 OP SURGERY	0	308,510	0	200,862	509,372	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	263,163	0	167,208	430,371	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0				0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	0	10,708,695	0	3,783,947	14,492,642	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	31,600	0	0	31,600	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	354,243	0	24,459	378,702	192.00
192.01 19201 GHP/WH	0	0	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	8,733	0	1,976	10,709	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00					0	200.00
201.00					0	201.00
202.00	0	11,103,271	0	3,810,382	14,913,653	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140051		Period: From 10/01/2011 To 09/30/2012		Worksheet B Part II Date/Time Prepared: 2/19/2013 8:52 am	
Cost Center Description		EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
		4.00	5.00	6.00	7.00	8.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-OOH					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS	177,794				4.00
5.00	00500	ADMINISTRATIVE & GENERAL	16,306	4,092,043			5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	0		6.00
7.00	00700	OPERATION OF PLANT	0	299,072	0	1,848,744	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	19,806	0	0	19,806
9.00	00900	HOUSEKEEPING	0	85,594	0	32,889	223
10.00	01000	DIETARY	0	85,700	0	48,282	0
11.00	01100	CAFETERIA	0	19,388	0	46,794	0
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	2,861	45,486	0	5,550	0
14.00	01400	CENTRAL SERVICES & SUPPLY	2,006	88,841	0	48,411	490
15.00	01500	PHARMACY	8,074	205,703	0	40,509	0
16.00	01600	MEDICAL RECORDS & LIBRARY	2,167	31,716	0	24,697	0
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	408	68,176	0	15,743	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED PRGM	859	11,052	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	46,027	662,090	0	485,937	5,343
31.00	03100	INTENSIVE CARE UNIT	11,381	164,331	0	96,471	1,578
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	19,130	437,684	0	168,911	1,159
51.00	05100	RECOVERY ROOM	3,604	51,103	0	26,493	667
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	5,086	80,204	0	3,446	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,221	128,496	0	115,276	689
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIO SOTOPE	2,014	55,164	0	24,432	556
56.01	05601	PURCHASED SCAN	2,521	34,789	0	20,558	0
56.02	05602	ULTRASOUND	1,603	23,912	0	13,520	556
56.03	05603	BREAST IMAGING	926	21,177	0	22,243	667
57.00	05700	CT SCAN	1,965	54,692	0	27,254	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,199	52,163	0	23,808	890
59.00	05900	CARDIAC CATHETERIZATION	2,570	56,543	0	61,828	1,135
60.00	06000	LABORATORY	7,888	184,422	0	83,985	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	1,536	25,110	0	1,633	0
65.00	06500	RESPIRATORY THERAPY	4,227	64,474	0	23,696	0
66.00	06600	PHYSICAL THERAPY	2,731	36,002	0	14,675	735
67.00	06700	OCCUPATIONAL THERAPY	808	10,284	0	0	0
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	221	3,157	0	2,292	0
69.00	06900	ELECTROCARDIOLOGY	2,741	45,526	0	42,818	1,402
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	9,002	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	378,261	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	140,092	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.02	07501	CARDIAC CATH LAB	0	0	0	0	0
75.04	07502	SPECIAL DIAGNOSTICS	467	7,341	0	2,608	0
75.05	07503	INPATIENT RENAL DIALYSIS	0	11,472	0	4,190	0
75.06	07504	OP SURGERY	8,362	135,618	0	102,106	2,047
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description			EMPLOYEE BENEFITS	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	
			4.00	5.00	6.00	7.00	8.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	9,208	140,721	0	87,098	1,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	176,117	3,974,364	0	1,718,153	19,806	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	244	6,622	0	10,459	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	341	98,101	0	117,242	0	192.00
192.01	19201	GHP/WH	0	3	0	0	0	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	1,092	12,953	0	2,890	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	177,794	4,092,043	0	1,848,744	19,806	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/19/2013 8:52 am		
Cost Center Description		HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION
		9.00	10.00	11.00	12.00	13.00
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
1.01	00101	NEW CAP REL COSTS-OOH				1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING	222,489			9.00
10.00	01000	DIETARY	5,916	309,835		10.00
11.00	01100	CAFETERIA	5,734	0	220,495	11.00
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	12.00
13.00	01300	NURSING ADMINISTRATION	680	0	3,346	0
14.00	01400	CENTRAL SERVICES & SUPPLY	5,932	0	5,104	0
15.00	01500	PHARMACY	4,963	0	9,225	0
16.00	01600	MEDICAL RECORDS & LIBRARY	3,026	0	4,478	0
17.00	01700	SOCIAL SERVICE	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	1,929	0	195	0
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0
23.00	02300	PARAMED PRGM	0	0	384	0
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	59,540	234,755	67,682	0
31.00	03100	INTENSIVE CARE UNIT	11,820	18,679	14,888	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0
43.00	04300	NURSERY	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	20,696	0	21,554	0
51.00	05100	RECOVERY ROOM	3,246	0	4,144	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0
53.00	05300	ANESTHESIOLOGY	422	0	2,625	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	14,124	0	9,596	0
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0
56.00	05600	RADIOISOTOPE	2,994	0	2,721	0
56.01	05601	PURCHASED SCAN	2,519	0	4,111	0
56.02	05602	ULTRASOUND	1,657	0	1,539	0
56.03	05603	BREAST IMAGING	2,725	0	1,251	0
57.00	05700	CT SCAN	3,339	0	2,549	0
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,917	0	2,893	0
59.00	05900	CARDIAC CATHETERIZATION	7,576	116	3,373	0
60.00	06000	LABORATORY	10,290	0	14,345	0
60.01	06001	BLOOD LABORATORY	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	200	0	1,754	0
65.00	06500	RESPIRATORY THERAPY	2,903	347	6,372	0
66.00	06600	PHYSICAL THERAPY	1,798	0	4,558	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	940	0
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	281	0	275	0
69.00	06900	ELECTROCARDIOLOGY	5,246	295	3,806	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0
75.02	07501	CARDIAC CATH LAB	0	0	0	0
75.04	07502	SPECIAL DIAGNOSTICS	320	0	682	0
75.05	07503	INPATIENT RENAL DIALYSIS	513	0	0	0
75.06	07504	OP SURGERY	12,511	3,190	11,926	0
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description			HOUSEKEEPING	DIETARY	CAFETERIA	MAINTENANCE OF PERSONNEL	NURSING ADMINISTRATION	
			9.00	10.00	11.00	12.00	13.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
91.00	09100	EMERGENCY	10,672	6,270	12,359	0	28,933	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS								
99.10	09910	CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	206,489	263,652	218,675	0	222,225	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,281	0	523	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	14,365	0	953	0	0	192.00
192.01	19201	GHP/WH	0	46,183	0	0	0	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	354	0	344	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	222,489	309,835	220,495	0	222,225	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/19/2013 8:52 am		
Cost Center Description			CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS
			14.00	15.00	16.00	17.00	19.00
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-00H					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	359,333				14.00
15.00	01500	PHARMACY	1,915	392,785			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	0	140,934		16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
20.00	02000	NURSING SCHOOL	0	0	0	0	20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,717	120	15,637	0	30.00
31.00	03100	INTENSIVE CARE UNIT	15,808	32	3,448	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	119,013	1,744	16,092	0	50.00
51.00	05100	RECOVERY ROOM	2,666	5	3,077	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	26,090	12,247	2,406	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,471	384	6,015	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	1,401	1,631	4,421	0	56.00
56.01	05601	PURCHASED SCAN	0	0	4,170	0	56.01
56.02	05602	ULTRASOUND	471	7	1,430	0	56.02
56.03	05603	BREAST IMAGING	1,401	25	1,003	0	56.03
57.00	05700	CT SCAN	8,642	2,057	7,985	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,947	817	4,849	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	17,008	764	6,585	0	59.00
60.00	06000	LABORATORY	21,598	43	9,963	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	14,889	126	311	0	64.00
65.00	06500	RESPIRATORY THERAPY	10,315	26	2,534	0	65.00
66.00	06600	PHYSICAL THERAPY	389	2	1,025	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	517	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	165	0	68.00
69.00	06900	ELECTROCARDIOLOGY	2,321	181	5,057	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,601	0	5,758	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	11,740	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	372,337	9,910	0	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.02	07501	CARDIAC CATH LAB	0	0	0	0	75.02
75.04	07502	SPECIAL DIAGNOSTICS	61	0	733	0	75.04
75.05	07503	INPATIENT RENAL DIALYSIS	788	0	259	0	75.05
75.06	07504	OP SURGERY	18,705	182	4,867	0	75.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	NONPHYSICIAN ANESTHETISTS	
		14.00	15.00	16.00	17.00	19.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	28,758	25	10,977	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	358,975	392,755	140,934	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	343	3	0	0	192.00
192.01	19201	GHP/WH	15	27	0	0	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	0	193.00
200.00		Cross Foot Adjustments					0 200.00
201.00		Negative Cost Centers	0	0	0	0	0 201.00
202.00		TOTAL (sum lines 118-201)	359,333	392,785	140,934	0	0 202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/19/2013 8:52 am
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Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
20.00	21.00	22.00	23.00	24.00			
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-OOH					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
6.00	00600	MAINTENANCE & REPAIRS					6.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
12.00	01200	MAINTENANCE OF PERSONNEL					12.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
17.00	01700	SOCIAL SERVICE					17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS					19.00
20.00	02000	NURSING SCHOOL	0				20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		134,019			21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD			0		22.00
23.00	02300	PARAMED PRGM				12,295	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS				3,497,302	30.00
31.00	03100	INTENSIVE CARE UNIT				725,280	31.00
32.00	03200	CORONARY CARE UNIT				0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT				0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT				0	34.00
40.00	04000	SUBPROVIDER - IPF				0	40.00
41.00	04100	SUBPROVIDER - IRF				0	41.00
42.00	04200	SUBPROVIDER				0	42.00
43.00	04300	NURSERY				0	43.00
44.00	04400	SKILLED NURSING FACILITY				0	44.00
45.00	04500	NURSING FACILITY				0	45.00
45.01	04510	ICF/MR				0	45.01
46.00	04600	OTHER LONG TERM CARE				0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM				2,035,965	50.00
51.00	05100	RECOVERY ROOM				177,893	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM				0	52.00
53.00	05300	ANESTHESIOLOGY				242,765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC				1,071,193	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC				0	55.00
56.00	05600	RADIOISOTOPE				204,794	56.00
56.01	05601	PURCHASED SCAN				138,168	56.01
56.02	05602	ULTRASOUND				154,651	56.02
56.03	05603	BREAST IMAGING				250,299	56.03
57.00	05700	CT SCAN				191,168	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)				168,109	58.00
59.00	05900	CARDIAC CATHETERIZATION				1,101,856	59.00
60.00	06000	LABORATORY				682,702	60.00
60.01	06001	BLOOD LABORATORY				0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY				0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS				0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.				0	63.00
64.00	06400	INTRAVENOUS THERAPY				50,494	64.00
65.00	06500	RESPIRATORY THERAPY				239,750	65.00
66.00	06600	PHYSICAL THERAPY				109,221	66.00
67.00	06700	OCCUPATIONAL THERAPY				13,519	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH				0	67.01
68.00	06800	SPEECH PATHOLOGY				13,559	68.00
69.00	06900	ELECTROCARDIOLOGY				398,619	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY				0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS				18,361	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT				390,001	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS				522,339	73.00
75.00	07500	ASC (NON-DISTINCT PART)				0	75.00
75.02	07501	CARDIAC CATH LAB				0	75.02
75.04	07502	SPECIAL DIAGNOSTICS				28,152	75.04
75.05	07503	INPATIENT RENAL DIALYSIS				29,883	75.05
75.06	07504	OP SURGERY				808,886	75.06

