

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: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S Parts I-III Date/Time Prepared: 4/29/2013 1:18 pm
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report	Date: 4/29/2013 Time: 1:18 pm	
	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.		
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 VISTA MEDICAL CENTER - EAST (140084) for the cost reporting period beginning 12/01/2011 and ending 11/30/2012 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	-603,362	111,055	35,792	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	0	0	0	0	3.00
4.00 SUBPROVIDER I	0	0	0	0	0	4.00
5.00 Swing bed - SNF	0	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	-603,362	111,055	35,792	0	200.00

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

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S-2 Part I Date/Time Prepared: 4/25/2013 11:33 am
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1.00 Hospital and Hospital Health Care Complex Address:		2.00		3.00		4.00				
1.00	Street: 1324 NORTH SHERIDAN ROAD	PO Box:		Zip Code: 60085-		County: LAKE				1.00
2.00	City: WAUKEGAN	State: IL								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	VISTA MEDICAL CENTER - EAST	140084	29404	1	07/01/1966	N	P	P	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF									7.00
8.00	Swing Beds - NF									8.00
9.00	Hospital-Based SNF									9.00
10.00	Hospital-Based NF									10.00
11.00	Hospital-Based OLTC									11.00
12.00	Hospital-Based HHA									12.00
13.00	Separately Certified ASC									13.00
14.00	Hospital-Based Hospice									14.00
15.00	Hospital-Based Health Clinic - RHC									15.00
16.00	Hospital-Based Health Clinic - FQHC									16.00
17.00	Hospital-Based (CMHC) I									17.00
17.10	Hospital-Based (CORF) I									17.10
18.00	Renal Dialysis									18.00
19.00	Other									19.00

						From:	To:			
						1.00	2.00			
20.00	Cost Reporting Period (mm/dd/yyyy)					12/01/2011	11/30/2012	20.00		
21.00	Type of Control (see instructions)					4			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.						3	N	23.00	

	In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid	Medicaid HMO days	Other Medicaid days		
1.00	2.00	3.00	4.00	5.00	6.00			
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	5,578	3,405	17	24	2,330	194	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: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S-2 Part I Date/Time Prepared: 4/25/2013 11:33 am		
		Beginning: 1.00	Ending: 2.00			
36.00	Enter applicable beginning and ending dates of SCH status. Subscript line 36 for number of periods in excess of one and enter subsequent dates.					36.00
37.00	If this is a Medicare dependent hospital (MDH), enter the number of periods MDH status in effect in the cost reporting period.	0				37.00
38.00	Enter applicable beginning and ending dates of MDH status. Subscript line 38 for number of periods in excess of one and enter subsequent dates.					38.00
		Y/N 1.00	Y/N 2.00			
39.00	Does the facility potentially qualify for the inpatient hospital adjustment for low volume hospitals as deemed by CMS according to the Federal Register? Enter in column 1 "Y" for yes or "N" for no. Additionally, does the facility meet the mileage requirements in accordance with 42 CFR 412.101(b)(2)? Enter in column 2 "Y" for yes or "N" for no.					39.00
		V 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	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.	N				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.					57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)		0.00		0.00	61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)	0.00	0.00	0.000000		64.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
4/25/2013 11:33 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	
65.00	Enter in column 1, if line 63 is yes, or your facility trained residents in the base year period, the program name. Enter in column 2 the program code, enter in column 3 the number of unweighted primary care FTE residents attributable to rotations occurring in all non-provider settings. Enter in column 4 the number of unweighted primary care resident FTEs that trained in your hospital. Enter in column 5 the ratio of (column 3 divided by (column 3 + column 4)). (see instructions)		0.00	0.00	0.000000	65.00

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

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

	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
			1.00	2.00	3.00	
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S-2 Part I Date/Time Prepared: 4/25/2013 11:33 am		
		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost 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	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N	109.00
				1.00	2.00	3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N			116.00	
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N			117.00	
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	1			118.00	

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		Premiums	Losses	Insurance	
		1.00	2.00	3.00	
118.01	List amounts of malpractice premiums and paid losses:	274,744	2,182,202		0
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	Is this a SCH or EACH that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 1 "Y" for yes or "N" for no. Is this a rural hospital with < 100 beds that qualifies for the Outpatient Hold Harmless provision in ACA §3121 and applicable amendments? (see instructions) Enter in column 2 "Y" for yes or "N" for no.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y	449008	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: COMMUNITY HEALTH SYSTEMS	Contractor's Name: WPS		Contractor's Number: 52280	
142.00	Street: 4000 MERIDIAN BLVD	PO Box:			
143.00	City: FRANKLIN	State: TN		Zip Code: 37067	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00
		Part A	Part B	Title V	Title XIX
		1.00	2.00	3.00	4.00
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: 140084			Period: From 12/01/2011 To 11/30/2012		Worksheet S-2 Part I Date/Time Prepared: 4/25/2013 11:33 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)							1.00	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S-2 Part II Date/Time Prepared: 4/25/2013 11:33 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.	N			4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N			7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N			8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N			9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N			10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on Worksheet A? If yes, see instructions.	N			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			Y	15.00
		Part A		Part B	
		Description	Y/N	Date	Y/N
		0	1.00	2.00	3.00
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		N	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	02/21/2013	Y	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		N	18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		N	19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		N	20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S-2 Part II Date/Time Prepared: 4/25/2013 11:33 am	
	Description	Part A		Part B	
		Y/N	Date	Y/N	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		N	21.00
				1.00	
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.			N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			Y	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			Y	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			Y	12/31/2012 38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	BRENT		WILSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	COMMUNITY HEALTH SYSTEMS			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	615-465-7548		BRENT_WILSON@CHS.NET	43.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet S-2
Part II
Date/Time Prepared:
4/25/2013 11:33 am

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	02/21/2013	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	REVENUE MANAGER	41.00
42.00	Enter the employer/company name of the cost report preparer.		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.		43.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours	I/P Days / O/P	
	Line Number				Trips	Trips
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	169	61,854	0.00	0	1.00
2.00 HMO						2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF					0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF					0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)		169	61,854	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	23	8,418	0.00	0	8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		192	70,272	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF	40.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	41.00	0	0	0	0	17.00
18.00 SUBPROVIDER	42.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0	0	0	19.00
20.00 NURSING FACILITY	45.00	0	0	0	0	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	101.00				0	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	116.00	0	0			24.00
25.00 CMHC - CMHC	99.00				0	25.00
25.10 CMHC - CORF	99.10				0	25.10
26.00 RURAL HEALTH CLINIC	88.00				0	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				0	26.25
27.00 Total (sum of lines 14-26)		192				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	I/P Days / O/P Visits / Trips			Full Time Equivalents		
	Title XVIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
	6.00	7.00	8.00	9.00	10.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	18,915	6,553	36,486			1.00
2.00 HMO	529	2,094				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	18,915	6,553	36,486			7.00
8.00 INTENSIVE CARE UNIT	3,590	420	6,057			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		2,481	2,726			13.00
14.00 Total (see instructions)	22,505	9,454	45,269	0.00	804.59	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF	0	0	0	0.00	0.00	16.00
17.00 SUBPROVIDER - IRF	0	0	0	0.00	0.00	17.00
18.00 SUBPROVIDER	0	0	0	0.00	0.00	18.00
19.00 SKILLED NURSING FACILITY	0	0	0	0.00	0.00	19.00
20.00 NURSING FACILITY	0	0	0	0.00	0.00	20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0	0	0	0.00	0.00	22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0	0	0	0.00	0.00	24.00
25.00 CMHC - CMHC	0	0	0	0.00	0.00	25.00
25.10 CMHC - CORF	0	0	0	0.00	0.00	25.10
26.00 RURAL HEALTH CLINIC	0	0	0	0.00	0.00	26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.00	0.00	26.25
27.00 Total (sum of lines 14-26)				0.00	804.59	27.00
28.00 Observation Bed Days		0	1,060			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: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	Full Time Equivalents	Discharges			Total All Patients	
	Nonpaid Workers	Title V	Title XVIII	Title XIX		
	11.00	12.00	13.00	14.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	4,680	2,972	11,539	1.00
2.00 HMO			0			2.00
3.00 HMO IPF Subprovider						3.00
4.00 HMO IRF Subprovider						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	0.00	0	4,680	2,972	11,539	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	0	0	0	0	16.00
17.00 SUBPROVIDER - IRF	0.00	0	0	0	0	17.00
18.00 SUBPROVIDER	0.00	0	0	0	0	18.00
19.00 SKILLED NURSING FACILITY	0.00					19.00
20.00 NURSING FACILITY	0.00					20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE	0.00					24.00
25.00 CMHC - CMHC	0.00					25.00
25.10 CMHC - CORF	0.00					25.10
26.00 RURAL HEALTH CLINIC	0.00					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00					26.25
27.00 Total (sum of lines 14-26)	0.00					27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
4/25/2013 11:33 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	51,821,856	0	51,821,856	1,673,478.00	30.97
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		0	0	0	0.00	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00	0.00
5.00	Physician-Part B		0	0	0	0.00	0.00
6.00	Non-physician-Part B		0	0	0	0.00	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00	0.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00	0.00
8.00	Home office personnel		0	0	0	0.00	0.00
9.00	SNF	44.00	0	0	0	0.00	0.00
10.00	Excluded area salaries (see instructions)		359,036	522,099	881,135	24,934.00	35.34
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		13,585	0	13,585	255.00	53.27
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		196,868	0	196,868	1,515.00	129.95
14.00	Home office salaries & wage-related costs		3,525,961	0	3,525,961	58,564.00	60.21
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		10,260,797	0	10,260,797		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		177,484	0	177,484		
20.00	Non-physician anesthetist Part A		0	0	0		
21.00	Non-physician anesthetist Part B		0	0	0		
22.00	Physician Part A - Administrative		0	0	0		
22.01	Physician Part A - Teaching		0	0	0		
23.00	Physician Part B		0	0	0		
24.00	Wage-related costs (RHC/FOHC)		0	0	0		
25.00	Interns & residents (in an approved program)		0	0	0		
OVERHEAD COSTS - DIRECT SALARIES							
26.00	Employee Benefits	4.00	353,146	0	353,146	9,182.00	38.46
27.00	Administrative & General	5.00	6,503,483	-522,628	5,980,855	241,473.79	24.77
28.00	Administrative & General under contract (see inst.)		193,811	0	193,811	2,882.00	67.25
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	943,824	0	943,824	35,454.00	26.62
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)		0	0	0	0.00	0.00
34.00	Dietary	10.00	0	0	0	0.00	0.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00	0.00
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	2,458,356	0	2,458,356	53,636.00	45.83
39.00	Central Services and Supply	14.00	447,591	0	447,591	31,015.00	14.43
40.00	Pharmacy	15.00	1,559,563	0	1,559,563	42,942.00	36.32
41.00	Medical Records & Medical Records Library	16.00	920,850	0	920,850	41,944.00	21.95

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
4/25/2013 11:33 am

		Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Sal ari es (from Worksheet A-6)	Adj uste d Sal ari es (col . 2 ± col . 3)	Pai d Hou rs Rel ated to Sal ari es i n col . 4	Average Hou rly Wage (col . 4 ÷ col . 5)	
		1.00	2.00	3.00	4.00	5.00	6.00	
42.00	Soci al Servi ce	17.00	0	0	0	0.00	0.00	42.00
43.00	Other General Servi ce	18.00	0	0	0	0.00	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet S-3
Part III
Date/Time Prepared:
4/25/2013 11:33 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	52,015,667	0	52,015,667	1,676,360.00	31.03	1.00
2.00	Excluded area salaries (see instructions)	359,036	522,099	881,135	24,934.00	35.34	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,656,631	-522,099	51,134,532	1,651,426.00	30.96	3.00
4.00	Subtotal other wages & related costs (see inst.)	3,736,414	0	3,736,414	60,334.00	61.93	4.00
5.00	Subtotal wage-related costs (see inst.)	10,260,797	0	10,260,797	0.00	20.07	5.00
6.00	Total (sum of lines 3 thru 5)	65,653,842	-522,099	65,131,743	1,711,760.00	38.05	6.00
7.00	Total overhead cost (see instructions)	13,380,624	-522,628	12,857,996	458,528.79	28.04	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 4/25/2013 11:33 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions			1,339,269 1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution			0 2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)			0 3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)			0 4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)				
5.00	401K/TSA Plan Administration Fees			0 5.00
6.00	Legal/Accounting/Management Fees-Pension Plan			0 6.00
7.00	Employee Managed Care Program Administration Fees			0 7.00
HEALTH AND INSURANCE COST				
8.00	Health Insurance (Purchased or Self Funded)			3,931,028 8.00
9.00	Prescription Drug Plan			0 9.00
10.00	Dental, Hearing and Vision Plan			80,497 10.00
11.00	Life Insurance (If employee is owner or beneficiary)			59,341 11.00
12.00	Accident Insurance (If employee is owner or beneficiary)			18 12.00
13.00	Disability Insurance (If employee is owner or beneficiary)			234,642 13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)			0 14.00
15.00	'Workers' Compensation Insurance			499,640 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			3,030,292 17.00
18.00	Medicare Taxes - Employers Portion Only			708,697 18.00
19.00	Unemployment Insurance			527,436 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			27,421 23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)			10,438,281 24.00
Part B - Other than Core Related Cost				
25.00	OTHER WAGE RELATED COSTS (SPECIFY)			0 25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S-3 Part V Date/Time Prepared: 4/25/2013 11:33 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		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF		0	0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF		0	0 8.00
9.00	Hospital-Based NF		0	0 9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA		0	0 11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice		0	0 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		0	0 16.00
16.10	Hospital-Based-CMHC 10		0	0 16.10
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet S-10 Date/Time Prepared: 4/25/2013 11:33 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)		0.133445		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		25,356,699		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?		N		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		5,888,827		5.00
6.00	Medicaid charges		208,583,388		6.00
7.00	Medicaid cost (line 1 times line 6)		27,834,410		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	26,112,506	388,416	26,500,922	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	3,484,583	51,832	3,536,415	21.00
22.00	Partial payment by patients approved for charity care	44,098	1,550	45,648	22.00
23.00	Cost of charity care (line 21 minus line 22)	3,440,485	50,282	3,490,767	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)		22,235,651		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		1,421,326		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		20,814,325		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		2,777,568		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		6,268,335		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		6,268,335		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES					Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet A Date/Time Prepared: 4/25/2013 11:33 am
Cost Center Description			Salaries	Other	Total (col. 1 + col. 2)	Reclassified ons (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)
			1.00	2.00	3.00	4.00	5.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT		2,389,875	2,389,875	3,177,560	5,567,435
2.00	00200	CAP REL COSTS-MVBLE EQUIP		6,064,794	6,064,794	2,613,674	8,678,468
4.00	00400	EMPLOYEE BENEFITS	353,146	272,320	625,466	6,149,628	6,775,094
5.00	00500	ADMINISTRATIVE & GENERAL	6,503,483	70,826,295	77,329,778	-11,233,100	66,096,678
7.00	00700	OPERATION OF PLANT	943,824	3,414,402	4,358,226	-6,631	4,351,595
8.00	00800	LAUNDRY & LINEN SERVICE	0	893,346	893,346	0	893,346
9.00	00900	HOUSEKEEPING	0	2,378,026	2,378,026	0	2,378,026
10.00	01000	DIETARY	0	2,657,903	2,657,903	-43,327	2,614,576
11.00	01100	CAFETERIA	0	0	0	43,327	43,327
13.00	01300	NURSING ADMINISTRATION	2,458,356	461,114	2,919,470	-340	2,919,130
14.00	01400	CENTRAL SERVICES & SUPPLY	447,591	9,094,436	9,542,027	-8,377,525	1,164,502
15.00	01500	PHARMACY	1,559,563	5,679,488	7,239,051	-5,355,857	1,883,194
16.00	01600	MEDICAL RECORDS & LIBRARY	920,850	1,445,298	2,366,148	-4,570	2,361,578
17.00	01700	SOCIAL SERVICE	0	0	0	0	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	2,777	2,777	-2,777	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	10,265,202	2,315,229	12,580,431	277,474	12,857,905
31.00	03100	INTENSIVE CARE UNIT	3,715,239	650,501	4,365,740	-3,907	4,361,833
40.00	04000	SUBPROVIDER - IPF	529	41	570	-570	0
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0
42.00	04200	SUBPROVIDER	0	0	0	0	0
43.00	04300	NURSERY	901,327	153,937	1,055,264	160,399	1,215,663
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,601,182	3,978,594	6,579,776	-272,951	6,306,825
51.00	05100	RECOVERY ROOM	1,625,875	160,430	1,786,305	-4,929	1,781,376
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,584,694	456,785	2,041,479	-452,394	1,589,085
53.00	05300	ANESTHESIOLOGY	53,128	1,140,210	1,193,338	0	1,193,338
54.00	05400	RADIOLOGY-DIAGNOSTIC	3,673,170	3,644,479	7,317,649	1,286,629	8,604,278
54.01	05401	ULTRASOUND	327,124	77,095	404,219	-404,219	0
54.02	05402	CT SCAN	0	0	0	0	0
54.03	05403	MRI	0	0	0	0	0
56.00	05600	RADIOISOTOPE	290,498	430,253	720,751	-720,751	0
57.00	05700	CT SCAN	505,671	405,345	911,016	-911,016	0
58.00	05800	MRI	177,395	158,231	335,626	-335,626	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	2,951,671	3,820,094	6,771,765	-145,013	6,626,752
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	879,999	386,819	1,266,818	-109,401	1,157,417
65.01	06501	GASTROINTESTINAL SVCS	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	1,907,863	502,132	2,409,995	186,227	2,596,222
67.00	06700	OCCUPATIONAL THERAPY	238,379	21,393	259,772	-259,772	0
68.00	06800	SPEECH PATHOLOGY	137,484	13,077	150,561	-150,561	0
69.00	06900	ELECTROCARDIOLOGY	1,550,579	1,043,274	2,593,853	-109,122	2,484,731
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	2,433,890	2,433,890
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	5,578,455	5,578,455
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	5,173,630	5,173,630
74.00	07400	RENAL DIALYSIS	0	516,480	516,480	0	516,480
76.00	03020	CARDIAC REHAB	0	0	0	0	0
76.01	03022	SLEEP LAB	0	0	0	0	0
76.02	03021	GUI DANCE	170,119	29,468	199,587	0	199,587
76.03	03023	WOUND CARE	297,261	386,787	684,048	-684,048	0
76.04	03024	ACUPUNCTURE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	4,422,147	2,264,228	6,686,375	674,454	7,360,829
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	351,312	262,871	614,183	-1,997	612,186
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A
Date/Time Prepared:
4/25/2013 11:33 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	
116.00	11600 HOSPICE	910	69	979	-979	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	51,815,571	128,397,896	180,213,467	-1,836,036	178,377,431	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	0	42,352	42,352	9,062	51,414	192.00
192.01	19201 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950 CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951 SENIOR CIRCLE	6,285	34,733	41,018	0	41,018	194.01
194.02	07952 MARKETING	0	0	0	1,725,158	1,725,158	194.02
194.03	07953 VISTA MEDICAL CENTER WEST	0	0	0	101,816	101,816	194.03
194.04	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00	TOTAL (SUM OF LINES 118-199)	51,821,856	128,474,981	180,296,837	0	180,296,837	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet A Date/Time Prepared: 4/25/2013 11:33 am
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Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation		
		6.00	7.00		
GENERAL SERVICE COST CENTERS					
1.00	00100	CAP REL COSTS-BLDG & FIXT	1,335,602	6,903,037	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	-868,493	7,809,975	2.00
4.00	00400	EMPLOYEE BENEFITS	-11,987	6,763,107	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-47,369,567	18,727,111	5.00
7.00	00700	OPERATION OF PLANT	-219,465	4,132,130	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-1,912	891,434	8.00
9.00	00900	HOUSEKEEPING	-730,819	1,647,207	9.00
10.00	01000	DIETARY	-6,148	2,608,428	10.00
11.00	01100	CAFETERIA	0	43,327	11.00
13.00	01300	NURSING ADMINISTRATION	-441,609	2,477,521	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,164,502	14.00
15.00	01500	PHARMACY	0	1,883,194	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-16,509	2,345,069	16.00
17.00	01700	SOCIAL SERVICE	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-630,716	12,227,189	30.00
31.00	03100	INTENSIVE CARE UNIT	0	4,361,833	31.00
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	1,215,663	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-899,781	5,407,044	50.00
51.00	05100	RECOVERY ROOM	-3,984	1,777,392	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	-4,583	1,584,502	52.00
53.00	05300	ANESTHESIOLOGY	-900,271	293,067	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-39,654	8,564,624	54.00
54.01	05401	ULTRASOUND	0	0	54.01
54.02	05402	CT SCAN	0	0	54.02
54.03	05403	MRI	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	56.00
57.00	05700	CT SCAN	0	0	57.00
58.00	05800	MRI	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-59,560	6,567,192	60.00
60.01	06001	BLOOD LABORATORY	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	1,157,417	65.00
65.01	06501	GASTROINTESTINAL SVCS	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	2,596,222	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	-194,203	2,290,528	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	-22	2,433,868	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	5,578,455	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-7,387	5,166,243	73.00
74.00	07400	RENAL DIALYSIS	0	516,480	74.00
76.00	03020	CARDIAC REHAB	0	0	76.00
76.01	03022	SLEEP LAB	0	0	76.01
76.02	03021	GUIDANCE	0	199,587	76.02
76.03	03023	WOUND CARE	0	0	76.03
76.04	03024	ACUPUNCTURE	0	0	76.04
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	-1,035,567	6,325,262	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	612,186	95.00
99.00	09900	CMHC	0	0	99.00
99.10	09910	CORF	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	101.00
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
116.00	11600	HOSPICE	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	-52,106,635	126,270,796	118.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		Adjustments (See A-8) 6.00	Net Expenses For Allocation 7.00		
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	51,414	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	41,018	194.01
194.02	07952	MARKETING	0	1,725,158	194.02
194.03	07953	VI STA MEDICAL CENTER WEST	0	101,816	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	194.06
200.00		TOTAL (SUM OF LINES 118-199)	-52,106,635	128,190,202	200.00

