

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: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet S Parts I-III Date/Time Prepared: 5/31/2013 7:07 am
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PART I - COST REPORT STATUS			
Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 5/31/2013	Time: 7:07 am
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above certification statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by METROSOUTH MEDICAL CENTER (140118) for the cost reporting period beginning 03/01/2012 and ending 12/31/2012 and to the best of my knowledge and belief, this report and statement are true, correct, complete and prepared from the books and records of the provider in accordance with applicable instructions, except as noted. I further certify that I am familiar with the laws and regulations regarding the provision of health care services, and that the services identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title XVIII			HIT	Title XIX	
	Title V	Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-211,332	-199,098	0	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	-211,332	-199,098	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140118		Period: From 03/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:19 am					
1.00		2.00		3.00		4.00					
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 12935 SOUTH GREGORY STREET		PO Box:						1.00		
2.00	City: BLUE ISLAND		State: IL		Zip Code: 60406		County: COOK		2.00		
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)				
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00		
Hospital and Hospital-Based Component Identification:											
3.00	Hospital		METROSOUTH MEDICAL CENTER	140118	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF										4.00
5.00	Subprovider - IRF										5.00
6.00	Subprovider - (Other)										6.00
7.00	Swing Beds - SNF										7.00
8.00	Swing Beds - NF										8.00
9.00	Hospital-Based SNF										9.00
10.00	Hospital-Based NF										10.00
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
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)					03/01/2012	12/31/2012		20.00		
21.00	Type of Control (see instructions)					4			21.00		
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N		22.00		
23.00	Which method is used to determine Medicaid days on lines 24 and/or 25 below? In column 1, enter 1 if date of admission, 2 if census days, or 3 if date of discharge. Is the method of identifying the days in this cost reporting period different from the method used in the prior cost reporting period? In column 2, enter "Y" for yes or "N" for no.					2	N		23.00		
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible unpaid days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.		1,793	6,554	5	74	1,478	0	24.00		
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible unpaid days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible unpaid days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.		0	0	0	0	0	0	25.00		
						Urban/Rural S	Date of Geogr				
						1.00	2.00				
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter "1" for urban or "2" for rural.					1			26.00		
27.00	Enter your standard geographic classification (not wage) status at the end of the cost reporting period. Enter in column 1, "1" for urban or "2" for rural. If applicable, enter the effective date of the geographic reclassification in column 2.					1			27.00		
35.00	If this is a sole community hospital (SCH), enter the number of periods SCH status in effect in the cost reporting period.					0			35.00		

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:19 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: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-2
Part I
Date/Time Prepared:
5/30/2013 10:19 am

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

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		1.00	2.00	3.00		
Inpatient Psychiatric Facility PPS						
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.	N				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	N				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00
				1.00		
Long Term Care Hospital PPS						
80.00	Is this a long term care hospital (LTCH)? Enter "Y" for yes and "N" for no.			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.					86.00
		V		XIX		
		1.00		2.00		
Title V and XIX Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		N		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N		N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.		0.00		0.00	97.00
Rural Providers						
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N				106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N				107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical		Occupational		
		1.00		2.00		
		Speech		Respiratory		
		3.00		4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N		N		109.00
		1.00		2.00		3.00
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N				0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	Y				117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	2				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:	1,674,401	0	0	
			1.00	2.00	
118.02	Are malpractice premiums and paid losses reported in a cost center other than the Administrative and General? If yes, submit supporting schedule listing cost centers and amounts contained therein.		N		
119.00	DO NOT USE THIS LINE				
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	
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		
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		
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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.				
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		
		1.00	2.00	3.00	
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name:	Contractor's Name:		Contractor's Number:	
142.00	Street:	PO Box:			
143.00	City:	State:		Zip Code:	
				1.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	
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	
				1.00	
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		
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140118			Period: From 03/01/2012 To 12/31/2012		Worksheet S-2 Part I Date/Time Prepared: 5/30/2013 10:19 am		
								1.00	
Multi campus									
165.00	Is this hospital part of a Multi campus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.							N	165.00
		Name	County	State	Zip Code	CBSA	FTE/Campus		
		0	1.00	2.00	3.00	4.00	5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5							0.00	166.00
								1.00	
Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act									
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.							Y	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)								168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)							0.75	169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 10:19 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
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
			Y/N	Type	Date
			1.00	2.00	3.00
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	Legal Oper.	
			1.00	2.00	
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A		Part B	
		Y/N	Date	Y/N	
		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)	Y	02/21/2013	Y	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)	N		N	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: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet S-2 Part II Date/Time Prepared: 5/30/2013 10:19 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.			N	33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.			Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.			N	35.00
				Y/N	Date
				1.00	2.00
Home Office Costs					
36.00	Were home office costs claimed on the cost report?			N	36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.			N	37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.			N	38.00
39.00	If line 36 is yes, did the provider render services to other chain components? If yes, see instructions.			N	39.00
40.00	If line 36 is yes, did the provider render services to the home office? If yes, see instructions.			N	40.00
				1.00	2.00
Cost Report Preparer Contact Information					
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	TAD		ERICKSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	TRE REIMBURSEMENT CONSULTING, INC.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	602-799-2223		TAD@TRERCI.COM	43.00

		Part B	
		Date	
		4.00	
PS&R Data			
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	02/21/2013	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.		21.00
		3.00	
Cost Report Preparer Contact Information			
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT	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: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 10:19 am