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	INTERNS & RESIDENTS				PARAMED PRGM	Subtotal	
	NURSING SCHOOL	SERVICES-SALAR	SERVICES-OTHER				
		Y & FRINGES	PRGM COSTS				
	20.00	21.00	22.00	23.00	24.00		
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC				0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER				0	89.00
90.00	09000	CLINIC				0	90.00
91.00	09100	EMERGENCY				767,061	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF				0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION				0	109.00
110.00	11000	INTESTINAL ACQUISITION				0	110.00
111.00	11100	ISLET ACQUISITION				0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	0	14,031,990	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN				50,729	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES				610,050	192.00
192.01	19201	GHP/WH				46,228	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT				28,342	192.02
193.00	19300	NONPAID WORKERS				0	193.00
200.00		Cross Foot Adjustments	0	134,019	0	12,295	146,314
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	0	134,019	0	12,295	14,913,653

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet B Part II Date/Time Prepared: 2/19/2013 8:52 am
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Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
		25.00	26.00	
GENERAL SERVICE COST CENTERS				
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT		1.00
1.01	00101	NEW CAP REL COSTS-00H		1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		2.00
4.00	00400	EMPLOYEE BENEFITS		4.00
5.00	00500	ADMINISTRATIVE & GENERAL		5.00
6.00	00600	MAINTENANCE & REPAIRS		6.00
7.00	00700	OPERATION OF PLANT		7.00
8.00	00800	LAUNDRY & LINEN SERVICE		8.00
9.00	00900	HOUSEKEEPING		9.00
10.00	01000	DIETARY		10.00
11.00	01100	CAFETERIA		11.00
12.00	01200	MAINTENANCE OF PERSONNEL		12.00
13.00	01300	NURSING ADMINISTRATION		13.00
14.00	01400	CENTRAL SERVICES & SUPPLY		14.00
15.00	01500	PHARMACY		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY		16.00
17.00	01700	SOCIAL SERVICE		17.00
19.00	01900	NONPHYSICIAN ANESTHETISTS		19.00
20.00	02000	NURSING SCHOOL		20.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD		21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD		22.00
23.00	02300	PARAMED ED PRGM		23.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000	ADULTS & PEDIATRICS	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,497,302	31.00
32.00	03200	CORONARY CARE UNIT	725,280	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	41.00
42.00	04200	SUBPROVIDER	0	42.00
43.00	04300	NURSERY	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	44.00
45.00	04500	NURSING FACILITY	0	45.00
45.01	04510	ICF/MR	0	45.01
46.00	04600	OTHER LONG TERM CARE	0	46.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000	OPERATING ROOM	2,035,965	50.00
51.00	05100	RECOVERY ROOM	177,893	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00	05300	ANESTHESIOLOGY	242,765	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,071,193	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	55.00
56.00	05600	RADIOISOTOPE	204,794	56.00
56.01	05601	PURCHASED SCAN	138,168	56.01
56.02	05602	ULTRASOUND	154,651	56.02
56.03	05603	BREAST IMAGING	250,299	56.03
57.00	05700	CT SCAN	191,168	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	168,109	58.00
59.00	05900	CARDIAC CATHETERIZATION	1,101,856	59.00
60.00	06000	LABORATORY	682,702	60.00
60.01	06001	BLOOD LABORATORY	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	64.00
65.00	06500	RESPIRATORY THERAPY	50,494	65.00
66.00	06600	PHYSICAL THERAPY	239,750	66.00
67.00	06700	OCCUPATIONAL THERAPY	109,221	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	13,519	67.01
68.00	06800	SPEECH PATHOLOGY	0	68.00
69.00	06900	ELECTROCARDIOLOGY	13,559	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	398,619	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	18,361	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	390,001	73.00
75.00	07500	ASC (NON-DISTINCT PART)	522,339	75.00
75.02	07501	CARDIAC CATH LAB	0	75.02
75.04	07502	SPECIAL DIAGNOSTICS	0	75.04
75.05	07503	INPATIENT RENAL DIALYSIS	28,152	75.05
			29,883	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B
Part II
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Intern & Residents Cost & Post Stepdown Adjustments	Total	
75.06	07504 OP SURGERY	25.00	26.00	
		0	808,886	75.06
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
91.00	09100 EMERGENCY	0	767,061	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0		92.00
OTHER REIMBURSABLE COST CENTERS				
99.10	09910 CORF	0	0	99.10
SPECIAL PURPOSE COST CENTERS				
109.00	10900 PANCREAS ACQUISITION	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	14,031,990	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	50,729	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	610,050	192.00
192.01	19201 GHP/WH	0	46,228	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	28,342	192.02
193.00	19300 NONPAID WORKERS	0	0	193.00
200.00	Cross Foot Adjustments	0	146,314	200.00
201.00	Negative Cost Centers	0	0	201.00
202.00	TOTAL (sum lines 118-201)	0	14,913,653	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	5A
	NEW BLDG & FIXT (SQUARE FEET)	NEW OOH (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	429,721					1.00
1.01 00101 NEW CAP REL COSTS-OOH	0	32,328				1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP			4,661,215			2.00
4.00 00400 EMPLOYEE BENEFITS	6,881	0	0	49,895,711		4.00
5.00 00500 ADMINISTRATIVE & GENERAL	148,727	6,915	284,880	4,576,389	-15,318,579	5.00
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	57,926	0	64,787	0	0	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	0	0	0	0	8.00
9.00 00900 HOUSEKEEPING	3,846	0	5,394	0	0	9.00
10.00 01000 DIETARY	5,646	0	29,425	0	0	10.00
11.00 01100 CAFETERIA	5,472	0	8,798	0	0	11.00
12.00 01200 MAINTENANCE OF PERSONNEL	0	0	0	0	0	12.00
13.00 01300 NURSING ADMINISTRATION	649	0	180,476	802,878	0	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	5,661	0	76,184	562,962	0	14.00
15.00 01500 PHARMACY	4,737	0	0	2,266,003	0	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,888	0	280	608,170	0	16.00
17.00 01700 SOCIAL SERVICE	0	0	0	0	0	17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
20.00 02000 NURSING SCHOOL	0	0	0	0	0	20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,841	0	0	114,383	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	0	0	0	241,077	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	56,824	0	296,988	12,913,688	0	30.00
31.00 03100 INTENSIVE CARE UNIT	11,281	0	74,021	3,194,181	0	31.00
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0	0	0	41.00
42.00 04200 SUBPROVIDER	0	0	0	0	0	42.00
43.00 04300 NURSERY	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00
45.01 04510 ICF/MR	0	0	0	0	0	45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	19,752	0	880,310	5,368,998	0	50.00
51.00 05100 RECOVERY ROOM	3,098	0	3,475	1,011,547	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	403	0	122,117	1,427,361	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	13,480	0	527,998	1,745,942	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00 05600 RADIOISOTOPE	2,857	0	43,598	565,265	0	56.00
56.01 05601 PURCHASED SCAN	2,404	0	9,034	707,605	0	56.01
56.02 05602 ULTRASOUND	1,581	0	84,537	449,968	0	56.02
56.03 05603 BREAST IMAGING	2,601	0	161,079	259,957	0	56.03
57.00 05700 CT SCAN	3,187	0	413	551,633	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,784	0	4,517	617,174	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	7,230	0	926,701	721,220	0	59.00
60.00 06000 LABORATORY	9,821	0	117,938	2,213,899	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	191	0	0	431,145	0	64.00
65.00 06500 RESPIRATORY THERAPY	2,771	0	65,150	1,186,424	0	65.00
66.00 06600 PHYSICAL THERAPY	1,716	0	3,630	766,460	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	1,186	226,820	0	67.00
67.01 06701 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00 06800 SPEECH PATHOLOGY	268	0	297	62,111	0	68.00
69.00 06900 ELECTROCARDIOLOGY	5,007	0	195,548	769,365	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02 07501 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04 07502 SPECIAL DIAGNOSTICS	305	0	9,859	131,031	0	75.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	
	NEW BLDG & FIXT (SQUARE FEET)	NEW OOH (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)			
	1.00	1.01	2.00			
75.05 07503 INPATIENT RENAL DIALYSIS	490	0	0	0	0	75.05
75.06 07504 OP SURGERY	11,940	0	245,713	2,347,020	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	10,185	0	204,545	2,584,210	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS						
99.10 09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00 10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	414,450	6,915	4,628,878	49,424,886	-15,318,579
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,223	0	0	68,530	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	13,710	25,413	29,920	95,674	0	192.00
192.01 19201 GHP/WH	0	0	0	0	0	192.01
192.02 19202 PHYSICIAN REFERRAL/DEVELOPMENT	338	0	2,417	306,621	0	192.02
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	11,103,271	0	3,810,382	497,676	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.838325	0.000000	0.817465	0.009974	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)				177,794	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)				0.003563	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCU. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01	00101	NEW CAP REL COSTS-OOH					1.01
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	121,057,494				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	8,847,762	0	216,187		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	585,934	0	0	17,065	8.00
9.00	00900	HOUSEKEEPING	2,532,210	0	3,846	192	212,341
10.00	01000	DIETARY	2,535,358	0	5,646	0	5,646
11.00	01100	CAFETERIA	573,581	0	5,472	0	5,472
12.00	01200	MAINTENANCE OF PERSONNEL	0	0	0	0	0
13.00	01300	NURSING ADMINISTRATION	1,345,674	0	649	0	649
14.00	01400	CENTRAL SERVICES & SUPPLY	2,628,272	0	5,661	422	5,661
15.00	01500	PHARMACY	6,085,525	0	4,737	0	4,737
16.00	01600	MEDICAL RECORDS & LIBRARY	938,275	0	2,888	0	2,888
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
19.00	01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0
20.00	02000	NURSING SCHOOL	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	2,016,908	0	1,841	0	1,841
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRVD	0	0	0	0	0
23.00	02300	PARAMED ED PRGM	326,977	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	19,585,593	0	56,824	4,602	56,824
31.00	03100	INTENSIVE CARE UNIT	4,861,576	0	11,281	1,360	11,281
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	0	0	0	0	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
45.01	04510	ICF/MR	0	0	0	0	0
46.00	04600	OTHER LONG TERM CARE	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	12,948,451	0	19,752	999	19,752
51.00	05100	RECOVERY ROOM	1,511,819	0	3,098	575	3,098
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0
53.00	05300	ANESTHESIOLOGY	2,372,762	0	403	0	403
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,801,422	0	13,480	594	13,480
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	0
56.00	05600	RADIOISOTOPE	1,631,989	0	2,857	479	2,857
56.01	05601	PURCHASED SCAN	1,029,212	0	2,404	0	2,404
56.02	05602	ULTRASOUND	707,404	0	1,581	479	1,581
56.03	05603	BREAST IMAGING	626,498	0	2,601	575	2,601
57.00	05700	CT SCAN	1,618,025	0	3,187	0	3,187
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	1,543,178	0	2,784	767	2,784
59.00	05900	CARDIAC CATHETERIZATION	1,672,771	0	7,230	978	7,230
60.00	06000	LABORATORY	5,455,951	0	9,821	0	9,821
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0
64.00	06400	INTRAVENOUS THERAPY	742,870	0	191	0	191
65.00	06500	RESPIRATORY THERAPY	1,907,411	0	2,771	0	2,771
66.00	06600	PHYSICAL THERAPY	1,065,078	0	1,716	633	1,716
67.00	06700	OCCUPATIONAL THERAPY	304,236	0	0	0	0
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	93,408	0	268	0	268
69.00	06900	ELECTROCARDIOLOGY	1,346,829	0	5,007	1,208	5,007
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	266,305	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,190,506	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	4,144,491	0	0	0	0
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	0
75.02	07501	CARDIAC CATH LAB	0	0	0	0	0
75.04	07502	SPECIAL DIAGNOSTICS	217,183	0	305	0	305
75.05	07503	INPATIENT RENAL DIALYSIS	339,376	0	490	0	490
75.06	07504	OP SURGERY	4,012,142	0	11,940	1,764	11,940