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-6

Date/Time Prepared:
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		Increases				
Cost Center		Line #	Salary	Other		
2.00	3.00	4.00	5.00			
A - RECLASS EMPLOYEE BENEFITS						
1.00	EMPLOYEE BENEFITS	4.00	0	6,153,256	1.00	
	TOTALS		0	6,153,256		
B - RECLASS OXYGEN COSTS						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	71,616	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
	TOTALS		0	71,616		
C - RECLASS LEASE AND RENTAL EXP						
1.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	2,598,412	1.00	
2.00		0.00	0	0	2.00	
3.00		0.00	0	0	3.00	
4.00		0.00	0	0	4.00	
5.00		0.00	0	0	5.00	
6.00		0.00	0	0	6.00	
7.00		0.00	0	0	7.00	
8.00		0.00	0	0	8.00	
9.00		0.00	0	0	9.00	
10.00		0.00	0	0	10.00	
11.00		0.00	0	0	11.00	
12.00		0.00	0	0	12.00	
13.00		0.00	0	0	13.00	
14.00		0.00	0	0	14.00	
15.00		0.00	0	0	15.00	
16.00		0.00	0	0	16.00	
17.00		0.00	0	0	17.00	
18.00		0.00	0	0	18.00	
19.00		0.00	0	0	19.00	
20.00		0.00	0	0	20.00	
21.00		0.00	0	0	21.00	
22.00		0.00	0	0	22.00	
	TOTALS		0	2,598,412		
D - RECLASS OTHER CAPITAL COSTS						
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	3,055,537	1.00	
2.00	CAP REL COSTS-BLDG & FIXT	1.00	0	122,715	2.00	
3.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	15,262	3.00	
	TOTALS		0	3,193,514		
E - RECLASS MARKETING DEPT						
1.00	MARKETING	194.02	397,306	1,327,852	1.00	
	TOTALS		397,306	1,327,852		
F - RECLASS COST OF DRUGS						
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	5,173,630	1.00	
	TOTALS		0	5,173,630		
G - RECLASS LABOR & DELIVERY COSTS						
1.00	ADULTS & PEDIATRICS	30.00	262,307	27,452	1.00	
2.00	NURSERY	43.00	61,731	98,668	2.00	
	TOTALS		324,038	126,120		
H - RECLASS PT, OT AND SP COSTS						
1.00	PHYSICAL THERAPY	66.00	375,863	34,470	1.00	
2.00		0.00	0	0	2.00	
	TOTALS		375,863	34,470		
I - RECLASS MISC DEPTS						
1.00	ADULTS & PEDIATRICS	30.00	529	41	1.00	
2.00	EMERGENCY	91.00	297,261	385,283	2.00	
3.00	PHYSICIANS' PRIVATE OFFICES	192.00	910	69	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	2,777	4.00	
	TOTALS		298,700	388,170		
J - RECLASS OTHER RADIOLOGY COSTS						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	1,300,688	1,070,924	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	
	TOTALS		1,300,688	1,070,924		
K - RECLASS PORTION OF DIETARY COSTS						
1.00	CAFETERIA	11.00	0	43,327	1.00	
	TOTALS		0	43,327		
L - ALLOCATION TO VISTA WEST						
1.00	PHYSICIANS' PRIVATE OFFICES	192.00	23,506	0	1.00	
2.00	VISTA MEDICAL CENTER WEST	194.03	101,816	0	2.00	
	TOTALS		125,322	0		

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-6

Date/Time Prepared:
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		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
	M - RECLASS MEDICAL SUPPLIES				
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	2,362,274	1.00
2.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	5,578,455	2.00
3.00	OPERATING ROOM	50.00	0	462,757	3.00
4.00		0.00	0	0	4.00
	TOTALS		0	8,403,486	
500.00	Grand Total: Increases		2,821,917	28,584,777	500.00

RECLASSIFICATIONS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-6
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		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - RECLASS EMPLOYEE BENEFITS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	6,153,256	0		1.00
	TOTALS		0	6,153,256			
B - RECLASS OXYGEN COSTS							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	398	0		1.00
2.00	OPERATING ROOM	50.00	0	18,226	0		2.00
3.00	RESPIRATORY THERAPY	65.00	0	52,992	0		3.00
	TOTALS		0	71,616			
C - RECLASS LEASE AND RENTAL EXP							
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	692	10		1.00
2.00	EMPLOYEE BENEFITS	4.00	0	3,628	0		2.00
3.00	ADMINISTRATIVE & GENERAL	5.00	0	35,850	0		3.00
4.00	OPERATION OF PLANT	7.00	0	6,631	0		4.00
5.00	NURSING ADMINISTRATION	13.00	0	3,117	0		5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	55,453	0		6.00
7.00	PHARMACY	15.00	0	182,227	0		7.00
8.00	MEDICAL RECORDS & LIBRARY	16.00	0	4,570	0		8.00
9.00	ADULTS & PEDIATRICS	30.00	0	12,855	0		9.00
10.00	INTENSIVE CARE UNIT	31.00	0	3,907	0		10.00
11.00	OPERATING ROOM	50.00	0	717,482	0		11.00
12.00	RECOVERY ROOM	51.00	0	4,929	0		12.00
13.00	DELIVERY ROOM & LABOR ROOM	52.00	0	2,236	0		13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,083,321	0		14.00
15.00	LABORATORY	60.00	0	145,013	0		15.00
16.00	RESPIRATORY THERAPY	65.00	0	56,409	0		16.00
17.00	PHYSICAL THERAPY	66.00	0	224,106	0		17.00
18.00	ELECTROCARDIOLOGY	69.00	0	30,030	0		18.00
19.00	WOUND CARE	76.03	0	1,504	0		19.00
20.00	EMERGENCY	91.00	0	7,032	0		20.00
21.00	AMBULANCE SERVICES	95.00	0	1,997	0		21.00
22.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	15,423	0		22.00
	TOTALS		0	2,598,412			
D - RECLASS OTHER CAPITAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	137,977	13		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,055,537	12		2.00
3.00		0.00	0	0	12		3.00
	TOTALS		0	3,193,514			
E - RECLASS MARKETING DEPT							
1.00	ADMINISTRATIVE & GENERAL	5.00	397,306	1,327,852	0		1.00
	TOTALS		397,306	1,327,852			
F - RECLASS COST OF DRUGS							
1.00	PHARMACY	15.00	0	5,173,630	0		1.00
	TOTALS		0	5,173,630			
G - RECLASS LABOR & DELIVERY COSTS							
1.00	DELIVERY ROOM & LABOR ROOM	52.00	324,038	126,120	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		324,038	126,120			
H - RECLASS PT, OT AND SP COSTS							
1.00	OCCUPATIONAL THERAPY	67.00	238,379	21,393	0		1.00
2.00	SPEECH PATHOLOGY	68.00	137,484	13,077	0		2.00
	TOTALS		375,863	34,470			
I - RECLASS MISC DEPTS							
1.00	SUBPROVIDER - IPF	40.00	529	41	0		1.00
2.00	WOUND CARE	76.03	297,261	385,283	0		2.00
3.00	HOSPICE	116.00	910	69	0		3.00
4.00	I&R SERVICES-SALARY & FRINGES APPRV	21.00	0	2,777	0		4.00
	TOTALS		298,700	388,170			
J - RECLASS OTHER RADIOLOGY COSTS							
1.00	ULTRASOUND	54.01	327,124	77,095	0		1.00
2.00	RADIOISOTOPE	56.00	290,498	430,253	0		2.00
3.00	CT SCAN	57.00	505,671	405,345	0		3.00
4.00	MRI	58.00	177,395	158,231	0		4.00
	TOTALS		1,300,688	1,070,924			
K - RECLASS PORTION OF DIETARY COSTS							
1.00	DIETARY	10.00	0	43,327	0		1.00
	TOTALS		0	43,327			
L - ALLOCATION TO VISTA WEST							
1.00	ADMINISTRATIVE & GENERAL	5.00	125,322	0	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		125,322	0			

RECLASSIFICATIONS

Provider CCN: 140084

Period:
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To 11/30/2012

Worksheet A-6

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Decreases								
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.			
	6.00	7.00	8.00	9.00	10.00			
	M - RECLASS MEDICAL SUPPLIES							
1.00	CENTRAL SERVICES & SUPPLY	14.00	0	8,321,674	0		1.00	
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,662	0		2.00	
3.00	ELECTROCARDIOLOGY	69.00	0	79,092	0		3.00	
4.00	EMERGENCY	91.00	0	1,058	0		4.00	
	TOTALS		0	8,403,486				
500.00	Grand Total: Decreases		2,821,917	28,584,777			500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Beginning Balances	Acquisitions			Disposals and Retirements	
			Purchases	Donation	Total		
			1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	0	67,659	0	67,659	0	1.00
2.00	Land Improvements	3,842,887	608,317	0	608,317	0	2.00
3.00	Buildings and Fixtures	85,496,528	4,055,835	0	4,055,835	0	3.00
4.00	Building Improvements	6,610,808	8,112,540	0	8,112,540	143	4.00
5.00	Fixed Equipment	4,710,033	1,804,989	0	1,804,989	22,670	5.00
6.00	Movable Equipment	77,999,227	6,071,043	0	6,071,043	211,023	6.00
7.00	HIT designated Assets	0	4,023,116	0	4,023,116	322,196	7.00
8.00	Subtotal (sum of lines 1-7)	178,659,483	24,743,499	0	24,743,499	556,032	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	178,659,483	24,743,499	0	24,743,499	556,032	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	CAP REL COSTS-BLDG & FIXT	2,389,875	0	0	0	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	5,392,703	672,091	0	0	0	2.00
3.00	Total (sum of lines 1-2)	7,782,578	672,091	0	0	0	3.00
COMPUTATION OF RATIOS					ALLOCATION OF OTHER CAPITAL		
Cost Center Description		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
From 12/01/2011
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Worksheet A-7
Parts I-III
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	67,659	0		1.00		
2.00	Land Improvements	4,451,204	0		2.00		
3.00	Buildings and Fixtures	89,552,363	0		3.00		
4.00	Building Improvements	14,723,205	0		4.00		
5.00	Fixed Equipment	6,492,352	0		5.00		
6.00	Movable Equipment	83,859,247	0		6.00		
7.00	HIT designated Assets	3,700,920	0		7.00		
8.00	Subtotal (sum of lines 1-7)	202,846,950	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	202,846,950	0		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	CAP REL COSTS-BLDG & FIXT	0	2,389,875		1.00		
2.00	CAP REL COSTS-MVBLE EQUIP	0	6,064,794		2.00		
3.00	Total (sum of lines 1-2)	0	8,454,669		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	CAP REL COSTS-BLDG & FIXT	0	0	0	2,831,078	-692	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	4,628,772	3,165,941	2.00
3.00	Total (sum of lines 1-2)	0	0	0	7,459,850	3,165,249	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140084

Period:
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Worksheet A-7
Parts I-III
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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	CAP REL COSTS-BLDG & FIXT	894,399	122,715	3,055,537	0	6,903,037	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	15,262	0	0	7,809,975	2.00
3.00	Total (sum of lines 1-2)	894,399	137,977	3,055,537	0	14,713,012	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-8