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		ADMINISTRATIVE & GENERAL (ACCUM. COST)	MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	
		5.00	6.00	7.00	8.00	9.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	4,163,094	0	10,185	1,438	10,185	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	11800 SUBTOTALS (SUM OF LINES 1-117)	117,576,056	0	200,916	17,065	197,070	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	195,900	0	1,223	0	1,223	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	2,902,221	0	13,710	0	13,710	192.00
192.01	19201 GHP/WH	102	0	0	0	0	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	383,215	0	338	0	338	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	15,318,579	0	9,967,358	660,078	3,037,384	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.126540	0.000000	46.105261	38.680223	14.304275	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,092,043	0	1,848,744	19,806	222,489	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.033802	0.000000	8.551597	1.160621	1.047791	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	123,048					10.00
11.00	01100	0	66,616				11.00
12.00	01200	0	0	0			12.00
13.00	01300	0	1,011	0	28,680		13.00
14.00	01400	0	1,542	0	0	3,371,650	14.00
15.00	01500	0	2,787	0	0	17,972	15.00
16.00	01600	0	1,353	0	0	0	16.00
17.00	01700	0	0	0	0	0	17.00
19.00	01900	0	0	0	0	0	19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	59	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	116	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	93,231	20,448	0	20,448	475,884	30.00
31.00	03100	7,418	4,498	0	4,498	148,325	31.00
32.00	03200	0	0	0	0	0	32.00
33.00	03300	0	0	0	0	0	33.00
34.00	03400	0	0	0	0	0	34.00
40.00	04000	0	0	0	0	0	40.00
41.00	04100	0	0	0	0	0	41.00
42.00	04200	0	0	0	0	0	42.00
43.00	04300	0	0	0	0	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
45.01	04510	0	0	0	0	0	45.01
46.00	04600	0	0	0	0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	6,512	0	0	1,116,709	50.00
51.00	05100	0	1,252	0	0	25,014	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	0	793	0	0	244,805	53.00
54.00	05400	0	2,899	0	0	98,248	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	0	822	0	0	13,148	56.00
56.01	05601	0	1,242	0	0	0	56.01
56.02	05602	0	465	0	0	4,419	56.02
56.03	05603	0	378	0	0	13,141	56.03
57.00	05700	0	770	0	0	81,085	57.00
58.00	05800	0	874	0	0	18,271	58.00
59.00	05900	46	1,019	0	0	159,584	59.00
60.00	06000	0	4,334	0	0	202,658	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	0	530	0	0	139,708	64.00
65.00	06500	138	1,925	0	0	96,787	65.00
66.00	06600	0	1,377	0	0	3,650	66.00
67.00	06700	0	284	0	0	0	67.00
67.01	06701	0	0	0	0	0	67.01
68.00	06800	0	83	0	0	0	68.00
69.00	06900	117	1,150	0	0	21,774	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	33,793	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.02	07501	0	0	0	0	0	75.02
75.04	07502	0	206	0	0	574	75.04
75.05	07503	0	0	0	0	7,391	75.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		DIETARY (MEALS SERVED)	CAFETERIA (FTES SERVED)	MAINTENANCE OF PERSONNEL (NUMBER HOUSED)	NURSING ADMINISTRATION (DIRECT NRSING HRS)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	
		10.00	11.00	12.00	13.00	14.00	
75.06	07504 OP SURGERY	1,267	3,603	0	0	175,513	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	2,490	3,734	0	3,734	269,841	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	104,707	66,066	0	28,680	3,368,294	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	158	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	288	0	0	3,218	192.00
192.01	19201 GHP/WH	18,341	0	0	0	138	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	104	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	3,197,254	976,723	0	1,569,984	3,341,765	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	25.983795	14.661988	0.000000	54.741423	0.991136	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	309,835	220,495	0	222,225	359,333	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	2.518001	3.309941	0.000000	7.748431	0.106575	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
1.01	00101						1.01
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
12.00	01200						12.00
13.00	01300						13.00
14.00	01400						14.00
15.00	01500	7,388,162					15.00
16.00	01600	0	501,148,815				16.00
17.00	01700	0	0	9,020			17.00
19.00	01900	0	0	0	0		19.00
20.00	02000	0	0	0	0	0	20.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	2,252	55,648,394	7,642		0	30.00
31.00	03100	593	12,270,875	1,290		0	31.00
32.00	03200	0	0	0		0	32.00
33.00	03300	0	0	0		0	33.00
34.00	03400	0	0	0		0	34.00
40.00	04000	0	0	0		0	40.00
41.00	04100	0	0	0		0	41.00
42.00	04200	0	0	0		0	42.00
43.00	04300	0	0	0		0	43.00
44.00	04400	0	0	0		0	44.00
45.00	04500	0	0	0		0	45.00
45.01	04510	0	0	0		0	45.01
46.00	04600	0	0	0		0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	32,804	56,865,869	0	0	0	50.00
51.00	05100	99	10,950,868	0	0	0	51.00
52.00	05200	0	0	0	0	0	52.00
53.00	05300	230,360	8,560,668	0	0	0	53.00
54.00	05400	7,217	21,404,772	0	0	0	54.00
55.00	05500	0	0	0	0	0	55.00
56.00	05600	30,684	15,734,162	0	0	0	56.00
56.01	05601	0	14,838,602	0	0	0	56.01
56.02	05602	125	5,089,187	0	0	0	56.02
56.03	05603	476	3,568,384	0	0	0	56.03
57.00	05700	38,692	28,414,800	0	0	0	57.00
58.00	05800	15,376	17,255,825	0	0	0	58.00
59.00	05900	14,376	23,435,456	0	0	0	59.00
60.00	06000	811	35,456,390	0	0	0	60.00
60.01	06001	0	0	0	0	0	60.01
61.00	06100	0	0	0	0	0	61.00
62.00	06200	0	0	0	0	0	62.00
63.00	06300	0	0	0	0	0	63.00
64.00	06400	2,362	1,105,568	0	0	0	64.00
65.00	06500	487	9,019,288	0	0	0	65.00
66.00	06600	36	3,648,731	0	0	0	66.00
67.00	06700	0	1,841,100	0	0	0	67.00
67.01	06701	0	0	0	0	0	67.01
68.00	06800	0	588,450	0	0	0	68.00
69.00	06900	3,408	17,996,885	0	0	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	20,490,903	0	0	0	71.00
72.00	07200	0	41,780,186	0	0	0	72.00
73.00	07300	7,003,546	35,268,416	0	0	0	73.00
75.00	07500	0	0	0	0	0	75.00
75.02	07501	0	0	0	0	0	75.02
75.04	07502	0	2,607,623	0	0	0	75.04
75.05	07503	0	922,232	0	0	0	75.05