Date/Time Prepared:
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
			Cost Center		Line #	
			1.00	2.00	3.00	4.00
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			OCAP REL COSTS-BLDG & FIXT		1.00	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			OCAP 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)	B	-160,975	ADMINISTRATIVE & GENERAL		5.00	7.00
8.00 Television and radio service (chapter 21)		0			0.00	8.00
9.00 Parking lot (chapter 21)		0			0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-4,492,906				10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	B	-10,042	RADIOLOGY-DIAGNOSTIC		54.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-11,730,366				12.00
13.00 Laundry and linen service		0			0.00	13.00
14.00 Cafeteria-employees and guests	B	-6,148	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	B	-22	MEDICAL SUPPLIES CHARGED TO PATIENT		71.00	16.00
17.00 Sale of drugs to other than patients	B	-7,387	DRUGS CHARGED TO PATIENTS		73.00	17.00
18.00 Sale of medical records and abstracts	B	-16,509	MEDICAL RECORDS & LIBRARY		16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)	B	-406,058	NURSING ADMINISTRATION		13.00	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		ORESPIRATORY THERAPY		65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		OPHYSICAL THERAPY		66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***		114.00	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	A	854,407	CAP REL COSTS-BLDG & FIXT		1.00	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	A	-1,135,200	CAP REL COSTS-MVBLE EQUIP		2.00	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***		19.00	28.00
29.00 Physicians' assistant		0			0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		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			0.00	32.00
33.00 INSERVICE EDUCATION REVENUE	B	-13,476	NURSING ADMINISTRATION		13.00	33.00
34.00 FITNESS REVENUE	B	-79,263	ADMINISTRATIVE & GENERAL		5.00	34.00
35.00 CARELINE REVENUE	B	-52,363	ADMINISTRATIVE & GENERAL		5.00	35.00
36.00 RENTAL INCOME	B	-560,346	CAP REL COSTS-BLDG & FIXT		1.00	36.00
37.00 OTHER MISC REVENUE	B	-24,052	ADMINISTRATIVE & GENERAL		5.00	37.00
38.00 ORG COST AMORTIZATION	A	-103,833	ADMINISTRATIVE & GENERAL		5.00	38.00
39.00 BAD DEBTS	A	-28,290,487	ADMINISTRATIVE & GENERAL		5.00	39.00
40.00 NON-ALLOWABLE PHONE / TV	A	-59,511	ADMINISTRATIVE & GENERAL		5.00	40.00
40.01 NON-ALLOWABLE PHONE / TV	A	-97,001	ADMINISTRATIVE & GENERAL		5.00	40.01
40.02 NON-ALLOWABLE PHONE / TV	A	-12,273	ADMINISTRATIVE & GENERAL		5.00	40.02
40.03 NON-ALLOWABLE PHONE / TV	A	-20,418	CAP REL COSTS-MVBLE EQUIP		2.00	40.03
40.04 NON-ALLOWABLE PHONE / TV BENEFITS	A	-11,987	EMPLOYEE BENEFITS		4.00	40.04
40.05 NON-ALLOWABLE PHONE / TV DEPREC	A	-2,885	CAP REL COSTS-MVBLE EQUIP		2.00	40.05
41.00 PHYSICIAN RECRUITING	A	-170,078	ADMINISTRATIVE & GENERAL		5.00	41.00
42.00 STATE OPERATING TAX	A	-4,863,324	ADMINISTRATIVE & GENERAL		5.00	42.00
43.00 CLUB DUES AND LOBBYING	A	-56,409	ADMINISTRATIVE & GENERAL		5.00	43.00
44.00 LEGAL FEES	A	-66,071	ADMINISTRATIVE & GENERAL		5.00	44.00
44.01 LATE FEES	A	-1,263	ADMINISTRATIVE & GENERAL		5.00	44.01
45.01 ALLOCATED SECURITY / PLANT OPS	A	-219,465	OPERATION OF PLANT		7.00	45.01
45.02 ALLOCATED HOUSEKEEPING	A	-730,819	HOUSEKEEPING		9.00	45.02
45.03 ALLOCATED LAUNDRY & LINEN	A	-1,912	LAUNDRY & LINEN SERVICE		8.00	45.03
45.04 ALLOCATED RECOVERY ROOM	A	-3,984	RECOVERY ROOM		51.00	45.04

Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet A-8 Date/Time Prepared: 4/25/2013 11:33 am
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center	Line #	
			1.00	2.00	
45.05 ALLOCATED ANESTHESIA	A	-271	ANESTHESIOLOGY	53.00	45.05
45.06 ALLOCATED EKG	A	-13,216	ELECTROCARDIOLOGY	69.00	45.06
45.07 ALLOCATED BUSINESS OFFICE FROM WEST	A	459,278	ADMINISTRATIVE & GENERAL	5.00	45.07
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-52,106,635			50.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-8

Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00	Investment income - 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 - CAP REL COSTS-BLDG & FIXT	9	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	9	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	INSERVICE EDUCATION REVENUE	0	33.00
34.00	FITNESS REVENUE	0	34.00
35.00	CARELINE REVENUE	0	35.00
36.00	RENTAL INCOME	9	36.00
37.00	OTHER MISC REVENUE	0	37.00
38.00	ORG COST AMORTIZATION	0	38.00
39.00	BAD DEBTS	0	39.00
40.00	NON-ALLOWABLE PHONE / TV	0	40.00
40.01	NON-ALLOWABLE PHONE / TV	0	40.01
40.02	NON-ALLOWABLE PHONE / TV	0	40.02
40.03	NON-ALLOWABLE PHONE / TV	9	40.03
40.04	NON-ALLOWABLE PHONE / TV BENEFITS	0	40.04
40.05	NON-ALLOWABLE PHONE / TV DEPREC	9	40.05
41.00	PHYSICIAN RECRUITING	0	41.00
42.00	STATE OPERATING TAX	0	42.00
43.00	CLUB DUES AND LOBBYING	0	43.00
44.00	LEGAL FEES	0	44.00
44.01	LATE FEES	0	44.01
45.01	ALLOCATED SECURITY / PLANT OPS	0	45.01
45.02	ALLOCATED HOUSEKEEPING	0	45.02
45.03	ALLOCATED LAUNDRY & LINEN	0	45.03
45.04	ALLOCATED RECOVERY ROOM	0	45.04
45.05	ALLOCATED ANESTHESIA	0	45.05
45.06	ALLOCATED EKG	0	45.06
45.07	ALLOCATED BUSINESS OFFICE FROM WEST	0	45.07
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-8-1

Date/Time Prepared:
4/25/2013 11:33 am

	Line No.	Cost Center	Expense Items	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00		1.00CAP REL COSTS-BLDG & FIXT	DI RECT CAPITAL RELATED INTEREST	1.00
2.00		5.00ADMINISTRATIVE & GENERAL	PASI OPERATING COSTS	2.00
3.00		1.00CAP REL COSTS-BLDG & FIXT	PASI CAPITAL COSTS	3.00
4.00		1.00CAP REL COSTS-BLDG & FIXT	NEW CAPITAL BUILDING & FIXTURES	4.00
4.01		2.00CAP REL COSTS-MVBLE EQUIP	NEW CAPITAL MOVABLE EQUIPMENT	4.01
4.02		5.00ADMINISTRATIVE & GENERAL	NON-CAPITAL HOME OFFICE COSTS	4.02
4.03		5.00ADMINISTRATIVE & GENERAL	MALPRACTICE COSTS	4.03
4.04		2.00CAP REL COSTS-MVBLE EQUIP	CIG LEASED EQUIPMENT	4.04
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.			5.00

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

	Symbol (1)	Name	Percentage of Ownership	
B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:				

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

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

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

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

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

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

Provider CCN: 140084

Period: From 12/01/2011 To 11/30/2012

Worksheet A-8-1

Date/Time Prepared: 4/25/2013 11:33 am

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
						4.00
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:						
1.00	894,399	0	894,399	11	1.00	
2.00	737,281	0	737,281	0	2.00	
3.00	83,911	0	83,911	9	3.00	
4.00	63,231	0	63,231	9	4.00	
4.01	394,572	0	394,572	9	4.01	
4.02	3,058,760	14,458,948	-11,400,188	0	4.02	
4.03	2,456,946	4,855,956	-2,399,010	0	4.03	
4.04	567,529	672,091	-104,562	10	4.04	
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.	8,256,629	19,986,995	-11,730,366		5.00

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

Related Organization(s) and/or Home Office			
Name	Percentage of Ownership	Type of Business	
4.00	5.00	6.00	

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

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

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

6.00	COMMUNITY HEALTH SYSTEMS	100.00	HOME OFFICE	6.00
7.00	PASI	100.00	COLLECTION AGENCY	7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-8-2

Date/Time Prepared:
4/25/2013 11:33 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.00	AGGREGATE-ADMINISTRATIVE & GENERAL	730,025	730,025	1.00
2.00	13.00	AGGREGATE-NURSING ADMINISTRATION	47,312	0	2.00
3.00	30.00	AGGREGATE-ADULTS & PEDIATRICS	630,716	630,716	3.00
4.00	50.00	AGGREGATE-OPERATING ROOM	899,781	899,781	4.00
5.00	52.00	AGGREGATE-DELIVERY ROOM & LABOR ROOM	4,583	4,583	5.00
6.00	53.00	AGGREGATE-ANESTHESIOLOGY	900,000	900,000	6.00
7.00	54.00	AGGREGATE-RADIOLOGY-DIAGNOSTIC	29,612	29,612	7.00
8.00	60.00	AGGREGATE-LABORATORY	59,560	59,560	8.00
9.00	69.00	AGGREGATE-ELECTROCARDIOLOGY	180,987	180,987	9.00
10.00	91.00	AGGREGATE-EMERGENCY	1,035,567	1,035,567	10.00
200.00			4,518,143	4,470,831	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-8-2

Date/Time Prepared:
4/25/2013 11:33 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	0	0	0	0	0	1.00
2.00	47,312	136,700	384	25,237	1,262	2.00
3.00	0	0	0	0	0	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	47,312		384	25,237	1,262	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-8-2

Date/Time Prepared:
4/25/2013 11:33 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	0	1.00
2.00	0	0	0	0	25,237	2.00
3.00	0	0	0	0	0	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	25,237	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet A-8-2
Date/Time Prepared:
4/25/2013 11:33 am

	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	730,025	1.00
2.00	22,075	22,075	2.00
3.00	0	630,716	3.00
4.00	0	899,781	4.00
5.00	0	4,583	5.00
6.00	0	900,000	6.00
7.00	0	29,612	7.00
8.00	0	59,560	8.00
9.00	0	180,987	9.00
10.00	0	1,035,567	10.00
200.00	22,075	4,492,906	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
Part I
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	6,903,037	6,903,037			1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	7,809,975		7,809,975		2.00
4.00 00400	EMPLOYEE BENEFITS	6,763,107	99,779	112,888	6,975,774	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	18,727,111	828,177	936,985	810,609	5.00
7.00 00700	OPERATION OF PLANT	4,132,130	2,005,926	2,269,467	127,920	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	891,434	117,976	133,476	0	8.00
9.00 00900	HOUSEKEEPING	1,647,207	63,544	71,893	0	9.00
10.00 01000	DIETARY	2,608,428	133,362	150,884	0	10.00
11.00 01100	CAFETERIA	43,327	65,849	74,500	0	11.00
13.00 01300	NURSING ADMINISTRATION	2,477,521	17,065	19,307	333,191	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	1,164,502	153,904	174,125	60,664	14.00
15.00 01500	PHARMACY	1,883,194	44,774	50,656	211,374	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,345,069	71,124	80,468	124,806	16.00
17.00 01700	SOCIAL SERVICE	0	5,835	6,601	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	12,227,189	1,025,110	1,159,791	1,426,920	30.00
31.00 03100	INTENSIVE CARE UNIT	4,361,833	163,882	185,414	503,541	31.00
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	1,215,663	33,504	37,906	130,527	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
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,407,044	412,263	466,428	352,549	50.00
51.00 05100	RECOVERY ROOM	1,777,392	43,988	49,767	220,361	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,584,502	113,820	128,774	170,862	52.00
53.00 05300	ANESTHESIOLOGY	293,067	14,214	16,082	7,201	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	8,564,624	627,807	710,290	674,127	54.00
54.01 05401	ULTRASOUND	0	0	0	0	54.01
54.02 05402	CT SCAN	0	0	0	0	54.02
54.03 05403	MRI	0	0	0	0	54.03
56.00 05600	RADIOLOGY	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	6,567,192	151,546	171,457	400,052	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	1,157,417	57,856	65,457	119,270	65.00
65.01 06501	GASTRO INTESTINAL SVCS	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	2,596,222	292,103	330,480	309,523	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	2,290,528	89,481	101,237	210,156	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	2,433,868	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	5,578,455	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	5,166,243	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	516,480	0	0	0	74.00
76.00 03020	CARDIAC REHAB	0	0	0	0	76.00
76.01 03022	SLEEP LAB	0	0	0	0	76.01
76.02 03021	GUI DANCE	199,587	0	0	23,057	76.02
76.03 03023	WOUND CARE	0	0	0	0	76.03
76.04 03024	ACUPUNCTURE	0	0	0	0	76.04
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	6,325,262	243,279	275,242	639,640	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	612,186	16,505	18,674	47,615	95.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
Part I
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00				2.00	4.00
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	126,270,796	6,892,673	7,798,249	6,903,965	126,176,897	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	51,414	0	0	3,309	54,723	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	41,018	2,704	3,060	852	47,634	194.01
194.02	07952	MARKETING	1,725,158	7,660	8,666	53,848	1,795,332	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	101,816	0	0	13,800	115,616	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
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)	128,190,202	6,903,037	7,809,975	6,975,774	128,190,202	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet B Part I Date/Time Prepared: 4/25/2013 11:33 am		
Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY
			5.00	7.00	8.00	9.00	10.00
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	21,302,882				5.00
7.00	00700	OPERATION OF PLANT	1,701,131	10,236,574			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	227,779	304,264	1,674,929		8.00
9.00	00900	HOUSEKEEPING	355,285	163,882	0	2,301,811	9.00
10.00	01000	DIETARY	576,516	343,946	0	99,519	3,912,655
11.00	01100	CAFETERIA	36,607	169,826	0	49,138	63,710
13.00	01300	NURSING ADMINISTRATION	567,430	44,011	0	12,734	0
14.00	01400	CENTRAL SERVICES & SUPPLY	309,555	396,924	46,104	114,847	0
15.00	01500	PHARMACY	436,471	115,473	0	33,411	0
16.00	01600	MEDICAL RECORDS & LIBRARY	522,464	183,431	0	53,075	0
17.00	01700	SOCIAL SERVICE	2,479	15,048	0	4,354	0
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	3,156,769	2,643,790	682,437	764,965	3,156,371
31.00	03100	INTENSIVE CARE UNIT	1,039,294	422,657	141,541	122,293	349,341
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	282,531	86,407	17,559	25,001	0
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0
45.00	04500	NURSING FACILITY	0	0	0	0	0
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,323,023	1,063,240	152,933	268,087	0
51.00	05100	RECOVERY ROOM	416,842	113,446	66,841	32,825	0
52.00	05200	DELIVERY ROOM & LABOR ROOM	398,197	293,544	149,928	84,935	0
53.00	05300	ANESTHESIOLOGY	65,882	36,659	0	8,957	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,107,987	1,619,133	125,098	192,079	0
54.01	05401	ULTRASOUND	0	0	0	0	0
54.02	05402	CT SCAN	0	0	0	0	0
54.03	05403	MRI	0	0	0	0	0
56.00	05600	RADIOISOTOPE	0	0	0	0	0
57.00	05700	CT SCAN	0	0	0	0	0
58.00	05800	MRI	0	0	0	0	0
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	1,452,961	390,843	0	107,223	0
60.01	06001	BLOOD LABORATORY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	279,023	149,212	4,349	43,173	0
65.01	06501	GASTROINTESTINAL SVCS	0	0	0	0	0
66.00	06600	PHYSICAL THERAPY	703,203	753,342	375	16,830	0
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	536,402	230,775	30,715	66,773	0
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	485,075	0	0	0	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	1,111,797	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	1,029,643	0	0	0	0
74.00	07400	RENAL DIALYSIS	102,935	0	0	0	0
76.00	03020	CARDIAC REHAB	0	0	0	0	0
76.01	03022	SLEEP LAB	0	0	0	0	0
76.02	03021	GUIDANCE	44,373	0	0	0	0
76.03	03023	WOUND CARE	0	0	0	0	0
76.04	03024	ACUPUNCTURE	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0
90.00	09000	CLINIC	0	0	0	0	0
91.00	09100	EMERGENCY	1,491,461	627,424	257,049	181,541	140,157
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	138,511	42,568	0	12,317	0
99.00	09900	CMHC	0	0	0	0	0
99.10	09910	CORF	0	0	0	0	0
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0
SPECIAL PURPOSE COST CENTERS							
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0
110.00	11000	INTESTINAL ACQUISITION	0	0	0	0	0
111.00	11100	ISLET ACQUISITION	0	0	0	0	0
116.00	11600	HOSPICE	0	0	0	0	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,901,626	10,209,845	1,674,929	2,294,077	3,709,579