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (TIME SPENT)	NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	NURSING SCHOOL (ASSIGNED TIME)	
		15.00	16.00	17.00	19.00	20.00	
75.06	07504 OP SURGERY	3,416	17,320,782	33	0	0	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	479	39,064,399	55	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF	0	0	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION	0	0	0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00	11100 ISLET ACQUISITION	0	0	0	0	0	111.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	7,387,599	501,148,815	9,020	0	0	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	63	0	0	0	0	192.00
192.01	19201 GHP/WH	500	0	0	0	0	192.01
192.02	19202 PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	0	0	192.02
193.00	19300 NONPAID WORKERS	0	0	0	0	0	193.00
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	7,200,423	1,251,305	0	0	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.974589	0.002497	0.000000	0.000000	0.000000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	392,785	140,934	0	0	0	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.053164	0.000281	0.000000	0.000000	0.000000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description	INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
	SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
	21.00	22.00	23.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT					1.00
1.01 00101 NEW CAP REL COSTS-OOH					1.01
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
6.00 00600 MAINTENANCE & REPAIRS					6.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
12.00 01200 MAINTENANCE OF PERSONNEL					12.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE					17.00
19.00 01900 NONPHYSICIAN ANESTHETISTS					19.00
20.00 02000 NURSING SCHOOL					20.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	2,038				21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRVD		0			22.00
23.00 02300 PARAMED PRGM			100		23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	1,093	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0	0		34.00
40.00 04000 SUBPROVIDER - I PF	0	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0	0		41.00
42.00 04200 SUBPROVIDER	0	0	0		42.00
43.00 04300 NURSERY	0	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0		44.00
45.00 04500 NURSING FACILITY	0	0	0		45.00
45.01 04510 ICF/MR	0	0	0		45.01
46.00 04600 OTHER LONG TERM CARE	0	0	0		46.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	371	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	531	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	20	0	0		54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	0		55.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 05601 PURCHASED SCAN	0	0	0		56.01
56.02 05602 ULTRASOUND	0	0	0		56.02
56.03 05603 BREAST IMAGING	0	0	0		56.03
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
60.01 06001 BLOOD LABORATORY	0	0	0		60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0		61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0		62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	23	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
67.01 06701 OCCUPATIONAL THERAPY-PSYCH	0	0	0		67.01
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	100		73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0		75.00
75.02 07501 CARDIAC CATH LAB	0	0	0		75.02
75.04 07502 SPECIAL DIAGNOSTICS	0	0	0		75.04

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet B-1
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		INTERNS & RESIDENTS			PARAMED PRGM (ASSIGNED TIME)	
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS (ASSIGNED TIME)			
		21.00	22.00	23.00		
75.05	07503	INPATIENT RENAL DIALYSIS	0	0	0	75.05
75.06	07504	OP SURGERY	0	0	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)				92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910	CORF	0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900	PANCREAS ACQUISITION	0	0	0	109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0	110.00
111.00	11100	ISLET ACQUISITION	0	0	0	111.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	2,038	0	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	192.00
192.01	19201	GHP/WH	0	0	0	192.01
192.02	19202	PHYSICIAN REFERRAL/DEVELOPMENT	0	0	0	192.02
193.00	19300	NONPAID WORKERS	0	0	0	193.00
200.00		Cross Foot Adjustments				200.00
201.00		Negative Cost Centers				201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	2,384,207	0	370,054	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	1,169.875859	0.000000	3,700.540000	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	134,019	0	12,295	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	65.760059	0.000000	122.950000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/19/2013 8:52 am

		Title XVIII		Hospital		PPS
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		30,129,100	29,822	30,158,922	30.00
31.00	03100 INTENSIVE CARE UNIT		6,893,998	0	6,893,998	31.00
32.00	03200 CORONARY CARE UNIT		0	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0	0	0	34.00
40.00	04000 SUBPROVIDER - I PF		0	0	0	40.00
41.00	04100 SUBPROVIDER - I RF		0	0	0	41.00
42.00	04200 SUBPROVIDER		0	0	0	42.00
43.00	04300 NURSERY		0	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500 NURSING FACILITY		0	0	0	45.00
45.01	04510 ICF/MR		0	0	0	45.01
46.00	04600 OTHER LONG TERM CARE		0	0	0	46.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		17,194,992	117,437	17,312,429	50.00
51.00	05100 RECOVERY ROOM		1,983,104	0	1,983,104	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0	0	0	52.00
53.00	05300 ANESTHESIOLOGY		3,197,500	0	3,197,500	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,320,115	0	5,320,115	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0	0	0	55.00
56.00	05600 RADIOISOTOPE		2,123,894	0	2,123,894	56.00
56.01	05601 PURCHASED SCAN		1,359,934	19,304	1,379,238	56.01
56.02	05602 ULTRASOUND		934,982	0	934,982	56.02
56.03	05603 BREAST IMAGING		913,082	0	913,082	56.03
57.00	05700 CT SCAN		2,215,612	0	2,215,612	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,025,297	0	2,025,297	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,605,867	0	2,605,867	59.00
60.00	06000 LABORATORY		7,093,361	0	7,093,361	60.00
60.01	06001 BLOOD LABORATORY		0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		999,715	0	999,715	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,466,905	0	2,466,905	65.00
66.00	06600 PHYSICAL THERAPY	0	1,360,955	0	1,360,955	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	351,495	0	351,495	67.00
67.01	06701 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	67.01
68.00	06800 SPEECH PATHOLOGY	0	124,104	0	124,104	68.00
69.00	06900 ELECTROCARDIOLOGY		1,956,195	0	1,956,195	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		384,662	0	384,662	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		12,710,878	0	12,710,878	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,952,636	0	11,952,636	73.00
75.00	07500 ASC (NON-DISTINCT PART)		0	0	0	75.00
75.02	07501 CARDIAC CATH LAB		0	0	0	75.02
75.04	07502 SPECIAL DIAGNOSTICS		273,190	0	273,190	75.04
75.05	07503 INPATIENT RENAL DIALYSIS		421,550	0	421,550	75.05
75.06	07504 OP SURGERY		5,615,644	0	5,615,644	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000 CLINIC		0	0	0	90.00
91.00	09100 EMERGENCY		6,050,097	0	6,050,097	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,652,643	0	3,652,643	92.00
OTHER REIMBURSABLE COST CENTERS						
99.10	09910 CORF		0	0	0	99.10
SPECIAL PURPOSE COST CENTERS						
109.00	10900 PANCREAS ACQUISITION		0	0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0	0	0	110.00
111.00	11100 ISLET ACQUISITION		0	0	0	111.00
200.00	Subtotal (see instructions)		132,311,507	166,563	132,478,070	200.00
201.00	Less Observation Beds		3,652,643	0	3,652,643	201.00
202.00	Total (see instructions)		128,658,864	166,563	128,825,427	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/19/2013 8:52 am

			Title XVIIII			Hospital		PPS	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio				
	Inpatient	Outpatient	Total (col. 6 + col. 7)						
	6.00	7.00	8.00				9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	50,540,958		50,540,958			30.00	
31.00	03100	INTENSIVE CARE UNIT	12,270,875		12,270,875			31.00	
32.00	03200	CORONARY CARE UNIT	0		0			32.00	
33.00	03300	BURN INTENSIVE CARE UNIT	0		0			33.00	
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0			34.00	
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00	
41.00	04100	SUBPROVIDER - I/RF	0		0			41.00	
42.00	04200	SUBPROVIDER	0		0			42.00	
43.00	04300	NURSERY	0		0			43.00	
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00	
45.00	04500	NURSING FACILITY	0		0			45.00	
45.01	04510	ICF/MR	0		0			45.01	
46.00	04600	OTHER LONG TERM CARE	0		0			46.00	
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	23,681,726	33,184,143	56,865,869	0.302378	0.000000	50.00	
51.00	05100	RECOVERY ROOM	4,451,004	6,499,864	10,950,868	0.181091	0.000000	51.00	
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	0.000000	52.00	
53.00	05300	ANESTHESIOLOGY	3,393,783	5,166,885	8,560,668	0.373511	0.000000	53.00	
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,190,508	13,214,264	21,404,772	0.248548	0.000000	54.00	
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	0.000000	55.00	
56.00	05600	RADIOISOTOPE	3,227,818	12,506,344	15,734,162	0.134986	0.000000	56.00	
56.01	05601	PURCHASED SCAN	3,656,757	11,181,845	14,838,602	0.091648	0.000000	56.01	
56.02	05602	ULTRASOUND	783,839	4,305,348	5,089,187	0.183719	0.000000	56.02	
56.03	05603	BREAST IMAGING	3,406	3,564,978	3,568,384	0.255881	0.000000	56.03	
57.00	05700	CT SCAN	8,374,354	20,040,446	28,414,800	0.077974	0.000000	57.00	
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,879,439	14,376,386	17,255,825	0.117369	0.000000	58.00	
59.00	05900	CARDIAC CATHETERIZATION	14,769,093	8,666,363	23,435,456	0.111193	0.000000	59.00	
60.00	06000	LABORATORY	24,983,415	10,472,975	35,456,390	0.200059	0.000000	60.00	
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01	
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	0.000000	61.00	
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	0.000000	62.00	
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	0.000000	63.00	
64.00	06400	INTRAVENOUS THERAPY	1,087,165	18,403	1,105,568	0.904255	0.000000	64.00	
65.00	06500	RESPIRATORY THERAPY	6,257,081	2,762,207	9,019,288	0.273514	0.000000	65.00	
66.00	06600	PHYSICAL THERAPY	3,510,112	138,619	3,648,731	0.372994	0.000000	66.00	
67.00	06700	OCCUPATIONAL THERAPY	1,769,756	71,344	1,841,100	0.190916	0.000000	67.00	
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0.000000	0.000000	67.01	
68.00	06800	SPEECH PATHOLOGY	571,845	16,605	588,450	0.210900	0.000000	68.00	
69.00	06900	ELECTROCARDIOLOGY	8,832,290	9,164,595	17,996,885	0.108696	0.000000	69.00	
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00	
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,239,638	8,251,265	20,490,903	0.018772	0.000000	71.00	
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,626,909	8,153,277	41,780,186	0.304232	0.000000	72.00	
73.00	07300	DRUGS CHARGED TO PATIENTS	21,603,963	13,664,453	35,268,416	0.338905	0.000000	73.00	
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	0.000000	75.00	
75.02	07501	CARDIAC CATH LAB	0	0	0	0.000000	0.000000	75.02	
75.04	07502	SPECIAL DIAGNOSTICS	426,375	2,181,248	2,607,623	0.104766	0.000000	75.04	
75.05	07503	INPATIENT RENAL DIALYSIS	872,213	50,019	922,232	0.457098	0.000000	75.05	
75.06	07504	OP SURGERY	1,733,995	15,586,787	17,320,782	0.324214	0.000000	75.06	
OUTPATIENT SERVICE COST CENTERS									
88.00	08800	RURAL HEALTH CLINIC	0	0	0			88.00	
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0			89.00	
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00	
91.00	09100	EMERGENCY	15,068,378	23,996,021	39,064,399	0.154875	0.000000	91.00	
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,342,651	3,764,785	5,107,436	0.715162	0.000000	92.00	
OTHER REIMBURSABLE COST CENTERS									
99.10	09910	CORF	0	0	0			99.10	
SPECIAL PURPOSE COST CENTERS									
109.00	10900	PANCREAS ACQUISITION	0	0	0			109.00	
110.00	11000	INTESTINAL ACQUISITION	0	0	0			110.00	
111.00	11100	ISLET ACQUISITION	0	0	0			111.00	
200.00		Subtotal (see instructions)	270,149,346	230,999,469	501,148,815			200.00	
201.00		Less Observation Beds						201.00	
202.00		Total (see instructions)	270,149,346	230,999,469	501,148,815			202.00	

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		PPS Inpatient Ratio	Title XVII I	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
45.01	04510 ICF/MR				45.01
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.304443			50.00
51.00	05100 RECOVERY ROOM	0.181091			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.373511			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248548			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.134986			56.00
56.01	05601 PURCHASED SCAN	0.092949			56.01
56.02	05602 ULTRASOUND	0.183719			56.02
56.03	05603 BREAST IMAGING	0.255881			56.03
57.00	05700 CT SCAN	0.077974			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.117369			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.111193			59.00
60.00	06000 LABORATORY	0.200059			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.904255			64.00
65.00	06500 RESPIRATORY THERAPY	0.273514			65.00
66.00	06600 PHYSICAL THERAPY	0.372994			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.190916			67.00
67.01	06701 OCCUPATIONAL THERAPY-PSYCH	0.000000			67.01
68.00	06800 SPEECH PATHOLOGY	0.210900			68.00
69.00	06900 ELECTROCARDIOLOGY	0.108696			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.018772			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.304232			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.338905			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.02	07501 CARDIAC CATH LAB	0.000000			75.02
75.04	07502 SPECIAL DIAGNOSTICS	0.104766			75.04
75.05	07503 INPATIENT RENAL DIALYSIS	0.457098			75.05
75.06	07504 OP SURGERY	0.324214			75.06
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.154875			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.715162			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/19/2013 8:52 am

		Title XIX		Hospital		Cost	
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs				
			Total Costs	RCE Disallowance	Total Costs		
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS		30,129,100		0	0	30.00
31.00	03100 INTENSIVE CARE UNIT		6,893,998		0	0	31.00
32.00	03200 CORONARY CARE UNIT		0		0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT		0		0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT		0		0	0	34.00
40.00	04000 SUBPROVIDER - I PF		0		0	0	40.00
41.00	04100 SUBPROVIDER - I RF		0		0	0	41.00
42.00	04200 SUBPROVIDER		0		0	0	42.00
43.00	04300 NURSERY		0		0	0	43.00
44.00	04400 SKILLED NURSING FACILITY		0		0	0	44.00
45.00	04500 NURSING FACILITY		0		0	0	45.00
45.01	04510 ICF/MR		0		0	0	45.01
46.00	04600 OTHER LONG TERM CARE		0		0	0	46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM		17,194,992		0	0	50.00
51.00	05100 RECOVERY ROOM		1,983,104		0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		0		0	0	52.00
53.00	05300 ANESTHESIOLOGY		3,197,500		0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		5,320,115		0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC		0		0	0	55.00
56.00	05600 RADIOISOTOPE		2,123,894		0	0	56.00
56.01	05601 PURCHASED SCAN		1,359,934		0	0	56.01
56.02	05602 ULTRASOUND		934,982		0	0	56.02
56.03	05603 BREAST IMAGING		913,082		0	0	56.03
57.00	05700 CT SCAN		2,215,612		0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)		2,025,297		0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION		2,605,867		0	0	59.00
60.00	06000 LABORATORY		7,093,361		0	0	60.00
60.01	06001 BLOOD LABORATORY		0		0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY		0		0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS		0		0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.		0		0	0	63.00
64.00	06400 INTRAVENOUS THERAPY		999,715		0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	2,466,905		0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	1,360,955		0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	351,495		0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY-PSYCH	0	0		0	0	67.01
68.00	06800 SPEECH PATHOLOGY	0	124,104		0	0	68.00
69.00	06900 ELECTROCARDIOLOGY		1,956,195		0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY		0		0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		384,662		0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		12,710,878		0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		11,952,636		0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)		0		0	0	75.00
75.02	07501 CARDIAC CATH LAB		0		0	0	75.02
75.04	07502 SPECIAL DIAGNOSTICS		273,190		0	0	75.04
75.05	07503 INPATIENT RENAL DIALYSIS		421,550		0	0	75.05
75.06	07504 OP SURGERY		5,615,644		0	0	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC		0		0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER		0		0	0	89.00
90.00	09000 CLINIC		0		0	0	90.00
91.00	09100 EMERGENCY		6,050,097		0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		3,652,643		0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910 CORF		0		0	0	99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900 PANCREAS ACQUISITION		0		0	0	109.00
110.00	11000 INTESTINAL ACQUISITION		0		0	0	110.00
111.00	11100 ISLET ACQUISITION		0		0	0	111.00
200.00	Subtotal (see instructions)		132,311,507	0	0	0	200.00
201.00	Less Observation Beds		3,652,643		0	0	201.00
202.00	Total (see instructions)		128,658,864	0	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/19/2013 8:52 am

		Title XIX			Hospital	Cost	
Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio		
	Inpatient	Outpatient	Total (col. 6 + col. 7)				
	6.00	7.00	8.00				9.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	50,540,958		50,540,958		30.00
31.00	03100	INTENSIVE CARE UNIT	12,270,875		12,270,875		31.00
32.00	03200	CORONARY CARE UNIT	0		0		32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0		0		33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0		0		34.00
40.00	04000	SUBPROVIDER - I/PF	0		0		40.00
41.00	04100	SUBPROVIDER - IRF	0		0		41.00
42.00	04200	SUBPROVIDER	0		0		42.00
43.00	04300	NURSERY	0		0		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
45.01	04510	ICF/MR	0		0		45.01
46.00	04600	OTHER LONG TERM CARE	0		0		46.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	23,681,726	33,184,143	56,865,869	0.302378	50.00
51.00	05100	RECOVERY ROOM	4,451,004	6,499,864	10,950,868	0.181091	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,393,783	5,166,885	8,560,668	0.373511	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	8,190,508	13,214,264	21,404,772	0.248548	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0.000000	55.00
56.00	05600	RADIOISOTOPE	3,227,818	12,506,344	15,734,162	0.134986	56.00
56.01	05601	PURCHASED SCAN	3,656,757	11,181,845	14,838,602	0.091648	56.01
56.02	05602	ULTRASOUND	783,839	4,305,348	5,089,187	0.183719	56.02
56.03	05603	BREAST IMAGING	3,406	3,564,978	3,568,384	0.255881	56.03
57.00	05700	CT SCAN	8,374,354	20,040,446	28,414,800	0.077974	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,879,439	14,376,386	17,255,825	0.117369	58.00
59.00	05900	CARDIAC CATHETERIZATION	14,769,093	8,666,363	23,435,456	0.111193	59.00
60.00	06000	LABORATORY	24,983,415	10,472,975	35,456,390	0.200059	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0.000000	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0.000000	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0.000000	63.00
64.00	06400	INTRAVENOUS THERAPY	1,087,165	18,403	1,105,568	0.904255	64.00
65.00	06500	RESPIRATORY THERAPY	6,257,081	2,762,207	9,019,288	0.273514	65.00
66.00	06600	PHYSICAL THERAPY	3,510,112	138,619	3,648,731	0.372994	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,769,756	71,344	1,841,100	0.190916	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0.000000	67.01
68.00	06800	SPEECH PATHOLOGY	571,845	16,605	588,450	0.210900	68.00
69.00	06900	ELECTROCARDIOLOGY	8,832,290	9,164,595	17,996,885	0.108696	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	12,239,638	8,251,265	20,490,903	0.018772	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	33,626,909	8,153,277	41,780,186	0.304232	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	21,603,963	13,664,453	35,268,416	0.338905	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0.000000	75.00
75.02	07501	CARDIAC CATH LAB	0	0	0	0.000000	75.02
75.04	07502	SPECIAL DIAGNOSTICS	426,375	2,181,248	2,607,623	0.104766	75.04
75.05	07503	INPATIENT RENAL DIALYSIS	872,213	50,019	922,232	0.457098	75.05
75.06	07504	OP SURGERY	1,733,995	15,586,787	17,320,782	0.324214	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
91.00	09100	EMERGENCY	15,068,378	23,996,021	39,064,399	0.154875	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,342,651	3,764,785	5,107,436	0.715162	92.00
OTHER REIMBURSABLE COST CENTERS							
99.10	09910	CORF	0	0	0		99.10
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0		109.00
110.00	11000	INTESTINAL ACQUISITION	0	0	0		110.00
111.00	11100	ISLET ACQUISITION	0	0	0		111.00
200.00		Subtotal (see instructions)	270,149,346	230,999,469	501,148,815		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	270,149,346	230,999,469	501,148,815		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet C
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
32.00	03200 CORONARY CARE UNIT				32.00
33.00	03300 BURN INTENSIVE CARE UNIT				33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT				34.00
40.00	04000 SUBPROVIDER - I PF				40.00
41.00	04100 SUBPROVIDER - I RF				41.00
42.00	04200 SUBPROVIDER				42.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
45.01	04510 ICF/MR				45.01
46.00	04600 OTHER LONG TERM CARE				46.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000			55.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.01	05601 PURCHASED SCAN	0.000000			56.01
56.02	05602 ULTRASOUND	0.000000			56.02
56.03	05603 BREAST IMAGING	0.000000			56.03
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
60.01	06001 BLOOD LABORATORY	0.000000			60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000			61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000			62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
67.01	06701 OCCUPATIONAL THERAPY-PSYCH	0.000000			67.01
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.02	07501 CARDIAC CATH LAB	0.000000			75.02
75.04	07502 SPECIAL DIAGNOSTICS	0.000000			75.04
75.05	07503 INPATIENT RENAL DIALYSIS	0.000000			75.05
75.06	07504 OP SURGERY	0.000000			75.06
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.10	09910 CORF				99.10
SPECIAL PURPOSE COST CENTERS					
109.00	10900 PANCREAS ACQUISITION				109.00
110.00	11000 INTESTINAL ACQUISITION				110.00
111.00	11100 ISLET ACQUISITION				111.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet D
Part I
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,497,302	0	3,497,302	31,095	112.47	30.00
31.00	03100 INTENSIVE CARE UNIT	725,280		725,280	3,686	196.77	31.00
32.00	03200 CORONARY CARE UNIT	0		0	0	0.00	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0		0	0	0.00	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0		0	0	0.00	34.00
40.00	04000 SUBPROVIDER - I/PF	0	0	0	0	0.00	40.00
41.00	04100 SUBPROVIDER - I/RP	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	0		0	0	0.00	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	04500 NURSING FACILITY	0		0	0	0.00	45.00
45.01	04510 ICF/MR	0		0	0	0.00	45.01
200.00	Total (lines 30-199)	4,222,582		4,222,582	34,781		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part I Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS

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	03000 ADULTS & PEDIATRICS	17,067	1,919,525	30.00
31.00	03100 INTENSIVE CARE UNIT	2,355	463,393	31.00
32.00	03200 CORONARY CARE UNIT	0	0	32.00
33.00	03300 BURN INTENSIVE CARE UNIT	0	0	33.00
34.00	03400 SURGICAL INTENSIVE CARE UNIT	0	0	34.00
40.00	04000 SUBPROVIDER - I PF	0	0	40.00
41.00	04100 SUBPROVIDER - I RF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
45.01	04510 ICF/MR	0	0	45.01
200.00	Total (lines 30-199)	19,422	2,382,918	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part II Date/Time Prepared: 2/19/2013 8:52 am
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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	2,035,965	56,865,869	0.035803	11,715,524	419,451	50.00
51.00	05100 RECOVERY ROOM	177,893	10,950,868	0.016245	2,247,610	36,512	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0	0	52.00
53.00	05300 ANESTHESIOLOGY	242,765	8,560,668	0.028358	1,714,154	48,610	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,071,193	21,404,772	0.050045	5,328,504	266,665	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0	0	55.00
56.00	05600 RADIOISOTOPE	204,794	15,734,162	0.013016	2,237,073	29,118	56.00
56.01	05601 PURCHASED SCAN	138,168	14,838,602	0.009311	0	0	56.01
56.02	05602 ULTRASOUND	154,651	5,089,187	0.030388	496,220	15,079	56.02
56.03	05603 BREAST IMAGING	250,299	3,568,384	0.070144	2,854	200	56.03
57.00	05700 CT SCAN	191,168	28,414,800	0.006728	7,146,989	48,085	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	168,109	17,255,825	0.009742	2,322,559	22,626	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,101,856	23,435,456	0.047017	9,072,581	426,566	59.00
60.00	06000 LABORATORY	682,702	35,456,390	0.019255	17,219,583	331,563	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	50,494	1,105,568	0.045672	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	239,750	9,019,288	0.026582	4,714,841	125,330	65.00
66.00	06600 PHYSICAL THERAPY	109,221	3,648,731	0.029934	2,327,406	69,669	66.00
67.00	06700 OCCUPATIONAL THERAPY	13,519	1,841,100	0.007343	1,156,501	8,492	67.00
67.01	06701 OCCUPATIONAL THERAPY-PSYCH	0	0	0.000000	0	0	67.01
68.00	06800 SPEECH PATHOLOGY	13,559	588,450	0.023042	461,004	10,622	68.00
69.00	06900 ELECTROCARDIOLOGY	398,619	17,996,885	0.022149	6,139,065	135,974	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	18,361	20,490,903	0.000896	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	390,001	41,780,186	0.009335	24,053,169	224,536	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	522,339	35,268,416	0.014810	14,508,925	214,877	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0	0	75.00
75.02	07501 CARDIAC CATH LAB	0	0	0.000000	0	0	75.02
75.04	07502 SPECIAL DIAGNOSTICS	28,152	2,607,623	0.010796	290,046	3,131	75.04
75.05	07503 INPATIENT RENAL DIALYSIS	29,883	922,232	0.032403	730,239	23,662	75.05
75.06	07504 OP SURGERY	808,886	17,320,782	0.046700	1,157,351	54,048	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	767,061	39,064,399	0.019636	10,073,852	197,810	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	423,568	5,107,436	0.082932	0	0	92.00
200.00	Total (lines 50-199)	10,232,976	438,336,982		125,116,050	2,712,626	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140051		Period: From 10/01/2011 To 09/30/2012		Worksheet D Part III Date/Time Prepared: 2/19/2013 8:52 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital Swing-Bed Adjustment Amount (see instructions)	PPS Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0	0	0	0	34.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
45.01	04510	ICF/MR	0	0	0	0	0	45.01
200.00		Total (Lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part III Date/Time Prepared: 2/19/2013 8:52 am
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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)	Hospital		PSA Adj. Nursing School	
					6.00	7.00		8.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	31,095	0.00	17,067	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	3,686	0.00	2,355	0	0	31.00
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0	0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT	0	0.00	0	0	0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT	0	0.00	0	0	0	34.00
40.00	04000	SUBPROVIDER - I PF	0	0.00	0	0	0	40.00
41.00	04100	SUBPROVIDER - I RF	0	0.00	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0	0	42.00
43.00	04300	NURSERY	0	0.00	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0	0	45.00
45.01	04510	ICF/MR	0	0.00	0	0	0	45.01
200.00		Total (lines 30-199)	34,781		19,422	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part III Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost		
	12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00 03000 ADULTS & PEDIATRICS	0	0		30.00
31.00 03100 INTENSIVE CARE UNIT	0	0		31.00
32.00 03200 CORONARY CARE UNIT	0	0		32.00
33.00 03300 BURN INTENSIVE CARE UNIT	0	0		33.00
34.00 03400 SURGICAL INTENSIVE CARE UNIT	0	0		34.00
40.00 04000 SUBPROVIDER - I PF	0	0		40.00
41.00 04100 SUBPROVIDER - I RF	0	0		41.00
42.00 04200 SUBPROVIDER	0	0		42.00
43.00 04300 NURSERY	0	0		43.00
44.00 04400 SKILLED NURSING FACILITY	0	0		44.00
45.00 04500 NURSING FACILITY	0	0		45.00
45.01 04510 ICF/MR	0	0		45.01
200.00 Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 8:52 am
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	0	55.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	05601	PURCHASED SCAN	0	0	0	0	56.01
56.02	05602	ULTRASOUND	0	0	0	0	56.02
56.03	05603	BREAST IMAGING	0	0	0	0	56.03
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY					61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	370,054	0	370,054
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	0	75.00
75.02	07501	CARDIAC CATH LAB	0	0	0	0	75.02
75.04	07502	SPECIAL DIAGNOSTICS	0	0	0	0	75.04
75.05	07503	INPATIENT RENAL DIALYSIS	0	0	0	0	75.05
75.06	07504	OP SURGERY	0	0	0	0	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	0	370,054	0	370,054