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
Part I
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Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	10,906	0	0	203,076	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	9,494	6,974	0	2,018	194.01
194.02	07952	MARKETING	357,813	19,755	0	5,716	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	23,043	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	194.06
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)	21,302,882	10,236,574	1,674,929	2,301,811	3,912,655

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	502,957					11.00
13.00	01300	19,446	3,490,705				13.00
14.00	01400	11,242	0	2,431,867			14.00
15.00	01500	15,570	0	23,165	2,814,088		15.00
16.00	01600	15,208	0	5,490	0	3,401,135	16.00
17.00	01700	0	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	131,604	1,433,509	130,237	0	279,518	30.00
31.00	03100	37,391	505,867	50,760	0	77,141	31.00
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	9,953	131,130	12,407	0	13,254	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	26,714	354,177	321,245	0	669,311	50.00
51.00	05100	14,914	221,379	4,045	0	76,811	51.00
52.00	05200	13,029	171,651	0	0	17,349	52.00
53.00	05300	1,387	7,234	37,968	0	18,124	53.00
54.00	05400	52,637	0	72,113	0	621,274	54.00
54.01	05401	0	0	0	0	0	54.01
54.02	05402	0	0	0	0	0	54.02
54.03	05403	0	0	0	0	0	54.03
56.00	05600	0	0	0	0	0	56.00
57.00	05700	0	0	0	0	0	57.00
58.00	05800	0	0	0	0	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	41,847	0	272,786	0	371,041	60.00
60.01	06001	0	0	0	0	0	60.01
65.00	06500	10,390	0	27,833	0	46,968	65.00
65.01	06501	0	0	0	0	0	65.01
66.00	06600	24,837	0	5,416	0	60,767	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	15,487	0	48,155	0	176,357	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	388,731	0	77,043	71.00
72.00	07200	0	0	921,231	0	149,967	72.00
73.00	07300	0	0	0	2,814,088	394,176	73.00
74.00	07400	0	0	0	0	11,881	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03022	0	0	0	0	0	76.01
76.02	03021	2,398	23,163	44	0	1,169	76.02
76.03	03023	0	0	0	0	0	76.03
76.04	03024	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
91.00	09100	49,862	642,595	99,473	0	338,984	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04040	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	4,275	0	10,420	0	0	95.00
99.00	09900	0	0	0	0	0	99.00
99.10	09910	0	0	0	0	0	99.10
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900	0	0	0	0	0	109.00
110.00	11000	0	0	0	0	0	110.00
111.00	11100	0	0	0	0	0	111.00
116.00	11600	0	0	0	0	0	116.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
Part I
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
118.00	SUBTOTALS (SUM OF LINES 1-117)	498,191	3,490,705	2,431,519	2,814,088	3,401,135	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	204	0	0	0	0	192.00
192.01	19201 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950 CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951 SENIOR CIRCLE	0	0	0	0	0	194.01
194.02	07952 MARKETING	3,687	0	348	0	0	194.02
194.03	07953 VISTA MEDICAL CENTER WEST	875	0	0	0	0	194.03
194.04	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
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)	502,957	3,490,705	2,431,867	2,814,088	3,401,135	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		SERVICES-SALARY & FRINGES APPRV			
	17.00	21.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS					4.00
5.00 00500 ADMINISTRATIVE & GENERAL					5.00
7.00 00700 OPERATION OF PLANT					7.00
8.00 00800 LAUNDRY & LINEN SERVICE					8.00
9.00 00900 HOUSEKEEPING					9.00
10.00 01000 DIETARY					10.00
11.00 01100 CAFETERIA					11.00
13.00 01300 NURSING ADMINISTRATION					13.00
14.00 01400 CENTRAL SERVICES & SUPPLY					14.00
15.00 01500 PHARMACY					15.00
16.00 01600 MEDICAL RECORDS & LIBRARY					16.00
17.00 01700 SOCIAL SERVICE	34,317				17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0			21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	27,659	0	28,245,869	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,592	0	7,965,547	0	31.00
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	2,066	0	1,997,908	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
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	10,817,014	0	50.00
51.00 05100 RECOVERY ROOM	0	0	3,038,611	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	3,126,591	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	506,775	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	15,367,169	0	54.00
54.01 05401 ULTRASOUND	0	0	0	0	54.01
54.02 05402 CT SCAN	0	0	0	0	54.02
54.03 05403 MRI	0	0	0	0	54.03
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	9,926,948	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	1,960,948	0	65.00
65.01 06501 GASTROINTESTINAL SVCS	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	5,093,098	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	3,796,066	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	3,384,717	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	7,761,450	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	9,404,150	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	631,296	0	74.00
76.00 03020 CARDIAC REHAB	0	0	0	0	76.00
76.01 03022 SLEEP LAB	0	0	0	0	76.01
76.02 03021 GUIDANCE	0	0	293,791	0	76.02
76.03 03023 WOUND CARE	0	0	0	0	76.03
76.04 03024 ACUPUNCTURE	0	0	0	0	76.04
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	11,311,969	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0	0	903,071	0	95.00
99.00 09900 CMHC	0	0	0	0	99.00
99.10 09910 CORF	0	0	0	0	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	101.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES APPRV				
	17.00	21.00	24.00	25.00	26.00	
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
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	34,317	0	125,532,988	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	268,909	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	0	66,120	194.01
194.02	07952	MARKETING	0	0	2,182,651	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	139,534	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.06
200.00		Cross Foot Adjustments	0	0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	34,317	0	128,190,202	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet B Part II Date/Time Prepared: 4/25/2013 11:33 am	
Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS			
		BLDG & FIXT	MVBLE EQUIP					
		0	1.00					2.00
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS	0	99,779	112,888	212,667	212,667	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	0	828,177	936,985	1,765,162	24,713	5.00
7.00	00700	OPERATION OF PLANT	0	2,005,926	2,269,467	4,275,393	3,900	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	117,976	133,476	251,452	0	8.00
9.00	00900	HOUSEKEEPING	0	63,544	71,893	135,437	0	9.00
10.00	01000	DIETARY	0	133,362	150,884	284,246	0	10.00
11.00	01100	CAFETERIA	0	65,849	74,500	140,349	0	11.00
13.00	01300	NURSING ADMINISTRATION	0	17,065	19,307	36,372	10,158	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	153,904	174,125	328,029	1,849	14.00
15.00	01500	PHARMACY	0	44,774	50,656	95,430	6,444	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	71,124	80,468	151,592	3,805	16.00
17.00	01700	SOCIAL SERVICE	0	5,835	6,601	12,436	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	1,025,110	1,159,791	2,184,901	43,500	30.00
31.00	03100	INTENSIVE CARE UNIT	0	163,882	185,414	349,296	15,351	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	33,504	37,906	71,410	3,979	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	412,263	466,428	878,691	10,748	50.00
51.00	05100	RECOVERY ROOM	0	43,988	49,767	93,755	6,718	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	113,820	128,774	242,594	5,209	52.00
53.00	05300	ANESTHESIOLOGY	0	14,214	16,082	30,296	220	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	627,807	710,290	1,338,097	20,552	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	151,546	171,457	323,003	12,196	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	57,856	65,457	123,313	3,636	65.00
65.01	06501	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	0	292,103	330,480	622,583	9,436	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	89,481	101,237	190,718	6,407	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03022	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	GUIDANCE	0	0	0	0	703	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
76.04	03024	ACUPUNCTURE	0	0	0	0	0	76.04
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	243,279	275,242	518,521	19,501	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	16,505	18,674	35,179	1,452	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS								
109.00	10900	PANCREAS ACQUISITION	0	0	0	0	0	109.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
Part II
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		BLDG & FIXT	MVBLE EQUIP			
		0	2.00			
110.00 11000	0	0	0	0	0	110.00
111.00 11100	0	0	0	0	0	111.00
116.00 11600	0	0	0	0	0	116.00
118.00	0	6,892,673	7,798,249	14,690,922	210,477	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	0	0	0	0	0	190.00
192.00 19200	0	0	0	0	101	192.00
192.01 19201	0	0	0	0	0	192.01
194.00 07950	0	0	0	0	0	194.00
194.01 07951	0	2,704	3,060	5,764	26	194.01
194.02 07952	0	7,660	8,666	16,326	1,642	194.02
194.03 07953	0	0	0	0	421	194.03
194.04 07954	0	0	0	0	0	194.04
194.05 07955	0	0	0	0	0	194.05
194.06 07956	0	0	0	0	0	194.06
200.00						200.00
201.00						201.00
202.00	0	6,903,037	7,809,975	14,713,012	212,667	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet B Part II Date/Time Prepared: 4/25/2013 11:33 am				
Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY		
		5.00	7.00	8.00	9.00	10.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL	1,789,875				5.00	
7.00	00700	OPERATION OF PLANT	142,926	4,422,219			7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	19,138	131,443	402,033		8.00	
9.00	00900	HOUSEKEEPING	29,850	70,797	0	236,084	9.00	
10.00	01000	DIETARY	48,438	148,585	0	10,207	491,476	10.00
11.00	01100	CAFETERIA	3,076	73,365	0	5,040	8,003	11.00
13.00	01300	NURSING ADMINISTRATION	47,674	19,013	0	1,306	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	26,008	171,472	11,066	11,779	0	14.00
15.00	01500	PHARMACY	36,672	49,885	0	3,427	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	43,896	79,243	0	5,444	0	16.00
17.00	01700	SOCIAL SERVICE	208	6,501	0	447	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	265,272	1,142,121	163,805	78,458	396,478	30.00
31.00	03100	INTENSIVE CARE UNIT	87,320	182,589	33,974	12,543	43,881	31.00
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	23,738	37,328	4,215	2,564	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	111,158	459,322	36,709	27,496	0	50.00
51.00	05100	RECOVERY ROOM	35,022	49,009	16,044	3,367	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	33,456	126,812	35,987	8,711	0	52.00
53.00	05300	ANESTHESIOLOGY	5,535	15,837	0	919	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	177,109	699,468	30,027	19,700	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	122,075	168,845	0	10,997	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	23,443	64,460	1,044	4,428	0	65.00
65.01	06501	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	59,082	325,445	90	1,726	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	45,068	99,695	7,373	6,849	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	40,755	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	93,411	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	86,509	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	8,648	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03022	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	GUIDANCE	3,728	0	0	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
76.04	03024	ACUPUNCTURE	0	0	0	0	0	76.04
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	125,310	271,048	61,699	18,620	17,605	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART						92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,637	18,389	0	1,263	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,756,162	4,410,672	402,033	235,291	465,967	118.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
Part II
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description			ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
			5.00	7.00	8.00	9.00	10.00	
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	916	0	0	0	25,509	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	798	3,013	0	207	0	194.01
194.02	07952	MARKETING	30,063	8,534	0	586	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	1,936	0	0	0	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
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)	1,789,875	4,422,219	402,033	236,084	491,476	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet B Part II Date/Time Prepared: 4/25/2013 11:33 am	
Cost Center Description			CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
			11.00	13.00	14.00	15.00	16.00	
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400	EMPLOYEE BENEFITS						4.00
5.00	00500	ADMINISTRATIVE & GENERAL						5.00
7.00	00700	OPERATION OF PLANT						7.00
8.00	00800	LAUNDRY & LINEN SERVICE						8.00
9.00	00900	HOUSEKEEPING						9.00
10.00	01000	DIETARY						10.00
11.00	01100	CAFETERIA	229,833					11.00
13.00	01300	NURSING ADMINISTRATION	8,886	123,409				13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	5,137	0	555,340			14.00
15.00	01500	PHARMACY	7,115	0	5,290	204,263		15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	6,950	0	1,254	0	292,184	16.00
17.00	01700	SOCIAL SERVICE	0	0	0	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	60,137	50,676	29,740	0	24,040	30.00
31.00	03100	INTENSIVE CARE UNIT	17,086	17,885	11,591	0	6,635	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	4,548	4,636	2,833	0	1,140	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	12,207	12,522	73,358	0	57,228	50.00
51.00	05100	RECOVERY ROOM	6,815	7,827	924	0	6,606	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,954	6,069	0	0	1,492	52.00
53.00	05300	ANESTHESIOLOGY	634	256	8,670	0	1,559	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	24,053	0	16,467	0	53,434	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	19,123	0	62,292	0	31,912	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,748	0	6,356	0	4,040	65.00
65.01	06501	GASTRO INTESTINAL SVCS	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	11,350	0	1,237	0	5,226	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	7,077	0	10,997	0	15,168	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	88,769	0	6,626	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	210,379	0	12,898	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	204,263	33,902	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	1,022	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03022	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	GUIDANCE	1,096	819	10	0	101	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
76.04	03024	ACUPUNCTURE	0	0	0	0	0	76.04
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	22,785	22,719	22,715	0	29,155	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,954	0	2,379	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084			Period: From 12/01/2011 To 11/30/2012		Worksheet B Part II Date/Time Prepared: 4/25/2013 11:33 am	
Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
118.00	SUBTOTALS (SUM OF LINES 1-117)	227,655	123,409	555,261	204,263	292,184		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	93	0	0	0	0		192.00
192.01	19201 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0		192.01
194.00	07950 CLINIC CORPORATION	0	0	0	0	0		194.00
194.01	07951 SENIOR CIRCLE	0	0	0	0	0		194.01
194.02	07952 MARKETING	1,685	0	79	0	0		194.02
194.03	07953 VISTA MEDICAL CENTER WEST	400	0	0	0	0		194.03
194.04	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0		194.06
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)	229,833	123,409	555,340	204,263	292,184		202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet B Part II Date/Time Prepared: 4/25/2013 11:33 am
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Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
		SERVICES-SALARY & FRINGES APPRV			
	17.00	21.00	24.00	25.00	26.00
GENERAL SERVICE COST CENTERS					
1.00 00100	CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS				4.00
5.00 00500	ADMINISTRATIVE & GENERAL				5.00
7.00 00700	OPERATION OF PLANT				7.00
8.00 00800	LAUNDRY & LINEN SERVICE				8.00
9.00 00900	HOUSEKEEPING				9.00
10.00 01000	DIETARY				10.00
11.00 01100	CAFETERIA				11.00
13.00 01300	NURSING ADMINISTRATION				13.00
14.00 01400	CENTRAL SERVICES & SUPPLY				14.00
15.00 01500	PHARMACY				15.00
16.00 01600	MEDICAL RECORDS & LIBRARY				16.00
17.00 01700	SOCIAL SERVICE	19,592			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0		21.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	15,791	4,454,919	0	30.00
31.00 03100	INTENSIVE CARE UNIT	2,621	780,772	0	31.00
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	1,180	157,571	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	1,679,439	0	50.00
51.00 05100	RECOVERY ROOM	0	226,087	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	466,284	0	52.00
53.00 05300	ANESTHESIOLOGY	0	63,926	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	2,378,907	0	54.00
54.01 05401	ULTRASOUND	0	0	0	54.01
54.02 05402	CT SCAN	0	0	0	54.02
54.03 05403	MRI	0	0	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	57.00
58.00 05800	MRI	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000	LABORATORY	0	750,443	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	0	235,468	0	65.00
65.01 06501	GASTRO INTESTINAL SVCS	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	0	1,036,175	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	0	389,352	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	136,150	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	316,688	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	324,674	0	73.00
74.00 07400	RENAL DIALYSIS	0	9,670	0	74.00
76.00 03020	CARDIAC REHAB	0	0	0	76.00
76.01 03022	SLEEP LAB	0	0	0	76.01
76.02 03021	GUI DANCE	0	6,457	0	76.02
76.03 03023	WOUND CARE	0	0	0	76.03
76.04 03024	ACUPUNCTURE	0	0	0	76.04
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	1,129,678	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500	AMBULANCE SERVICES	0	72,253	0	95.00
99.00 09900	CMHC	0	0	0	99.00
99.10 09910	CORF	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	101.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B
Part II
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	SOCIAL SERVICE	INTERNS & RESIDENTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES APPRV				
	17.00	21.00	24.00	25.00	26.00	
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
116.00	11600	HOSPICE	0	0	0	116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	19,592	0	14,614,913	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	26,619	0	192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	192.01
194.00	07950	CLINIC CORPORATION	0	0	0	194.00
194.01	07951	SENIOR CIRCLE	0	9,808	0	194.01
194.02	07952	MARKETING	0	58,915	0	194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	2,757	0	194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	194.06
200.00		Cross Foot Adjustments		0	0	200.00
201.00		Negative Cost Centers	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	19,592	0	14,713,012	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B-1

Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)				
	1.00	2.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	518,184				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		518,184			2.00
4.00 00400	EMPLOYEE BENEFITS	7,490	7,490	51,468,710		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	62,168	62,168	5,980,855	-21,302,882	5.00
7.00 00700	OPERATION OF PLANT	150,577	150,577	943,824	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	8,856	8,856	0	0	8.00
9.00 00900	HOUSEKEEPING	4,770	4,770	0	0	9.00
10.00 01000	DIETARY	10,011	10,011	0	0	10.00
11.00 01100	CAFETERIA	4,943	4,943	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,281	1,281	2,458,356	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	11,553	11,553	447,591	0	14.00
15.00 01500	PHARMACY	3,361	3,361	1,559,563	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	5,339	5,339	920,850	0	16.00
17.00 01700	SOCIAL SERVICE	438	438	0	0	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,951	76,951	10,528,038	0	30.00
31.00 03100	INTENSIVE CARE UNIT	12,302	12,302	3,715,239	0	31.00
40.00 04000	SUBPROVIDER - IPF	0	0	0	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	0	0	0	41.00
42.00 04200	SUBPROVIDER	0	0	0	0	42.00
43.00 04300	NURSERY	2,515	2,515	963,058	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
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	30,947	30,947	2,601,182	0	50.00
51.00 05100	RECOVERY ROOM	3,302	3,302	1,625,875	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,544	8,544	1,260,656	0	52.00
53.00 05300	ANESTHESIOLOGY	1,067	1,067	53,128	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	47,127	47,127	4,973,858	0	54.00
54.01 05401	ULTRASOUND	0	0	0	0	54.01
54.02 05402	CT SCAN	0	0	0	0	54.02
54.03 05403	MRI	0	0	0	0	54.03
56.00 05600	RADIOISOTOPE	0	0	0	0	56.00
57.00 05700	CT SCAN	0	0	0	0	57.00
58.00 05800	MRI	0	0	0	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00 06000	LABORATORY	11,376	11,376	2,951,671	0	60.00
60.01 06001	BLOOD LABORATORY	0	0	0	0	60.01
65.00 06500	RESPIRATORY THERAPY	4,343	4,343	879,999	0	65.00
65.01 06501	GASTROINTESTINAL SVCS	0	0	0	0	65.01
66.00 06600	PHYSICAL THERAPY	21,927	21,927	2,283,726	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00 06900	ELECTROCARDIOLOGY	6,717	6,717	1,550,579	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00 03020	CARDIAC REHAB	0	0	0	0	76.00
76.01 03022	SLEEP LAB	0	0	0	0	76.01
76.02 03021	GUIDANCE	0	0	170,119	0	76.02
76.03 03023	WOUND CARE	0	0	0	0	76.03
76.04 03024	ACUPUNCTURE	0	0	0	0	76.04
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	18,262	18,262	4,719,408	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
93.00 04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	1,239	1,239	351,312	0	95.00
99.00 09900	CMHC	0	0	0	0	99.00
99.10 09910	CORF	0	0	0	0	99.10
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
109.00 10900	PANCREAS ACQUISITION	0	0	0	0	109.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B-1

Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (SQUARE FEET)					
	1.00	2.00					4.00
110.00 11000	INTESTINAL ACQUISITION	0	0	0	0	0	110.00
111.00 11100	ISLET ACQUISITION	0	0	0	0	0	111.00
116.00 11600	HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	517,406	517,406	50,938,887	-21,302,882	104,874,015	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	0	0	24,416	0	54,723	192.00
192.01 19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00 07950	CLINIC CORPORATION	0	0	0	0	0	194.00
194.01 07951	SENIOR CIRCLE	203	203	6,285	0	47,634	194.01
194.02 07952	MARKETING	575	575	397,306	0	1,795,332	194.02
194.03 07953	VISTA MEDICAL CENTER WEST	0	0	101,816	0	115,616	194.03
194.04 07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05 07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06 07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	6,903,037	7,809,975	6,975,774		21,302,882	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	13.321594	15.071818	0.135534		0.199302	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			212,667		1,789,875	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.004132		0.016745	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B-1

Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)		
		7.00	8.00	9.00	10.00	11.00		
GENERAL SERVICE COST CENTERS								
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00	
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00	
4.00	00400	EMPLOYEE BENEFITS					4.00	
5.00	00500	ADMINISTRATIVE & GENERAL					5.00	
7.00	00700	OPERATION OF PLANT	297,949				7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	8,856	986,405			8.00	
9.00	00900	HOUSEKEEPING	4,770	0	231,549		9.00	
10.00	01000	DIETARY	10,011	0	10,011	143,462	10.00	
11.00	01100	CAFETERIA	4,943	0	4,943	2,336	66,705	11.00
13.00	01300	NURSING ADMINISTRATION	1,281	0	1,281	0	2,579	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	11,553	27,152	11,553	0	1,491	14.00
15.00	01500	PHARMACY	3,361	0	3,361	0	2,065	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	5,339	0	5,339	0	2,017	16.00
17.00	01700	SOCIAL SERVICE	438	0	438	0	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0	21.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	76,951	401,903	76,951	115,732	17,454	30.00
31.00	03100	INTENSIVE CARE UNIT	12,302	83,357	12,302	12,809	4,959	31.00
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	2,515	10,341	2,515	0	1,320	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
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	30,947	90,066	26,968	0	3,543	50.00
51.00	05100	RECOVERY ROOM	3,302	39,364	3,302	0	1,978	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	8,544	88,296	8,544	0	1,728	52.00
53.00	05300	ANESTHESIOLOGY	1,067	0	901	0	184	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	47,127	73,673	19,322	47	6,981	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	11,376	0	10,786	0	5,550	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	4,343	2,561	4,343	0	1,378	65.00
65.01	06501	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	21,927	221	1,693	0	3,294	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	6,717	18,089	6,717	0	2,054	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03022	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	GUI DANCE	0	0	0	0	318	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
76.04	03024	ACUPUNCTURE	0	0	0	0	0	76.04
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	18,262	151,382	18,262	5,139	6,613	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	1,239	0	1,239	0	567	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B-1

Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
116.00	11600 HOSPICE	0	0	0	0	0	116.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	297,171	986,405	230,771	136,016	66,073	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	0	0	0	7,446	27	192.00
192.01	19201 CHIROPRACTIC WORKS LESSEE	0	0	0	0	0	192.01
194.00	07950 CLINIC CORPORATION	0	0	0	0	0	194.00
194.01	07951 SENIOR CIRCLE	203	0	203	0	0	194.01
194.02	07952 MARKETING	575	0	575	0	489	194.02
194.03	07953 VISTA MEDICAL CENTER WEST	0	0	0	0	116	194.03
194.04	07954 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.04
194.05	07955 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.05
194.06	07956 OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0	194.06
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)	10,236,574	1,674,929	2,301,811	3,912,655	502,957	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	34.356799	1.698013	9.940924	27.273111	7.540019	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	4,422,219	402,033	236,084	491,476	229,833	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	14.842201	0.407574	1.019585	3.425827	3.445514	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B-1

Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (TOTAL SUPPLIE)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PT. DAYS & OP OB)	
		13.00	14.00	15.00	16.00	17.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100						11.00
13.00	01300	25,636,701					13.00
14.00	01400		14,726,020				14.00
15.00	01500		140,274	5,173,630			15.00
16.00	01600		33,246		940,706,993		16.00
17.00	01700					45,269	17.00
21.00	02100						21.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	10,528,037	788,641		77,300,208	36,486	30.00
31.00	03100	3,715,239	307,376		21,333,377	6,057	31.00
40.00	04000						40.00
41.00	04100						41.00
42.00	04200						42.00
43.00	04300	963,058	75,132		3,665,334	2,726	43.00
44.00	04400						44.00
45.00	04500						45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,601,182	1,945,277		185,224,200		50.00
51.00	05100	1,625,875	24,497		21,241,955		51.00
52.00	05200	1,260,655			4,797,970		52.00
53.00	05300	53,128	229,913		5,012,294		53.00
54.00	05400		436,675		171,812,637		54.00
54.01	05401						54.01
54.02	05402						54.02
54.03	05403						54.03
56.00	05600						56.00
57.00	05700						57.00
58.00	05800						58.00
59.00	05900						59.00
60.00	06000		1,651,836		102,611,007		60.00
60.01	06001						60.01
65.00	06500		168,542		12,988,973		65.00
65.01	06501						65.01
66.00	06600		32,799		16,804,898		66.00
67.00	06700						67.00
68.00	06800						68.00
69.00	06900		291,602		48,771,336		69.00
70.00	07000						70.00
71.00	07100		2,353,934		21,306,221		71.00
72.00	07200		5,578,455		41,473,222		72.00
73.00	07300			5,173,630	109,008,859		73.00
74.00	07400				3,285,689		74.00
76.00	03020						76.00
76.01	03022						76.01
76.02	03021	170,119	267		323,286		76.02
76.03	03023						76.03
76.04	03024						76.04
OUTPATIENT SERVICE COST CENTERS							
88.00	08800						88.00
89.00	08900						89.00
90.00	09000						90.00
91.00	09100	4,719,408	602,352		93,745,527		91.00
92.00	09200						92.00
93.00	04040						93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500		63,095				95.00
99.00	09900						99.00
99.10	09910						99.10
101.00	10100						101.00
SPECIAL PURPOSE COST CENTERS							
109.00	10900						109.00
110.00	11000						110.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B-1

Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		NURSING ADMINISTRATION (DIRECT NRSNG HR)	CENTRAL SERVICES & SUPPLY (TOTAL SUPPLIE)	PHARMACY (COSTED REQUIS)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	SOCIAL SERVICE (PT. DAYS & OP OB)	
		13.00	14.00	15.00	16.00	17.00	
111.00	11100	ISLET ACQUISITION	0	0	0	0	0 111.00
116.00	11600	HOSPICE	0	0	0	0	0 116.00
118.00		SUBTOTALS (SUM OF LINES 1-117)	25,636,701	14,723,913	5,173,630	940,706,993	45,269 118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0 190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
192.01	19201	CHIROPRACTIC WORKS LESSEE	0	0	0	0	0 192.01
194.00	07950	CLINIC CORPORATION	0	0	0	0	0 194.00
194.01	07951	SENIOR CIRCLE	0	0	0	0	0 194.01
194.02	07952	MARKETING	0	2,107	0	0	0 194.02
194.03	07953	VISTA MEDICAL CENTER WEST	0	0	0	0	0 194.03
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.04
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.05
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0	0	0	0	0 194.06
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)	3,490,705	2,431,867	2,814,088	3,401,135	34,317 202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	0.136160	0.165141	0.543929	0.003616	0.758068 203.00
204.00		Cost to be allocated (per Wkst. B, Part II)	123,409	555,340	204,263	292,184	19,592 204.00
205.00		Unit cost multiplier (Wkst. B, Part II)	0.004814	0.037711	0.039482	0.000311	0.432791 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B-1
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		INTERNS & RESIDENTS	
		SERVICES-SALARY & FRINGES	
		APPRV (ASSIGNED TIME)	
		21.00	
GENERAL SERVICE COST CENTERS			
1.00	00100	CAP REL COSTS-BLDG & FIXT	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	2.00
4.00	00400	EMPLOYEE BENEFITS	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	5.00
7.00	00700	OPERATION OF PLANT	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	8.00
9.00	00900	HOUSEKEEPING	9.00
10.00	01000	DIETARY	10.00
11.00	01100	CAFETERIA	11.00
13.00	01300	NURSING ADMINISTRATION	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	14.00
15.00	01500	PHARMACY	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	16.00
17.00	01700	SOCIAL SERVICE	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	21.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000	ADULTS & PEDIATRICS	30.00
31.00	03100	INTENSIVE CARE UNIT	31.00
40.00	04000	SUBPROVIDER - 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
ANCILLARY SERVICE COST CENTERS			
50.00	05000	OPERATING ROOM	50.00
51.00	05100	RECOVERY ROOM	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	52.00
53.00	05300	ANESTHESIOLOGY	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	54.00
54.01	05401	ULTRASOUND	54.01
54.02	05402	CT SCAN	54.02
54.03	05403	MRI	54.03
56.00	05600	RADIOISOTOPE	56.00
57.00	05700	CT SCAN	57.00
58.00	05800	MRI	58.00
59.00	05900	CARDIAC CATHETERIZATION	59.00
60.00	06000	LABORATORY	60.00
60.01	06001	BLOOD LABORATORY	60.01
65.00	06500	RESPIRATORY THERAPY	65.00
65.01	06501	GASTROINTESTINAL SVCS	65.01
66.00	06600	PHYSICAL THERAPY	66.00
67.00	06700	OCCUPATIONAL THERAPY	67.00
68.00	06800	SPEECH PATHOLOGY	68.00
69.00	06900	ELECTROCARDIOLOGY	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	73.00
74.00	07400	RENAL DIALYSIS	74.00
76.00	03020	CARDIAC REHAB	76.00
76.01	03022	SLEEP LAB	76.01
76.02	03021	GUIDANCE	76.02
76.03	03023	WOUND CARE	76.03
76.04	03024	ACUPUNCTURE	76.04
OUTPATIENT SERVICE COST CENTERS			
88.00	08800	RURAL HEALTH CLINIC	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	89.00
90.00	09000	CLINIC	90.00
91.00	09100	EMERGENCY	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	93.00
OTHER REIMBURSABLE COST CENTERS			
95.00	09500	AMBULANCE SERVICES	95.00
99.00	09900	CMHC	99.00
99.10	09910	CORF	99.10
101.00	10100	HOME HEALTH AGENCY	101.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet B-1

Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		INTERNS & RESIDENTS SERVICES-SALAR & FRINGES APPRV (ASSIGNED TIME) 21.00	
SPECIAL PURPOSE COST CENTERS			
109.00	10900	PANCREAS ACQUISITION	0
110.00	11000	INTESTINAL ACQUISITION	0
111.00	11100	ISLET ACQUISITION	0
116.00	11600	HOSPICE	0
118.00		SUBTOTALS (SUM OF LINES 1-117)	0
NONREIMBURSABLE COST CENTERS			
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0
192.01	19201	CHIROPRACTIC WORKS LESSEE	0
194.00	07950	CLINIC CORPORATION	0
194.01	07951	SENIOR CIRCLE	0
194.02	07952	MARKETING	0
194.03	07953	VISTA MEDICAL CENTER WEST	0
194.04	07954	OTHER NONREIMBURSABLE COST CENTERS	0
194.05	07955	OTHER NONREIMBURSABLE COST CENTERS	0
194.06	07956	OTHER NONREIMBURSABLE COST CENTERS	0
200.00		Cross Foot Adjustments	
201.00		Negative Cost Centers	
202.00		Cost to be allocated (per Wkst. B, Part I)	0
203.00		Unit cost multiplier (Wkst. B, Part I)	0.000000
204.00		Cost to be allocated (per Wkst. B, Part II)	0
205.00		Unit cost multiplier (Wkst. B, Part II)	0.000000

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet C Part I Date/Time Prepared: 4/25/2013 11:33 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	28,245,869		28,245,869	0	28,245,869	30.00
31.00	03100 INTENSIVE CARE UNIT	7,965,547		7,965,547	0	7,965,547	31.00
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	1,997,908		1,997,908	0	1,997,908	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,817,014		10,817,014	0	10,817,014	50.00
51.00	05100 RECOVERY ROOM	3,038,611		3,038,611	0	3,038,611	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,126,591		3,126,591	0	3,126,591	52.00
53.00	05300 ANESTHESIOLOGY	506,775		506,775	0	506,775	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,367,169		15,367,169	0	15,367,169	54.00
54.01	05401 ULTRASOUND	0		0	0	0	54.01
54.02	05402 CT SCAN	0		0	0	0	54.02
54.03	05403 MRI	0		0	0	0	54.03
56.00	05600 RADIOISOTOPE	0		0	0	0	56.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	9,926,948		9,926,948	0	9,926,948	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,960,948	0	1,960,948	0	1,960,948	65.00
65.01	06501 GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	5,093,098	0	5,093,098	0	5,093,098	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,796,066		3,796,066	0	3,796,066	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,384,717		3,384,717	0	3,384,717	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,761,450		7,761,450	0	7,761,450	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,404,150		9,404,150	0	9,404,150	73.00
74.00	07400 RENAL DIALYSIS	631,296		631,296	0	631,296	74.00
76.00	03020 CARDIAC REHAB	0		0	0	0	76.00
76.01	03022 SLEEP LAB	0		0	0	0	76.01
76.02	03021 GUIDANCE	293,791		293,791	0	293,791	76.02
76.03	03023 WOUND CARE	0		0	0	0	76.03
76.04	03024 ACUPUNCTURE	0		0	0	0	76.04
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	11,311,969		11,311,969	0	11,311,969	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	797,438		797,438	0	797,438	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	903,071		903,071	0	903,071	95.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
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
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	126,330,426	0	126,330,426	0	126,330,426	200.00
201.00	Less Observation Beds	797,438		797,438	0	797,438	201.00
202.00	Total (see instructions)	125,532,988	0	125,532,988	0	125,532,988	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet C Part I Date/Time Prepared: 4/25/2013 11:33 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	75,149,043		75,149,043			30.00
31.00	03100	INTENSIVE CARE UNIT	21,333,377		21,333,377			31.00
40.00	04000	SUBPROVIDER - IPF	0		0			40.00
41.00	04100	SUBPROVIDER - IRF	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,665,334		3,665,334			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,972,882	84,251,318	185,224,200	0.058400	0.000000	50.00
51.00	05100	RECOVERY ROOM	8,832,945	12,409,010	21,241,955	0.143048	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,283,796	514,174	4,797,970	0.651649	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,180,490	1,831,804	5,012,294	0.101106	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,715,810	121,096,827	171,812,637	0.089441	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
54.02	05402	CT SCAN	0	0	0	0.000000	0.000000	54.02
54.03	05403	MRI	0	0	0	0.000000	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	59,541,140	43,069,867	102,611,007	0.096744	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	11,252,604	1,736,369	12,988,973	0.150970	0.000000	65.00
65.01	06501	GASTRO INTESTINAL SVCS	0	0	0	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,663,373	11,141,525	16,804,898	0.303072	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	35,265,878	13,505,458	48,771,336	0.077834	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,801,657	5,504,564	21,306,221	0.158861	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,567,196	7,906,026	41,473,222	0.187144	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,332,827	30,676,032	109,008,859	0.086270	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,259,824	25,865	3,285,689	0.192135	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.01	03022	SLEEP LAB	0	0	0	0.000000	0.000000	76.01
76.02	03021	GUIDANCE	39,809	283,477	323,286	0.908765	0.000000	76.02
76.03	03023	WOUND CARE	0	0	0	0.000000	0.000000	76.03
76.04	03024	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.04
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	27,970,703	65,774,824	93,745,527	0.120667	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	189,558	1,961,607	2,151,165	0.370701	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
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
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	539,018,246	401,688,747	940,706,993			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	539,018,246	401,688,747	940,706,993			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet C Part I Date/Time Prepared: 4/25/2013 11:33 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
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.058400		50.00
51.00	05100 RECOVERY ROOM	0.143048		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.651649		52.00
53.00	05300 ANESTHESIOLOGY	0.101106		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.089441		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
54.02	05402 CT SCAN	0.000000		54.02
54.03	05403 MRI	0.000000		54.03
56.00	05600 RADIO SOTOPE	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.096744		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.150970		65.00
65.01	06501 GASTROINTESTINAL SVCS	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.303072		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.077834		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.158861		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.187144		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.086270		73.00
74.00	07400 RENAL DIALYSIS	0.192135		74.00
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.01	03022 SLEEP LAB	0.000000		76.01
76.02	03021 GUIDANCE	0.908765		76.02
76.03	03023 WOUND CARE	0.000000		76.03
76.04	03024 ACUPUNCTURE	0.000000		76.04
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	0.120667		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.370701		92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
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
116.00	11600 HOSPICE			116.00
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: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet C Part I Date/Time Prepared: 4/25/2013 11:33 am	
		Title XIX		Hospital		PPS	
Cost Center Description		Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	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	28,245,869		28,245,869	0	28,245,869	30.00
31.00	03100 INTENSIVE CARE UNIT	7,965,547		7,965,547	0	7,965,547	31.00
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	1,997,908		1,997,908	0	1,997,908	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
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	10,817,014		10,817,014	0	10,817,014	50.00
51.00	05100 RECOVERY ROOM	3,038,611		3,038,611	0	3,038,611	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	3,126,591		3,126,591	0	3,126,591	52.00
53.00	05300 ANESTHESIOLOGY	506,775		506,775	0	506,775	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	15,367,169		15,367,169	0	15,367,169	54.00
54.01	05401 ULTRASOUND	0		0	0	0	54.01
54.02	05402 CT SCAN	0		0	0	0	54.02
54.03	05403 MRI	0		0	0	0	54.03
56.00	05600 RADIOLOGY	0		0	0	0	56.00
57.00	05700 CT SCAN	0		0	0	0	57.00
58.00	05800 MRI	0		0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0		0	0	0	59.00
60.00	06000 LABORATORY	9,926,948		9,926,948	0	9,926,948	60.00
60.01	06001 BLOOD LABORATORY	0		0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	1,960,948	0	1,960,948	0	1,960,948	65.00
65.01	06501 GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	5,093,098	0	5,093,098	0	5,093,098	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	3,796,066		3,796,066	0	3,796,066	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0		0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,384,717		3,384,717	0	3,384,717	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	7,761,450		7,761,450	0	7,761,450	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,404,150		9,404,150	0	9,404,150	73.00
74.00	07400 RENAL DIALYSIS	631,296		631,296	0	631,296	74.00
76.00	03020 CARDIAC REHAB	0		0	0	0	76.00
76.01	03022 SLEEP LAB	0		0	0	0	76.01
76.02	03021 GUIDANCE	293,791		293,791	0	293,791	76.02
76.03	03023 WOUND CARE	0		0	0	0	76.03
76.04	03024 ACUPUNCTURE	0		0	0	0	76.04
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	11,311,969		11,311,969	0	11,311,969	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	797,438		797,438	0	797,438	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0		0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	903,071		903,071	0	903,071	95.00
99.00	09900 CMHC	0		0	0	0	99.00
99.10	09910 CORF	0		0	0	0	99.10
101.00	10100 HOME HEALTH AGENCY	0		0	0	0	101.00
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
116.00	11600 HOSPICE	0		0	0	0	116.00
200.00	Subtotal (see instructions)	126,330,426	0	126,330,426	0	126,330,426	200.00
201.00	Less Observation Beds	797,438		797,438	0	797,438	201.00
202.00	Total (see instructions)	125,532,988	0	125,532,988	0	125,532,988	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES			Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet C Part I Date/Time Prepared: 4/25/2013 11:33 am	
			Title XIX		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	75,149,043		75,149,043			30.00
31.00	03100	INTENSIVE CARE UNIT	21,333,377		21,333,377			31.00
40.00	04000	SUBPROVIDER - I/PF	0		0			40.00
41.00	04100	SUBPROVIDER - I/RP	0		0			41.00
42.00	04200	SUBPROVIDER	0		0			42.00
43.00	04300	NURSERY	3,665,334		3,665,334			43.00
44.00	04400	SKILLED NURSING FACILITY	0		0			44.00
45.00	04500	NURSING FACILITY	0		0			45.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	100,972,882	84,251,318	185,224,200	0.058400	0.000000	50.00
51.00	05100	RECOVERY ROOM	8,832,945	12,409,010	21,241,955	0.143048	0.000000	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,283,796	514,174	4,797,970	0.651649	0.000000	52.00
53.00	05300	ANESTHESIOLOGY	3,180,490	1,831,804	5,012,294	0.101106	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	50,715,810	121,096,827	171,812,637	0.089441	0.000000	54.00
54.01	05401	ULTRASOUND	0	0	0	0.000000	0.000000	54.01
54.02	05402	CT SCAN	0	0	0	0.000000	0.000000	54.02
54.03	05403	MRI	0	0	0	0.000000	0.000000	54.03
56.00	05600	RADIOISOTOPE	0	0	0	0.000000	0.000000	56.00
57.00	05700	CT SCAN	0	0	0	0.000000	0.000000	57.00
58.00	05800	MRI	0	0	0	0.000000	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0.000000	0.000000	59.00
60.00	06000	LABORATORY	59,541,140	43,069,867	102,611,007	0.096744	0.000000	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0.000000	0.000000	60.01
65.00	06500	RESPIRATORY THERAPY	11,252,604	1,736,369	12,988,973	0.150970	0.000000	65.00
65.01	06501	GASTRO INTESTINAL SVCS	0	0	0	0.000000	0.000000	65.01
66.00	06600	PHYSICAL THERAPY	5,663,373	11,141,525	16,804,898	0.303072	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	35,265,878	13,505,458	48,771,336	0.077834	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	15,801,657	5,504,564	21,306,221	0.158861	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,567,196	7,906,026	41,473,222	0.187144	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,332,827	30,676,032	109,008,859	0.086270	0.000000	73.00
74.00	07400	RENAL DIALYSIS	3,259,824	25,865	3,285,689	0.192135	0.000000	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0.000000	0.000000	76.00
76.01	03022	SLEEP LAB	0	0	0	0.000000	0.000000	76.01
76.02	03021	GUIDANCE	39,809	283,477	323,286	0.908765	0.000000	76.02
76.03	03023	WOUND CARE	0	0	0	0.000000	0.000000	76.03
76.04	03024	ACUPUNCTURE	0	0	0	0.000000	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	27,970,703	65,774,824	93,745,527	0.120667	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	189,558	1,961,607	2,151,165	0.370701	0.000000	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0.000000	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	0.000000	0.000000	95.00
99.00	09900	CMHC	0	0	0			99.00
99.10	09910	CORF	0	0	0			99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0			101.00
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
116.00	11600	HOSPICE	0	0	0			116.00
200.00		Subtotal (see instructions)	539,018,246	401,688,747	940,706,993			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	539,018,246	401,688,747	940,706,993			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet C Part I Date/Time Prepared: 4/25/2013 11:33 am
		Title XIX	Hospital	PPS

Cost Center Description		PPS Inpatient Ratio		
		11.00		
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
40.00	04000 SUBPROVIDER - IPF			40.00
41.00	04100 SUBPROVIDER - IRF			41.00
42.00	04200 SUBPROVIDER			42.00
43.00	04300 NURSERY			43.00
44.00	04400 SKILLED NURSING FACILITY			44.00
45.00	04500 NURSING FACILITY			45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.058400		50.00
51.00	05100 RECOVERY ROOM	0.143048		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.651649		52.00
53.00	05300 ANESTHESIOLOGY	0.101106		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.089441		54.00
54.01	05401 ULTRASOUND	0.000000		54.01
54.02	05402 CT SCAN	0.000000		54.02
54.03	05403 MRI	0.000000		54.03
56.00	05600 RADIOLOGY	0.000000		56.00
57.00	05700 CT SCAN	0.000000		57.00
58.00	05800 MRI	0.000000		58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000		59.00
60.00	06000 LABORATORY	0.096744		60.00
60.01	06001 BLOOD LABORATORY	0.000000		60.01
65.00	06500 RESPIRATORY THERAPY	0.150970		65.00
65.01	06501 GASTROINTESTINAL SVCS	0.000000		65.01
66.00	06600 PHYSICAL THERAPY	0.303072		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000		67.00
68.00	06800 SPEECH PATHOLOGY	0.000000		68.00
69.00	06900 ELECTROCARDIOLOGY	0.077834		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.158861		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.187144		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.086270		73.00
74.00	07400 RENAL DIALYSIS	0.192135		74.00
76.00	03020 CARDIAC REHAB	0.000000		76.00
76.01	03022 SLEEP LAB	0.000000		76.01
76.02	03021 GUIDANCE	0.908765		76.02
76.03	03023 WOUND CARE	0.000000		76.03
76.04	03024 ACUPUNCTURE	0.000000		76.04
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	0.120667		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.370701		92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0.000000		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
99.00	09900 CMHC			99.00
99.10	09910 CORF			99.10
101.00	10100 HOME HEALTH AGENCY			101.00
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
116.00	11600 HOSPICE			116.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

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

Provider CCN: 140084

Period: From 12/01/2011 To 11/30/2012

Worksheet C Part II Date/Time Prepared: 4/25/2013 11:33 am

Cost Center Description		Title XIX			Hospital	PPS		
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	10,817,014	1,679,439	9,137,575	0	0	50.00
51.00	05100	RECOVERY ROOM	3,038,611	226,087	2,812,524	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	3,126,591	466,284	2,660,307	0	0	52.00
53.00	05300	ANESTHESIOLOGY	506,775	63,926	442,849	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,367,169	2,378,907	12,988,262	0	0	54.00
54.01	05401	ULTRASOUND	0	0	0	0	0	54.01
54.02	05402	CT SCAN	0	0	0	0	0	54.02
54.03	05403	MRI	0	0	0	0	0	54.03
56.00	05600	RADIOLOGY	0	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	9,926,948	750,443	9,176,505	0	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500	RESPIRATORY THERAPY	1,960,948	235,468	1,725,480	0	0	65.00
65.01	06501	GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	06600	PHYSICAL THERAPY	5,093,098	1,036,175	4,056,923	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,796,066	389,352	3,406,714	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	3,384,717	136,150	3,248,567	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	7,761,450	316,688	7,444,762	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,404,150	324,674	9,079,476	0	0	73.00
74.00	07400	RENAL DIALYSIS	631,296	9,670	621,626	0	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03022	SLEEP LAB	0	0	0	0	0	76.01
76.02	03021	GUIDANCE	293,791	6,457	287,334	0	0	76.02
76.03	03023	WOUND CARE	0	0	0	0	0	76.03
76.04	03024	ACUPUNCTURE	0	0	0	0	0	76.04
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	11,311,969	1,129,678	10,182,291	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	797,438	125,771	671,667	0	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	903,071	72,253	830,818	0	0	95.00
99.00	09900	CMHC	0	0	0	0	0	99.00
99.10	09910	CORF	0	0	0	0	0	99.10
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
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
116.00	11600	HOSPICE	0	0	0	0	0	116.00
200.00		Subtotal (sum of lines 50 thru 199)	88,121,102	9,347,422	78,773,680	0	0	200.00
201.00		Less Observation Beds	797,438	125,771	671,667	0	0	201.00
202.00		Total (line 200 minus line 201)	87,323,664	9,221,651	78,102,013	0	0	202.00

CALCULATION OF OUTPATIENT SERVICE COST TO CHARGE RATIOS NET OF REDUCTIONS FOR MEDICAID ONLY		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet C Part II Date/Time Prepared: 4/25/2013 11:33 am
		Title XIX	Hospital	PPS

Cost Center Description	Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	
	6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	10,817,014	185,224,200	0.058400	50.00
51.00 05100 RECOVERY ROOM	3,038,611	21,241,955	0.143048	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,126,591	4,797,970	0.651649	52.00
53.00 05300 ANESTHESIOLOGY	506,775	5,012,294	0.101106	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	15,367,169	171,812,637	0.089441	54.00
54.01 05401 ULTRASOUND	0	0	0.000000	54.01
54.02 05402 CT SCAN	0	0	0.000000	54.02
54.03 05403 MRI	0	0	0.000000	54.03
56.00 05600 RADIOISOTOPE	0	0	0.000000	56.00
57.00 05700 CT SCAN	0	0	0.000000	57.00
58.00 05800 MRI	0	0	0.000000	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0.000000	59.00
60.00 06000 LABORATORY	9,926,948	102,611,007	0.096744	60.00
60.01 06001 BLOOD LABORATORY	0	0	0.000000	60.01
65.00 06500 RESPIRATORY THERAPY	1,960,948	12,988,973	0.150970	65.00
65.01 06501 GASTROINTESTINAL SVCS	0	0	0.000000	65.01
66.00 06600 PHYSICAL THERAPY	5,093,098	16,804,898	0.303072	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	68.00
69.00 06900 ELECTROCARDIOLOGY	3,796,066	48,771,336	0.077834	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	3,384,717	21,306,221	0.158861	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	7,761,450	41,473,222	0.187144	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	9,404,150	109,008,859	0.086270	73.00
74.00 07400 RENAL DIALYSIS	631,296	3,285,689	0.192135	74.00
76.00 03020 CARDIAC REHAB	0	0	0.000000	76.00
76.01 03022 SLEEP LAB	0	0	0.000000	76.01
76.02 03021 GUIDANCE	293,791	323,286	0.908765	76.02
76.03 03023 WOUND CARE	0	0	0.000000	76.03
76.04 03024 ACUPUNCTURE	0	0	0.000000	76.04
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	89.00
90.00 09000 CLINIC	0	0	0.000000	90.00
91.00 09100 EMERGENCY	11,311,969	93,745,527	0.120667	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	797,438	2,151,165	0.370701	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0.000000	93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	903,071	0	0.000000	95.00
99.00 09900 CMHC	0	0	0.000000	99.00
99.10 09910 CORF	0	0	0.000000	99.10
101.00 10100 HOME HEALTH AGENCY	0	0	0.000000	101.00
SPECIAL PURPOSE COST CENTERS				
109.00 10900 PANCREAS ACQUISITION	0	0	0.000000	109.00
110.00 11000 INTESTINAL ACQUISITION	0	0	0.000000	110.00
111.00 11100 ISLET ACQUISITION	0	0	0.000000	111.00
116.00 11600 HOSPICE	0	0	0.000000	116.00
200.00	Subtotal (sum of lines 50 thru 199)	88,121,102	840,559,239	200.00
201.00	Less Observation Beds	797,438	0	201.00
202.00	Total (line 200 minus line 201)	87,323,664	840,559,239	202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet D Part I Date/Time Prepared: 4/25/2013 11:33 am	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
		1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	4,454,919	0	4,454,919	37,546	118.65	30.00
31.00	03100 INTENSIVE CARE UNIT	780,772		780,772	6,057	128.90	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200 SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300 NURSERY	157,571		157,571	2,726	57.80	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
200.00	Total (lines 30-199)	5,393,262		5,393,262	46,329		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part I Date/Time Prepared: 4/25/2013 11:33 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	18,915	2,244,265	30.00
31.00	03100 INTENSIVE CARE UNIT	3,590	462,751	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	22,505	2,707,016	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part II Date/Time Prepared: 4/25/2013 11:33 am
		Title XVIII	Hospital	PPS

Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,679,439	185,224,200	0.009067	45,290,232	410,647	50.00
51.00	05100 RECOVERY ROOM	226,087	21,241,955	0.010643	2,985,517	31,775	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	466,284	4,797,970	0.097184	30,103	2,926	52.00
53.00	05300 ANESTHESIOLOGY	63,926	5,012,294	0.012754	839,187	10,703	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,378,907	171,812,637	0.013846	27,655,884	382,923	54.00
54.01	05401 ULTRASOUND	0	0	0.000000	0	0	54.01
54.02	05402 CT SCAN	0	0	0.000000	0	0	54.02
54.03	05403 MRI	0	0	0.000000	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	750,443	102,611,007	0.007313	32,696,395	239,109	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	235,468	12,988,973	0.018128	6,820,602	123,644	65.00
65.01	06501 GASTROINTESTINAL SVCS	0	0	0.000000	0	0	65.01
66.00	06600 PHYSICAL THERAPY	1,036,175	16,804,898	0.061659	3,731,587	230,086	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	389,352	48,771,336	0.007983	18,761,335	149,772	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	136,150	21,306,221	0.006390	6,159,574	39,360	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	316,688	41,473,222	0.007636	18,016,368	137,573	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	324,674	109,008,859	0.002978	40,988,177	122,063	73.00
74.00	07400 RENAL DIALYSIS	9,670	3,285,689	0.002943	2,290,717	6,742	74.00
76.00	03020 CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.01	03022 SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03021 GUIDANCE	6,457	323,286	0.019973	18,469	369	76.02
76.03	03023 WOUND CARE	0	0	0.000000	0	0	76.03
76.04	03024 ACUPUNCTURE	0	0	0.000000	0	0	76.04
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	1,129,678	93,745,527	0.012050	13,851,263	166,908	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	125,771	2,151,165	0.058466	189,558	11,083	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	9,275,169	840,559,239		220,324,968	2,065,683	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet D Part III Date/Time Prepared: 4/25/2013 11:33 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet D Part III Date/Time Prepared: 4/25/2013 11:33 am	
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)	PPS	
		6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	37,546	0.00	18,915	0		30.00
31.00	03100 INTENSIVE CARE UNIT	6,057	0.00	3,590	0		31.00
40.00	04000 SUBPROVIDER - I PF	0	0.00	0	0		40.00
41.00	04100 SUBPROVIDER - I RF	0	0.00	0	0		41.00
42.00	04200 SUBPROVIDER	0	0.00	0	0		42.00
43.00	04300 NURSERY	2,726	0.00	0	0		43.00
44.00	04400 SKILLED NURSING FACILITY	0	0.00	0	0		44.00
45.00	04500 NURSING FACILITY	0	0.00	0	0		45.00
200.00	Total (Lines 30-199)	46,329		22,505	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part IV Date/Time Prepared: 4/25/2013 11:33 am
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Cost Center Description		Title XVIII				Hospital	PPS
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0	0	0	54.01
54.02	05402 CT SCAN	0	0	0	0	0	54.02
54.03	05403 MRI	0	0	0	0	0	54.03
56.00	05600 RADIOLOGY	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
65.01	06501 GASTROINTESTINAL SVCS	0	0	0	0	0	65.01
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 CARDIAC REHAB	0	0	0	0	0	76.00
76.01	03022 SLEEP LAB	0	0	0	0	0	76.01
76.02	03021 GUIDANCE	0	0	0	0	0	76.02
76.03	03023 WOUND CARE	0	0	0	0	0	76.03
76.04	03024 ACUPUNCTURE	0	0	0	0	0	76.04
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	0	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	0	0	0	95.00
200.00	Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part IV Date/Time Prepared: 4/25/2013 11:33 am
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Hospital		Inpatient Program Charges	
					Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	185,224,200	0.000000	0.000000	45,290,232	50.00
51.00	05100	RECOVERY ROOM	0	21,241,955	0.000000	0.000000	2,985,517	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,797,970	0.000000	0.000000	30,103	52.00
53.00	05300	ANESTHESIOLOGY	0	5,012,294	0.000000	0.000000	839,187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	171,812,637	0.000000	0.000000	27,655,884	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
54.02	05402	CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03	05403	MRI	0	0	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	102,611,007	0.000000	0.000000	32,696,395	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	12,988,973	0.000000	0.000000	6,820,602	65.00
65.01	06501	GASTROINTESTINAL SVCS	0	0	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	16,804,898	0.000000	0.000000	3,731,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,771,336	0.000000	0.000000	18,761,335	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,306,221	0.000000	0.000000	6,159,574	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,473,222	0.000000	0.000000	18,016,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,008,859	0.000000	0.000000	40,988,177	73.00
74.00	07400	RENAL DIALYSIS	0	3,285,689	0.000000	0.000000	2,290,717	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.01	03022	SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03021	GUIDANCE	0	323,286	0.000000	0.000000	18,469	76.02
76.03	03023	WOUND CARE	0	0	0.000000	0.000000	0	76.03
76.04	03024	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.04
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	93,745,527	0.000000	0.000000	13,851,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,151,165	0.000000	0.000000	189,558	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES						95.00
200.00		Total (lines 50-199)	0	840,559,239			220,324,968	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part IV Date/Time Prepared: 4/25/2013 11:33 am
	Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	26,985,793	0		50.00
51.00	05100 RECOVERY ROOM	0	3,497,853	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	474,338	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	30,672,852	0		54.00
54.01	05401 ULTRASOUND	0	0	0		54.01
54.02	05402 CT SCAN	0	0	0		54.02
54.03	05403 MRI	0	0	0		54.03
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 MRI	0	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	2,015,131	0		60.00
60.01	06001 BLOOD LABORATORY	0	0	0		60.01
65.00	06500 RESPIRATORY THERAPY	0	619,158	0		65.00
65.01	06501 GASTROINTESTINAL SVCS	0	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	4,472,905	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	2,315,555	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,347,176	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	12,856,757	0		73.00
74.00	07400 RENAL DIALYSIS	0	20,034	0		74.00
76.00	03020 CARDIAC REHAB	0	0	0		76.00
76.01	03022 SLEEP LAB	0	0	0		76.01
76.02	03021 GUIDANCE	0	8,402	0		76.02
76.03	03023 WOUND CARE	0	0	0		76.03
76.04	03024 ACUPUNCTURE	0	0	0		76.04
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	8,816,712	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	340,839	0		92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	96,443,505	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part V Date/Time Prepared: 4/25/2013 11:33 am
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Costs	
		PPS Reimbursed Services (see inst.)	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)	PPS Services (see inst.)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.058400	26,985,793	0	0	1,575,970	50.00
51.00 05100 RECOVERY ROOM	0.143048	3,497,853	0	0	500,361	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.651649	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.101106	474,338	0	0	47,958	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.089441	30,672,852	114	0	2,743,411	54.00
54.01 05401 ULTRASOUND	0.000000	0	0	0	0	54.01
54.02 05402 CT SCAN	0.000000	0	0	0	0	54.02
54.03 05403 MRI	0.000000	0	0	0	0	54.03
56.00 05600 RADIOLOGY-SOFT TISSUE	0.000000	0	0	0	0	56.00
57.00 05700 CT SCAN	0.000000	0	0	0	0	57.00
58.00 05800 MRI	0.000000	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00 06000 LABORATORY	0.096744	2,015,131	0	0	194,952	60.00
60.01 06001 BLOOD LABORATORY	0.000000	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0.150970	619,158	0	0	93,474	65.00
65.01 06501 GASTROINTESTINAL SVCS	0.000000	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0.303072	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.077834	4,472,905	0	0	348,144	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.158861	2,315,555	0	0	367,851	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.187144	3,347,176	0	0	626,404	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.086270	12,856,757	0	92,730	1,109,152	73.00
74.00 07400 RENAL DIALYSIS	0.192135	20,034	0	0	3,849	74.00
76.00 03020 CARDIAC REHAB	0.000000	0	0	0	0	76.00
76.01 03022 SLEEP LAB	0.000000	0	0	0	0	76.01
76.02 03021 GUIDANCE	0.908765	8,402	0	0	7,635	76.02
76.03 03023 WOUND CARE	0.000000	0	0	0	0	76.03
76.04 03024 ACUPUNCTURE	0.000000	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000	0	0	0	0	89.00
90.00 09000 CLINIC	0.000000	0	0	0	0	90.00
91.00 09100 EMERGENCY	0.120667	8,816,712	0	0	1,063,886	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.370701	340,839	0	0	126,349	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0.000000	0	0	0	0	95.00
200.00 Subtotal (see instructions)		96,443,505	114	92,730	8,809,396	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	0	201.00
202.00 Net Charges (line 200 +/- line 201)		96,443,505	114	92,730	8,809,396	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part V Date/Time Prepared: 4/25/2013 11:33 am
		Title XVIII	Hospital	PPS