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 8:52 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part 1, 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	56,865,869	0.000000	0.000000	11,715,524	50.00
51.00	05100 RECOVERY ROOM	0	10,950,868	0.000000	0.000000	2,247,610	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	8,560,668	0.000000	0.000000	1,714,154	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	21,404,772	0.000000	0.000000	5,328,504	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0.000000	0.000000	0	55.00
56.00	05600 RADIOISOTOPE	0	15,734,162	0.000000	0.000000	2,237,073	56.00
56.01	05601 PURCHASED SCAN	0	14,838,602	0.000000	0.000000	0	56.01
56.02	05602 ULTRASOUND	0	5,089,187	0.000000	0.000000	496,220	56.02
56.03	05603 BREAST IMAGING	0	3,568,384	0.000000	0.000000	2,854	56.03
57.00	05700 CT SCAN	0	28,414,800	0.000000	0.000000	7,146,989	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	17,255,825	0.000000	0.000000	2,322,559	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	23,435,456	0.000000	0.000000	9,072,581	59.00
60.00	06000 LABORATORY	0	35,456,390	0.000000	0.000000	17,219,583	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0.000000	0.000000	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0.000000	0.000000	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0.000000	0.000000	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	1,105,568	0.000000	0.000000	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	9,019,288	0.000000	0.000000	4,714,841	65.00
66.00	06600 PHYSICAL THERAPY	0	3,648,731	0.000000	0.000000	2,327,406	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	1,841,100	0.000000	0.000000	1,156,501	67.00
67.01	06701 OCCUPATIONAL THERAPY-PSYCH	0	0	0.000000	0.000000	0	67.01
68.00	06800 SPEECH PATHOLOGY	0	588,450	0.000000	0.000000	461,004	68.00
69.00	06900 ELECTROCARDIOLOGY	0	17,996,885	0.000000	0.000000	6,139,065	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	20,490,903	0.000000	0.000000	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	41,780,186	0.000000	0.000000	24,053,169	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	370,054	35,268,416	0.010493	0.010493	14,508,925	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0.000000	0.000000	0	75.00
75.02	07501 CARDIAC CATH LAB	0	0	0.000000	0.000000	0	75.02
75.04	07502 SPECIAL DIAGNOSTICS	0	2,607,623	0.000000	0.000000	290,046	75.04
75.05	07503 INPATIENT RENAL DIALYSIS	0	922,232	0.000000	0.000000	730,239	75.05
75.06	07504 OP SURGERY	0	17,320,782	0.000000	0.000000	1,157,351	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	39,064,399	0.000000	0.000000	10,073,852	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,107,436	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	370,054	438,336,982			125,116,050	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 8:52 am
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Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	PPS
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	11,670,111	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	1,595,239	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,628,401	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	6,220,129	0	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0	0	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0	6,722,794	0	0	0	56.00
56.01	05601 PURCHASED SCAN	0	0	0	0	0	56.01
56.02	05602 ULTRASOUND	0	1,164,992	0	0	0	56.02
56.03	05603 BREAST IMAGING	0	1,299,859	0	0	0	56.03
57.00	05700 CT SCAN	0	12,256,375	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	7,596,532	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	4,864,879	0	0	0	59.00
60.00	06000 LABORATORY	0	4,780,144	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0	6,237	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,529,255	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	77,328	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	35,763	0	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY-PSYCH	0	0	0	0	0	67.01
68.00	06800 SPEECH PATHOLOGY	0	11,815	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,683,108	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,153	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	7,587,209	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	152,242	6,621,900	69,484	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.02	07501 CARDIAC CATH LAB	0	0	0	0	0	75.02
75.04	07502 SPECIAL DIAGNOSTICS	0	780,586	0	0	0	75.04
75.05	07503 INPATIENT RENAL DIALYSIS	0	46,232	0	0	0	75.05
75.06	07504 OP SURGERY	0	6,122,165	0	0	0	75.06
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	7,601,535	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00	Total (lines 50-199)	152,242	94,921,741	69,484	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part IV Date/Time Prepared: 2/19/2013 8:52 am
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
55.00 05500 RADIOLOGY-THERAPEUTIC	0	0	55.00
56.00 05600 RADIOISOTOPE	0	0	56.00
56.01 05601 PURCHASED SCAN	0	0	56.01
56.02 05602 ULTRASOUND	0	0	56.02
56.03 05603 BREAST IMAGING	0	0	56.03
57.00 05700 CT SCAN	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	60.01
61.00 06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	61.00
62.00 06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	62.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
64.00 06400 INTRAVENOUS THERAPY	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
67.01 06701 OCCUPATIONAL THERAPY-PSYCH	0	0	67.01
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	75.00
75.02 07501 CARDIAC CATH LAB	0	0	75.02
75.04 07502 SPECIAL DIAGNOSTICS	0	0	75.04
75.05 07503 INPATIENT RENAL DIALYSIS	0	0	75.05
75.06 07504 OP SURGERY	0	0	75.06
OUTPATIENT SERVICE COST CENTERS			
88.00 08800 RURAL HEALTH CLINIC	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00 09000 CLINIC	0	0	90.00
91.00 09100 EMERGENCY	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0.302378	11,670,111	0	0	50.00
51.00	05100 RECOVERY ROOM	0.181091	1,595,239	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.373511	1,628,401	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.248548	6,220,129	0	0	54.00
55.00	05500 RADIOLOGY-THERAPEUTIC	0.000000	0	0	0	55.00
56.00	05600 RADIOISOTOPE	0.134986	6,722,794	0	0	56.00
56.01	05601 PURCHASED SCAN	0.091648	0	0	0	56.01
56.02	05602 ULTRASOUND	0.183719	1,164,992	0	0	56.02
56.03	05603 BREAST IMAGING	0.255881	1,299,859	0	0	56.03
57.00	05700 CT SCAN	0.077974	12,256,375	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.117369	7,596,532	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.111193	4,864,879	0	0	59.00
60.00	06000 LABORATORY	0.200059	4,780,144	0	0	60.00
60.01	06001 BLOOD LABORATORY	0.000000	0	0	0	60.01
61.00	06100 PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	0	0	61.00
62.00	06200 WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	0	0	62.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000	0	0	0	63.00
64.00	06400 INTRAVENOUS THERAPY	0.904255	6,237	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.273514	1,529,255	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0.372994	77,328	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.190916	35,763	0	0	67.00
67.01	06701 OCCUPATIONAL THERAPY-PSYCH	0.000000	0	0	0	67.01
68.00	06800 SPEECH PATHOLOGY	0.210900	11,815	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0.108696	4,683,108	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.018772	19,153	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.304232	7,587,209	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.338905	6,621,900	240	31,702	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000	0	0	0	75.00
75.02	07501 CARDIAC CATH LAB	0.000000	0	0	0	75.02
75.04	07502 SPECIAL DIAGNOSTICS	0.104766	780,586	0	0	75.04
75.05	07503 INPATIENT RENAL DIALYSIS	0.457098	46,232	0	0	75.05
75.06	07504 OP SURGERY	0.324214	6,122,165	0	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0.000000	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	89.00
90.00	09000 CLINIC	0.000000	0	0	0	90.00
91.00	09100 EMERGENCY	0.154875	7,601,535	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.715162	0	0	0	92.00
200.00	Subtotal (see instructions)		94,921,741	240	31,702	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00	Net Charges (line 200 +/- line 201)		94,921,741	240	31,702	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D Part V Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			Hospital	PPS	
	PPS Services (see inst.)	Cost	Cost			
		Reimbursed Services Subject To Ded. & Coins. (see inst.)	Reimbursed Services Not Subject To Ded. & Coins. (see inst.)			
5.00	6.00	7.00				
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	3,528,785	0	0	50.00
51.00	05100	RECOVERY ROOM	288,883	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	608,226	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,546,001	0	0	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0	0	0	55.00
56.00	05600	RADIOISOTOPE	907,483	0	0	56.00
56.01	05601	PURCHASED SCAN	0	0	0	56.01
56.02	05602	ULTRASOUND	214,031	0	0	56.02
56.03	05603	BREAST IMAGING	332,609	0	0	56.03
57.00	05700	CT SCAN	955,679	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	891,597	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	540,940	0	0	59.00
60.00	06000	LABORATORY	956,311	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0	0	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0	0	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
64.00	06400	INTRAVENOUS THERAPY	5,640	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	418,273	0	0	65.00
66.00	06600	PHYSICAL THERAPY	28,843	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	6,828	0	0	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0	0	0	67.01
68.00	06800	SPEECH PATHOLOGY	2,492	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	509,035	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	360	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,308,272	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	2,244,195	81	10,744	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0	0	0	75.00
75.02	07501	CARDIAC CATH LAB	0	0	0	75.02
75.04	07502	SPECIAL DIAGNOSTICS	81,779	0	0	75.04
75.05	07503	INPATIENT RENAL DIALYSIS	21,133	0	0	75.05
75.06	07504	OP SURGERY	1,984,892	0	0	75.06
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	1,177,288	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	92.00
200.00		Subtotal (see instructions)	19,559,575	81	10,744	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00		Net Charges (line 200 +/- line 201)	19,559,575	81	10,744	202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D-1 Date/Time Prepared: 2/19/2013 8:52 am
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		31,095	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		31,095	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)		27,329	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)		17,067	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)		30,158,922	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)		30,158,922	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		54,323,675	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		54,323,675	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.555171	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,987.77	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)		30,158,922	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)		969.90	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		16,553,283	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)		16,553,283	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140051		Period: From 10/01/2011 To 09/30/2012		Worksheet D-1 Date/Time Prepared: 2/19/2013 8:52 am	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
Title XVIII		1.00	2.00	3.00	4.00	5.00	
Hospital							
PPS							
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	6,893,998	3,686	1,870.32	2,355	4,404,604	43.00
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT	0	0	0.00	0	0	45.00
46.00	SURGICAL INTENSIVE CARE UNIT	0	0	0.00	0	0	46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					29,293,341	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					50,251,228	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)					2,382,918	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,864,868	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					5,247,786	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					45,003,442	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					3,766	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					969.90	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					3,652,643	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet D-1

Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Cost	Title XVIII		Hospital	PPS	
			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	3,497,302	30,158,922	0.115962	3,652,643	423,568	90.00
91.00	Nursing School cost	0	30,158,922	0.000000	3,652,643	0	91.00
92.00	Allied health cost	0	30,158,922	0.000000	3,652,643	0	92.00
93.00	All other Medical Education	0	30,158,922	0.000000	3,652,643	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet D-3 Date/Time Prepared: 2/19/2013 8:52 am	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		30,228,897	30.00
31.00	03100	INTENSIVE CARE UNIT		7,613,302	31.00
32.00	03200	CORONARY CARE UNIT		0	32.00
33.00	03300	BURN INTENSIVE CARE UNIT		0	33.00
34.00	03400	SURGICAL INTENSIVE CARE UNIT		0	34.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.304443	11,715,524	50.00
51.00	05100	RECOVERY ROOM	0.181091	2,247,610	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0.373511	1,714,154	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.248548	5,328,504	54.00
55.00	05500	RADIOLOGY-THERAPEUTIC	0.000000	0	55.00
56.00	05600	RADIOISOTOPE	0.134986	2,237,073	56.00
56.01	05601	PURCHASED SCAN	0.092949	0	56.01
56.02	05602	ULTRASOUND	0.183719	496,220	56.02
56.03	05603	BREAST IMAGING	0.255881	2,854	56.03
57.00	05700	CT SCAN	0.077974	7,146,989	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.117369	2,322,559	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.111193	9,072,581	59.00
60.00	06000	LABORATORY	0.200059	17,219,583	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
61.00	06100	PBP CLINICAL LAB SERVICES-PRGM ONLY	0.000000	0	61.00
62.00	06200	WHOLE BLOOD & PACKED RED BLOOD CELLS	0.000000	0	62.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.000000	0	63.00
64.00	06400	INTRAVENOUS THERAPY	0.904255	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.273514	4,714,841	65.00
66.00	06600	PHYSICAL THERAPY	0.372994	2,327,406	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.190916	1,156,501	67.00
67.01	06701	OCCUPATIONAL THERAPY-PSYCH	0.000000	0	67.01
68.00	06800	SPEECH PATHOLOGY	0.210900	461,004	68.00
69.00	06900	ELECTROCARDIOLOGY	0.108696	6,139,065	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.018772	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.304232	24,053,169	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.338905	14,508,925	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.000000	0	75.00
75.02	07501	CARDIAC CATH LAB	0.000000	0	75.02
75.04	07502	SPECIAL DIAGNOSTICS	0.104766	290,046	75.04
75.05	07503	INPATIENT RENAL DIALYSIS	0.457098	730,239	75.05
75.06	07504	OP SURGERY	0.324214	1,157,351	75.06
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	89.00
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.154875	10,073,852	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.715162	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		125,116,050	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)		125,116,050	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		32,551,116	1.00
2.00	Outlier payments for discharges. (see instructions)		1,447,020	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		1,468,787	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		132.05	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)		24.99	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.		-5.25	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)		19.74	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		17.44	10.00
11.00	FTE count for residents in dental and podiatric programs.		2.93	11.00
12.00	Current year allowable FTE (see instructions)		20.37	12.00
13.00	Total allowable FTE count for the prior year.		24.75	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.		24.95	14.00
15.00	Sum of lines 12 through 14 divided by 3.		23.36	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		23.36	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.176903	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.150346	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.150346	21.00
22.00	IME payment adjustment (see instructions)		2,680,530	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)		2,680,530	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		9.62	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		15.39	31.00
32.00	Sum of lines 30 and 31		25.01	32.00
33.00	Allowable disproportionate share percentage (see instructions)		9.85	33.00
34.00	Disproportionate share adjustment (see instructions)		3,206,285	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)		39,884,951	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part A Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS
		before 1/1	on/after 1/1	
		1.00	1.01	
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)	39,884,951		49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)	3,160,231		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).	1,093,431		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
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)	152,242		58.00
59.00	Total (sum of amounts on lines 49 through 58)	44,290,855		59.00
60.00	Primary payer payments	15,427		60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	44,275,428		61.00
62.00	Deductibles billed to program beneficiaries	3,144,040		62.00
63.00	Coinsurance billed to program beneficiaries	166,655		63.00
64.00	Allowable bad debts (see instructions)	579,528		64.00
65.00	Adjusted reimbursable bad debts (see instructions)	405,670		65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	491,914		66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	41,370,403		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
70.95	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)	41,370,403		71.00
72.00	Interim payments	41,359,569		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)	10,834		74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0		75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2 (see instructions)	0		90.00
91.00	Capital outlier from Worksheet L, Part I, line 2	0		91.00
92.00	Operating outlier reconciliation adjustment amount (see instructions)	0		92.00
93.00	Capital outlier reconciliation adjustment amount (see instructions)	0		93.00
94.00	The rate used to calculate the Time Value of Money	0.00		94.00
95.00	Time Value of Money for operating expenses(see instructions)	0		95.00
96.00	Time Value of Money for capital related expenses (see instructions)	0		96.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		10,825	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		19,490,091	2.00
3.00	PPS payments		17,081,689	3.00
4.00	Outlier payment (see instructions)		134,486	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.817	5.00
6.00	Line 2 times line 5		15,923,404	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		69,484	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		10,825	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		31,942	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)		31,942	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)		31,942	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		21,117	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)		10,825	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)		17,285,659	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)		4,114,713	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)		13,181,771	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		425,953	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)		13,607,724	30.00
31.00	Primary payer payments		675	31.00
32.00	Subtotal (line 30 minus line 31)		13,607,049	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)		833,752	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		583,626	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		776,720	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		14,190,675	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		14,190,675	40.00
41.00	Interim payments		14,101,337	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)		89,338	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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet E Part B Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS
				Overrides
				1.00
WORKSHEET OVERRIDE VALUES				
112.00	Override of Ancillary service charges (line 12)			0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
2/19/2013 8:52 am

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		41,109,774		14,003,540	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	05/18/2012	133,689	05/18/2012	63,765	3.01	
3.02		09/13/2012	116,106	09/13/2012	34,032	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)		249,795		97,797	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)		41,359,569		14,101,337	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		10,834		89,338	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		41,370,403		14,190,675	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: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet E-1
Part II
Date/Time Prepared:
2/19/2013 8:52 am

		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		6,644	1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12		19,422	2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2		880	3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12		31,015	4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200		501,148,815	5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20		8,112,169	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)		1,546,454	8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)		1,623,951	30.00
31.00	Other Adjustment (specify)		0	31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)		-77,497	32.00
			Overrides	
			1.00	
CONTRACTOR OVERRIDES				
108.00	Override of HIT payment			0 108.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/19/2013 8:52 am	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			24.99	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			-5.25	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			19.74	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			17.44	6.00
7.00	Enter the lesser of line 5 or line 6			17.44	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	7.16	10.26	17.42	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	7.16	10.26	17.42	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		2.58		10.00
11.00	Total weighted FTE count	7.16	12.84		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	5.94	17.95		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	6.98	17.02		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	6.69	15.94		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	6.69	15.94		17.00
18.00	Per resident amount	108,517.87	100,969.70		18.00
19.00	Approved amount for resident costs	725,985	1,609,457	2,335,442	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	Direct GME FTE unweighted resident count over cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			2,335,442	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	19,422	880		26.00
27.00	Total Inpatient Days (see instructions)	31,015	31,015		27.00
28.00	Ratio of inpatient days to total inpatient days	0.626213	0.028373		28.00
29.00	Program direct GME amount	1,462,484	66,263		29.00
30.00	Reduction for direct GME payments for Medicare managed care		9,363		30.00
31.00	Net Program direct GME amount			1,519,384	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet E-4 Date/Time Prepared: 2/19/2013 8:52 am
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0	32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)		0	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)		0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)		0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)		0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)		50,251,228	37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)		0	38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)		0	39.00
40.00	Primary payer payments (see instructions)		15,427	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)		50,235,801	41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)		19,570,400	42.00
43.00	Primary payer payments (see instructions)		675	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)		19,569,725	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)		69,805,526	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)		0.719654	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)		0.280346	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)		1,519,384	48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)		1,093,431	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)		425,953	50.00

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

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet G

Date/Time Prepared:
2/19/2013 8:52 am

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	1,400	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	38,511,771	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-7,095,306	0	0	0	6.00
7.00	Inventory	2,760,271	0	0	0	7.00
8.00	Prepaid expenses	37,153	0	0	0	8.00
9.00	Other current assets	230,400	0	0	0	9.00
10.00	Due from other funds	977,086	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,422,775	0	0	0	11.00
FIXED ASSETS						
12.00	Land	26,269,650	0	0	0	12.00
13.00	Land improvements	2,918,187	0	0	0	13.00
14.00	Accumulated depreciation	-1,075,126	0	0	0	14.00
15.00	Buildings	118,820,276	0	0	0	15.00
16.00	Accumulated depreciation	-26,754,173	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	38,005,145	0	0	0	23.00
24.00	Accumulated depreciation	-19,854,411	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)	138,329,548	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	69,487	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	69,487	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	173,821,810	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	288,729	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)	0	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	103,479,403	0	0	0	43.00
44.00	Other current liabilities	2,732,562	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	106,500,694	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	0	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	17,132,076	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	17,132,076	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	123,632,770	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	50,189,040				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)	50,189,040	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	173,821,810	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-1

Date/Time Prepared:
2/19/2013 8:52 am

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
1.00	Fund balances at beginning of period		50,189,040		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		-5,418,645			2.00
3.00	Total (sum of line 1 and line 2)		44,770,395		0	3.00
4.00	OTHER TRANSFER	5,418,645		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		5,418,645		0	10.00
11.00	Subtotal (line 3 plus line 10)		50,189,040		0	11.00
12.00		0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		50,189,040		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-1

Date/Time Prepared:
2/19/2013 8:52 am

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
1.00			0		0	1.00
2.00						2.00
3.00			0		0	3.00
4.00	0			0		4.00
5.00	0			0		5.00
6.00	0			0		6.00
7.00	0			0		7.00
8.00	0			0		8.00
9.00	0			0		9.00
10.00			0		0	10.00
11.00			0		0	11.00
12.00	0			0		12.00
13.00	0			0		13.00
14.00	0			0		14.00
15.00	0			0		15.00
16.00	0			0		16.00
17.00	0			0		17.00
18.00			0		0	18.00
19.00			0		0	19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
2/19/2013 8:52 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	54,323,675		54,323,675	1.00
2.00	SUBPROVIDER - IPF	0		0	2.00
3.00	SUBPROVIDER - IRF	0		0	3.00
4.00	SUBPROVIDER	0		0	4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY	0		0	7.00
8.00	NURSING FACILITY	0		0	8.00
8.01	ICF/MR	0		0	8.01
9.00	OTHER LONG TERM CARE	0		0	9.00
10.00	Total general inpatient care services (sum of lines 1-9)	54,323,675		54,323,675	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	7,326,908		7,326,908	11.00
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT	0		0	13.00
14.00	SURGICAL INTENSIVE CARE UNIT	0		0	14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	7,326,908		7,326,908	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	61,650,583		61,650,583	17.00
18.00	Ancillary services	109,942,951	173,286,028	283,228,979	18.00
19.00	Outpatient services	92,394,346	63,919,550	156,313,896	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
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	PHYSICIAN REVENUE	5,379,526	0	5,379,526	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	269,367,406	237,205,578	506,572,984	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		144,289,826		29.00
30.00	INDIRECT EXPENSE ALLOCATION	1,874,436			30.00
31.00	BAD DEBT EXPENSE	6,784,610			31.00
32.00	MALPRACTICE EXPENSE	3,384,580			32.00
33.00	ROUNDING	8			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		12,043,634		36.00
37.00	CC 52200	1,004			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)		1,004		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		156,332,456		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140051

Period:
From 10/01/2011
To 09/30/2012

Worksheet G-3

Date/Time Prepared:
2/19/2013 8:52 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	506,572,984	1.00
2.00	Less contractual allowances and discounts on patients' accounts	357,845,443	2.00
3.00	Net patient revenues (line 1 minus line 2)	148,727,541	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	156,332,456	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-7,604,915	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	770,513	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	-1,550	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	105,385	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	1,313,435	22.00
23.00	Governmental appropriations	0	23.00
24.00	MISCELLANEOUS	0	24.00
25.00	Total other income (sum of lines 6-24)	2,187,783	25.00
26.00	Total (line 5 plus line 25)	-5,417,132	26.00
27.00	MISCELLANEOUS	1,513	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	1,513	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-5,418,645	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140051	Period: From 10/01/2011 To 09/30/2012	Worksheet L Parts I-III Date/Time Prepared: 2/19/2013 8:52 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,632,351	1.00
2.00	Capital DRG outlier payments		178,304	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		84.74	3.00
4.00	Number of interns & residents (see instructions)		23.36	4.00
5.00	Indirect medical education percentage (see instructions)		8.09	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		212,957	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		9.62	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		15.39	8.00
9.00	Sum of lines 7 and 8		25.01	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.19	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		136,619	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		3,160,231	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