Cost Center Description	Costs			
	Cost Reimbursed Services Subject To Ded. & Coins. (see inst.)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see inst.)		
	6.00	7.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	10	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
54.02 05402 CT SCAN	0	0		54.02
54.03 05403 MRI	0	0		54.03
56.00 05600 RADIOLOGY	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 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
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
65.01 06501 GASTROINTESTINAL SVCS	0	0		65.01
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	8,000		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 CARDIAC REHAB	0	0		76.00
76.01 03022 SLEEP LAB	0	0		76.01
76.02 03021 GUIDANCE	0	0		76.02
76.03 03023 WOUND CARE	0	0		76.03
76.04 03024 ACUPUNCTURE	0	0		76.04
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
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES	0	0		95.00
200.00 Subtotal (see instructions)	10	8,000		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	10	8,000		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet D
Part I
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		Title XIX			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	4,454,919	0	4,454,919	37,546	118.65	30.00
31.00	03100	INTENSIVE CARE UNIT	780,772		780,772	6,057	128.90	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0.00	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0.00	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0.00	42.00
43.00	04300	NURSERY	157,571		157,571	2,726	57.80	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
200.00		Total (lines 30-199)	5,393,262		5,393,262	46,329		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part I Date/Time Prepared: 4/25/2013 11:33 am
		Title XIX	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	6,553	777,513	30.00
31.00	03100 INTENSIVE CARE UNIT	420	54,138	31.00
40.00	04000 SUBPROVIDER - IPF	0	0	40.00
41.00	04100 SUBPROVIDER - IRF	0	0	41.00
42.00	04200 SUBPROVIDER	0	0	42.00
43.00	04300 NURSERY	2,481	143,402	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	9,454	975,053	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part II Date/Time Prepared: 4/25/2013 11:33 am
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Cost Center Description		Title XIX			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,679,439	185,224,200	0.009067	0	0	50.00
51.00	05100 RECOVERY ROOM	226,087	21,241,955	0.010643	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	466,284	4,797,970	0.097184	0	0	52.00
53.00	05300 ANESTHESIOLOGY	63,926	5,012,294	0.012754	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,378,907	171,812,637	0.013846	0	0	54.00
54.01	05401 ULTRASOUND	0	0	0.000000	0	0	54.01
54.02	05402 CT SCAN	0	0	0.000000	0	0	54.02
54.03	05403 MRI	0	0	0.000000	0	0	54.03
56.00	05600 RADIOISOTOPE	0	0	0.000000	0	0	56.00
57.00	05700 CT SCAN	0	0	0.000000	0	0	57.00
58.00	05800 MRI	0	0	0.000000	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	750,443	102,611,007	0.007313	0	0	60.00
60.01	06001 BLOOD LABORATORY	0	0	0.000000	0	0	60.01
65.00	06500 RESPIRATORY THERAPY	235,468	12,988,973	0.018128	0	0	65.00
65.01	06501 GASTROINTESTINAL SVCS	0	0	0.000000	0	0	65.01
66.00	06600 PHYSICAL THERAPY	1,036,175	16,804,898	0.061659	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	389,352	48,771,336	0.007983	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	136,150	21,306,221	0.006390	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	316,688	41,473,222	0.007636	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	324,674	109,008,859	0.002978	0	0	73.00
74.00	07400 RENAL DIALYSIS	9,670	3,285,689	0.002943	0	0	74.00
76.00	03020 CARDIAC REHAB	0	0	0.000000	0	0	76.00
76.01	03022 SLEEP LAB	0	0	0.000000	0	0	76.01
76.02	03021 GUIDANCE	6,457	323,286	0.019973	0	0	76.02
76.03	03023 WOUND CARE	0	0	0.000000	0	0	76.03
76.04	03024 ACUPUNCTURE	0	0	0.000000	0	0	76.04
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	1,129,678	93,745,527	0.012050	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	125,771	2,151,165	0.058466	0	0	92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0.000000	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	9,275,169	840,559,239		0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet D Part III Date/Time Prepared: 4/25/2013 11:33 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Hospital	PPS	
			1.00	2.00	3.00	Swing-Bed Adjustment Amount (see instructions) 4.00	Total Costs (sum of cols. 1 through 3, minus col. 4) 5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
40.00	04000	SUBPROVIDER - IPF	0	0	0	0	0	40.00
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
42.00	04200	SUBPROVIDER	0	0	0	0	0	42.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	0	45.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part III Date/Time Prepared: 4/25/2013 11:33 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)	Title XIX		Hospital		PPS	
INPATIENT ROUTINE SERVICE COST CENTERS										
30.00	03000	ADULTS & PEDIATRICS	37,546	0.00	6,553	0				30.00
31.00	03100	INTENSIVE CARE UNIT	6,057	0.00	420	0				31.00
40.00	04000	SUBPROVIDER - IPF	0	0.00	0	0				40.00
41.00	04100	SUBPROVIDER - IRF	0	0.00	0	0				41.00
42.00	04200	SUBPROVIDER	0	0.00	0	0				42.00
43.00	04300	NURSERY	2,726	0.00	2,481	0				43.00
44.00	04400	SKILLED NURSING FACILITY	0	0.00	0	0				44.00
45.00	04500	NURSING FACILITY	0	0.00	0	0				45.00
200.00		Total (lines 30-199)	46,329		9,454	0				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part IV Date/Time Prepared: 4/25/2013 11:33 am
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Cost Center Description	Title XIX			Hospital	PPS	Total Cost (sum of col 1 through col. 4)	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
54.01 05401 ULTRASOUND	0	0	0	0	0	0	54.01
54.02 05402 CT SCAN	0	0	0	0	0	0	54.02
54.03 05403 MRI	0	0	0	0	0	0	54.03
56.00 05600 RADIOLOGY	0	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
60.01 06001 BLOOD LABORATORY	0	0	0	0	0	0	60.01
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
65.01 06501 GASTROINTESTINAL SVCS	0	0	0	0	0	0	65.01
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
76.00 03020 CARDIAC REHAB	0	0	0	0	0	0	76.00
76.01 03022 SLEEP LAB	0	0	0	0	0	0	76.01
76.02 03021 GUIDANCE	0	0	0	0	0	0	76.02
76.03 03023 WOUND CARE	0	0	0	0	0	0	76.03
76.04 03024 ACUPUNCTURE	0	0	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
93.00 04040 OTHER OUTPATIENT SERVICE COST CENTE	0	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0	0	0	95.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part IV Date/Time Prepared: 4/25/2013 11:33 am
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Cost Center Description	Title XIX			Hospital		PPS		
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges			
	6.00	7.00	8.00	9.00	10.00			
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	185,224,200	0.000000	0.000000	0	50.00
51.00	05100	RECOVERY ROOM	0	21,241,955	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	4,797,970	0.000000	0.000000	0	52.00
53.00	05300	ANESTHESIOLOGY	0	5,012,294	0.000000	0.000000	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	171,812,637	0.000000	0.000000	0	54.00
54.01	05401	ULTRASOUND	0	0	0.000000	0.000000	0	54.01
54.02	05402	CT SCAN	0	0	0.000000	0.000000	0	54.02
54.03	05403	MRI	0	0	0.000000	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0	0	0.000000	0.000000	0	56.00
57.00	05700	CT SCAN	0	0	0.000000	0.000000	0	57.00
58.00	05800	MRI	0	0	0.000000	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	102,611,007	0.000000	0.000000	0	60.00
60.01	06001	BLOOD LABORATORY	0	0	0.000000	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0	12,988,973	0.000000	0.000000	0	65.00
65.01	06501	GASTROINTESTINAL SVCS	0	0	0.000000	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0	16,804,898	0.000000	0.000000	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	48,771,336	0.000000	0.000000	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	21,306,221	0.000000	0.000000	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	41,473,222	0.000000	0.000000	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	109,008,859	0.000000	0.000000	0	73.00
74.00	07400	RENAL DIALYSIS	0	3,285,689	0.000000	0.000000	0	74.00
76.00	03020	CARDIAC REHAB	0	0	0.000000	0.000000	0	76.00
76.01	03022	SLEEP LAB	0	0	0.000000	0.000000	0	76.01
76.02	03021	GUIDANCE	0	323,286	0.000000	0.000000	0	76.02
76.03	03023	WOUND CARE	0	0	0.000000	0.000000	0	76.03
76.04	03024	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.04
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	93,745,527	0.000000	0.000000	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	2,151,165	0.000000	0.000000	0	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTE	0	0	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0				95.00
200.00		Total (lines 50-199)	0	840,559,239				200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D Part IV Date/Time Prepared: 4/25/2013 11:33 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)	Hospital	PPS
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0	0		50.00
51.00	05100 RECOVERY ROOM	0	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	0	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
54.01	05401 ULTRASOUND	0	0	0		54.01
54.02	05402 CT SCAN	0	0	0		54.02
54.03	05403 MRI	0	0	0		54.03
56.00	05600 RADIOISOTOPE	0	0	0		56.00
57.00	05700 CT SCAN	0	0	0		57.00
58.00	05800 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
65.00	06500 RESPIRATORY THERAPY	0	0	0		65.00
65.01	06501 GASTROINTESTINAL SVCS	0	0	0		65.01
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03020 CARDIAC REHAB	0	0	0		76.00
76.01	03022 SLEEP LAB	0	0	0		76.01
76.02	03021 GUIDANCE	0	0	0		76.02
76.03	03023 WOUND CARE	0	0	0		76.03
76.04	03024 ACUPUNCTURE	0	0	0		76.04
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
93.00	04040 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES					95.00
200.00	Total (lines 50-199)	0	0	0		200.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D-1 Date/Time Prepared: 4/25/2013 11:33 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)		37,546	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,546	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)		36,486	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)		18,915	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)		28,245,869	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)		28,245,869	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		78,814,377	28.00
29.00	Private room charges (excluding swing-bed charges)		5,280,266	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		73,534,111	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.358385	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)		2,015.41	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)		28,245,869	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)		752.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		14,229,755	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)		14,229,755	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet D-1	
		Title XVIII		Hospital		PPS	
Cost Center Description		Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)	
		1.00	2.00	3.00	4.00	5.00	
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,965,547	6,057	1,315.10	3,590	4,721,209	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					22,518,943	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					41,469,907	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)					2,707,016	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					2,065,683	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					4,772,699	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					36,697,208	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,060	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					752.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					797,438	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet D-1 Date/Time Prepared: 4/25/2013 11:33 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,454,919	28,245,869	0.157719	797,438	125,771	90.00
91.00	Nursing School cost	0	28,245,869	0.000000	797,438	0	91.00
92.00	Allied health cost	0	28,245,869	0.000000	797,438	0	92.00
93.00	All other Medical Education	0	28,245,869	0.000000	797,438	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 4/25/2013 11:33 am
Cost Center Description				PPS
				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,546	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,546	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)		36,486	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)		6,553	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)		2,726	15.00
16.00	Nursery days (title V or XIX only)		2,481	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)		28,245,869	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)		28,245,869	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		0	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		0	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.000000	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)		0.00	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)		28,245,869	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)		752.30	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		4,929,822	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		4,929,822	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D-1 Date/Time Prepared: 4/25/2013 11:33 am		
Cost Center Description			Title XIX	Hospital	PPS		
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	1.00	2.00	3.00	4.00	5.00		
NURSERY (title V & XIX only)							
	1,997,908	2,726	732.91	2,481	1,818,350	42.00	
Intensive Care Type Inpatient Hospital Units							
43.00	7,965,547	6,057	1,315.10	420	552,342	43.00	
44.00						44.00	
45.00						45.00	
46.00						46.00	
47.00						47.00	
Cost Center Description							
					1.00		
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					0	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					7,300,514	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)					975,053	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					975,053	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					6,325,461	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					1,060	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					752.30	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					797,438	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140084		Period: From 12/01/2011 To 11/30/2012		Worksheet D-1 Date/Time Prepared: 4/25/2013 11:33 am	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	4,454,919	28,245,869	0.157719	797,438	125,771	90.00
91.00	Nursing School cost	0	28,245,869	0.000000	797,438	0	91.00
92.00	Allied health cost	0	28,245,869	0.000000	797,438	0	92.00
93.00	All other Medical Education	0	28,245,869	0.000000	797,438	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet D-3 Date/Time Prepared: 4/25/2013 11:33 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		40,642,981	30.00
31.00	03100	INTENSIVE CARE UNIT		12,652,305	31.00
40.00	04000	SUBPROVIDER - IPF		0	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
42.00	04200	SUBPROVIDER		0	42.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.058400	45,290,232	50.00
51.00	05100	RECOVERY ROOM	0.143048	2,985,517	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.651649	30,103	52.00
53.00	05300	ANESTHESIOLOGY	0.101106	839,187	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.089441	27,655,884	54.00
54.01	05401	ULTRASOUND	0.000000	0	54.01
54.02	05402	CT SCAN	0.000000	0	54.02
54.03	05403	MRI	0.000000	0	54.03
56.00	05600	RADIOISOTOPE	0.000000	0	56.00
57.00	05700	CT SCAN	0.000000	0	57.00
58.00	05800	MRI	0.000000	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	59.00
60.00	06000	LABORATORY	0.096744	32,696,395	60.00
60.01	06001	BLOOD LABORATORY	0.000000	0	60.01
65.00	06500	RESPIRATORY THERAPY	0.150970	6,820,602	65.00
65.01	06501	GASTROINTESTINAL SVCS	0.000000	0	65.01
66.00	06600	PHYSICAL THERAPY	0.303072	3,731,587	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.077834	18,761,335	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.158861	6,159,574	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.187144	18,016,368	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.086270	40,988,177	73.00
74.00	07400	RENAL DIALYSIS	0.192135	2,290,717	74.00
76.00	03020	CARDIAC REHAB	0.000000	0	76.00
76.01	03022	SLEEP LAB	0.000000	0	76.01
76.02	03021	GUIDANCE	0.908765	18,469	76.02
76.03	03023	WOUND CARE	0.000000	0	76.03
76.04	03024	ACUPUNCTURE	0.000000	0	76.04
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	0	90.00
91.00	09100	EMERGENCY	0.120667	13,851,263	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.370701	189,558	92.00
93.00	04040	OTHER OUTPATIENT SERVICE COST CENTER	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		220,324,968	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)		220,324,968	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet E Part A Date/Time Prepared: 4/25/2013 11:33 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		33,517,296	1.00
2.00	Outlier payments for discharges. (see instructions)		461,845	2.00
2.01	Outlier reconciliation amount		0	2.01
3.00	Managed Care Simulated Payments		0	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		189.10	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.91	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		25.51	31.00
32.00	Sum of lines 30 and 31		31.42	32.00
33.00	Allowable disproportionate share percentage (see instructions)		15.14	33.00
34.00	Disproportionate share adjustment (see instructions)		5,074,519	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)		39,053,660	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: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet E Part A Date/Time Prepared: 4/25/2013 11:33 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)		39,053,660	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,973,366	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		0	58.00
59.00	Total (sum of amounts on lines 49 through 58)		42,027,026	59.00
60.00	Primary payer payments		33,144	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		41,993,882	61.00
62.00	Deductibles billed to program beneficiaries		3,676,708	62.00
63.00	Coinsurance billed to program beneficiaries		125,656	63.00
64.00	Allowable bad debts (see instructions)		1,116,739	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		781,717	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		880,185	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		38,973,235	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Outlier payments reconciliation (Sum of lines 93, 95 and 96). (For SCH see instructions)		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.93	HVBP incentive payment (see instructions)		0	70.93
70.94	Hospital readmissions reduction adjustment (see instructions)		0	70.94
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		38,973,235	71.00
72.00	Interim payments		39,576,597	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)		-603,362	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		2,158,680	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: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet E Part B Date/Time Prepared: 4/25/2013 11:33 am
		Title XVIII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		8,010	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,809,396	2.00
3.00	PPS payments		10,043,207	3.00
4.00	Outlier payment (see instructions)		14,826	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		8,010	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		92,844	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)		92,844	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)		92,844	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		84,834	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		8,010	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		10,058,033	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		18,943	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,389,136	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)		7,657,964	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		0	28.00
29.00	ESRD direct medical education costs (from Worksheet E-4, line 36)		0	29.00
30.00	Subtotal (sum of lines 27 through 29)		7,657,964	30.00
31.00	Primary payer payments		4,766	31.00
32.00	Subtotal (line 30 minus line 31)		7,653,198	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)		913,727	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		639,609	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		842,006	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		8,292,807	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.98	AB Re-billing demo amount (see instructions)		0	39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		8,292,807	40.00
41.00	Interim payments		8,181,752	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)		111,055	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
4/25/2013 11:33 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		39,576,597		8,181,752	1.00	
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00	
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00	
Program to Provider							
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01	
3.02			0		0	3.02	
3.03			0		0	3.03	
3.04			0		0	3.04	
3.05			0		0	3.05	
Provider to Program							
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50	
3.51			0		0	3.51	
3.52			0		0	3.52	
3.53			0		0	3.53	
3.54			0		0	3.54	
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99	
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to Wkst. E or Wkst. E-3, line and column as appropriate)		39,576,597		8,181,752	4.00	
TO BE COMPLETED BY CONTRACTOR							
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00	
Program to Provider							
5.01	TENTATIVE TO PROVIDER		0		0	5.01	
5.02			0		0	5.02	
5.03			0		0	5.03	
Provider to Program							
5.50	TENTATIVE TO PROGRAM		0		0	5.50	
5.51			0		0	5.51	
5.52			0		0	5.52	
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99	
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00	
6.01	SETTLEMENT TO PROVIDER		0		111,055	6.01	
6.02	SETTLEMENT TO PROGRAM		603,362		0	6.02	
7.00	Total Medicare program liability (see instructions)		38,973,235		8,292,807	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: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet E-1
Part II
Date/Time Prepared:
4/25/2013 11:33 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			11,539 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			22,505 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			529 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			42,543 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			940,706,993 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			26,500,922 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)			2,271,923 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			2,236,131 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			35,792 32.00

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

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet G

Date/Time Prepared:
4/25/2013 11:33 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	-851,306	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	42,513,480	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-13,849,001	0	0	0	6.00
7.00	Inventory	3,492,498	0	0	0	7.00
8.00	Prepaid expenses	1,566,882	0	0	0	8.00
9.00	Other current assets	2,239,482	0	0	0	9.00
10.00	Due from other funds	0	0	0	0	10.00
11.00	Total current assets (sum of lines 1-10)	35,112,035	0	0	0	11.00
FIXED ASSETS						
12.00	Land	11,309,704	0	0	0	12.00
13.00	Land improvements	2,459,690	0	0	0	13.00
14.00	Accumulated depreciation	-772,401	0	0	0	14.00
15.00	Buildings	54,589,097	0	0	0	15.00
16.00	Accumulated depreciation	-7,990,795	0	0	0	16.00
17.00	Leasehold improvements	14,078,607	0	0	0	17.00
18.00	Accumulated depreciation	-2,144,192	0	0	0	18.00
19.00	Fixed equipment	3,876,642	0	0	0	19.00
20.00	Accumulated depreciation	-1,201,583	0	0	0	20.00
21.00	Automobiles and trucks	98,813	0	0	0	21.00
22.00	Accumulated depreciation	-61,511	0	0	0	22.00
23.00	Major movable equipment	21,644,261	0	0	0	23.00
24.00	Accumulated depreciation	-13,418,046	0	0	0	24.00
25.00	Minor equipment depreciable	12,978,574	0	0	0	25.00
26.00	Accumulated depreciation	-8,852,669	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)	86,594,191	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	478,668	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	478,668	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	122,184,894	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	18,411,856	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,317,618	0	0	0	38.00
39.00	Payroll taxes payable	-635	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	72,262,842	0	0	0	43.00
44.00	Other current liabilities	2,473,862	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	99,465,543	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	0	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	0	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	99,465,543	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	22,719,351	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	22,719,351	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	122,184,894	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet G-1

Date/Time Prepared:
4/25/2013 11:33 am

	General Fund		Special Purpose Fund		Endowment Fund	
	1.00	2.00	3.00	4.00	5.00	
1.00 Fund balances at beginning of period		25,928,674			0	1.00
2.00 Net income (loss) (From Wkst. G-3, line 29)		-3,209,325				2.00
3.00 Total (sum of line 1 and line 2)		22,719,349			0	3.00
4.00 Additions (credit adjustments) (specify)	2		0		0	4.00
5.00	0		0		0	5.00
6.00	0		0		0	6.00
7.00	0		0		0	7.00
8.00	0		0		0	8.00
9.00	0		0		0	9.00
10.00 Total additions (sum of line 4-9)		2			0	10.00
11.00 Subtotal (line 3 plus line 10)		22,719,351			0	11.00
12.00 Deductions (debit adjustments) (specify)	0		0		0	12.00
13.00	0		0		0	13.00
14.00	0		0		0	14.00
15.00	0		0		0	15.00
16.00	0		0		0	16.00
17.00	0		0		0	17.00
18.00 Total deductions (sum of lines 12-17)		0			0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		22,719,351			0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet G-1

Date/Time Prepared:
4/25/2013 11:33 am

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
4/25/2013 11:33 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	78,814,377		78,814,377	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
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	78,814,377		78,814,377	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	21,333,377		21,333,377	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	21,333,377		21,333,377	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	100,147,754		100,147,754	17.00
18.00	Ancillary services	438,870,492		438,870,492	18.00
19.00	Outpatient services	0	401,688,747	401,688,747	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY	0	0	0	22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC	0	0	0	24.00
24.10	CORF	0	0	0	24.10
25.00	AMBULATORY SURGICAL CENTER (D.P.)	0	0	0	25.00
26.00	HOSPICE	0	0	0	26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	539,018,246	401,688,747	940,706,993	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		180,296,837		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to Wkst. G-3, line 4)		180,296,837		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140084

Period:
From 12/01/2011
To 11/30/2012

Worksheet G-3

Date/Time Prepared:
4/25/2013 11:33 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	940,706,993	1.00
2.00	Less contractual allowances and discounts on patients' accounts	768,518,667	2.00
3.00	Net patient revenues (line 1 minus line 2)	172,188,326	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	180,296,837	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-8,108,511	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	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	0	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	4,899,186	24.00
25.00	Total other income (sum of lines 6-24)	4,899,186	25.00
26.00	Total (line 5 plus line 25)	-3,209,325	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-3,209,325	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140084	Period: From 12/01/2011 To 11/30/2012	Worksheet L Parts I-III Date/Time Prepared: 4/25/2013 11:33 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,703,148	1.00
2.00	Capital DRG outlier payments		92,621	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		116.24	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.91	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		25.51	8.00
9.00	Sum of lines 7 and 8		31.42	9.00
10.00	Allowable disproportionate share percentage (see instructions)		6.57	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		177,597	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,973,366	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