Component	Worksheet A Line Number	No. of Beds	Bed Days Avai lable	CAH Hours	I/P Days / O/P Vi s i t s / Tri ps	
					Title V	
	1.00	2.00	3.00	4.00	5.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	228	83,373	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)		228	83,373	0.00	0	7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,568	0.00	0	8.00
8.01 NICU	31.01	0	0	0.00	0	8.01
9.00 CORONARY CARE UNIT	32.00	0	0	0.00	0	9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00				0	13.00
14.00 Total (see instructions)		252	91,941	0.00	0	14.00
15.00 CAH visits					0	15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)		252				27.00
28.00 Observation Bed Days					0	28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00
	I/P Days / O/P Vi s i t s / Tri ps			Full Time Equivalents		
Component	Title VIII	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)	11,554	6,465	25,007			1.00
2.00 HMO	1,129	0				2.00
3.00 HMO IPF Subprovider	0	0				3.00
4.00 HMO IRF Subprovider	0	0				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0			5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0	0	0			6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	11,554	6,465	25,007			7.00
8.00 INTENSIVE CARE UNIT	1,681	94	3,144			8.00
8.01 NICU	0	0	0			8.01
9.00 CORONARY CARE UNIT	0	0	0			9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY		3,345	3,728			13.00
14.00 Total (see instructions)	13,235	9,904	31,879	0.00	0.00	14.00
15.00 CAH visits	0	0	0			15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-3
Part I
Date/Time Prepared:
5/30/2013 10:19 am

Component		I/P Days / O/P Visits / Trips			Full Time Equivalents		
		Title VIII	Title XIX	Total All Patients	Total Interns & Residents	Employees On Payroll	
		6.00	7.00	8.00	9.00	10.00	
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)				0.00	0.00	27.00
28.00	Observation Bed Days		0	0			28.00
29.00	Ambulance Trips	0					29.00
30.00	Employee discount days (see instruction)			0			30.00
31.00	Employee discount days - IRF			0			31.00
32.00	Labor & delivery days (see instructions)		0	0			32.00
33.00	LTCH non-covered days	0					33.00
Component		Full Time Equivalents	Discharges				
		Nonpaid Workers	Title V	Title VIII	Title XIX		Total All Patients
		11.00	12.00	13.00	14.00		15.00
1.00	Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)		0	3,040	1,851	6,681	1.00
2.00	HMO			0			2.00
3.00	HMO IPF Subprovider						3.00
4.00	HMO IRF Subprovider						4.00
5.00	Hospital Adults & Peds. Swing Bed SNF						5.00
6.00	Hospital Adults & Peds. Swing Bed NF						6.00
7.00	Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00	INTENSIVE CARE UNIT						8.00
8.01	NICU						8.01
9.00	CORONARY CARE UNIT						9.00
10.00	BURN INTENSIVE CARE UNIT						10.00
11.00	SURGICAL INTENSIVE CARE UNIT						11.00
12.00	OTHER SPECIAL CARE (SPECIFY)						12.00
13.00	NURSERY						13.00
14.00	Total (see instructions)	0.00	0	3,040	1,851	6,681	14.00
15.00	CAH visits						15.00
16.00	SUBPROVIDER - IPF						16.00
17.00	SUBPROVIDER - IRF						17.00
18.00	SUBPROVIDER						18.00
19.00	SKILLED NURSING FACILITY						19.00
20.00	NURSING FACILITY						20.00
21.00	OTHER LONG TERM CARE						21.00
22.00	HOME HEALTH AGENCY						22.00
23.00	AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00	HOSPICE						24.00
25.00	CMHC - CMHC						25.00
26.00	RURAL HEALTH CLINIC						26.00
26.25	FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00	Total (sum of lines 14-26)	0.00					27.00
28.00	Observation Bed Days						28.00
29.00	Ambulance Trips						29.00
30.00	Employee discount days (see instruction)						30.00
31.00	Employee discount days - IRF						31.00
32.00	Labor & delivery days (see instructions)						32.00
33.00	LTCH non-covered days						33.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 10:19 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	Average Hourly Wage (col. 4 ÷ col. 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART II - WAGE DATA							
SALARIES							
1.00	Total salaries (see instructions)	200.00	45,540,705	0	45,540,705	1,401,513.00	32.49
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		548,473	0	548,473	10,333.00	53.08
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)		9,578	361,766	371,344	10,976.00	33.83
OTHER WAGES & RELATED COSTS							
11.00	Contract labor (see instructions)		523,977	0	523,977	10,061.00	52.08
12.00	Contract management and administrative services		0	0	0	0.00	0.00
13.00	Contract Labor: Physician-Part A - Administrative		855,174	0	855,174	8,715.00	98.13
14.00	Home office salaries & wage-related costs		0	0	0	0.00	0.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00	0.00
16.00	Home office and Contract Physicians Part A - Teaching		0	0	0	0.00	0.00
WAGE-RELATED COSTS							
17.00	Wage-related costs (core) Wkst S-3, Part IV line 24		10,806,625	0	10,806,625		
18.00	Wage-related costs (other) Wkst S-3, Part IV line 25		0	0	0		
19.00	Excluded areas		86,733	0	86,733		
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		100,543	0	100,543		
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	345,314	0	345,314	10,232.00	33.75
27.00	Administrative & General	5.00	6,335,947	-564,596	5,771,351	173,771.00	33.21
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00	0.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00	0.00
30.00	Operation of Plant	7.00	1,773,073	0	1,773,073	59,913.00	29.59
31.00	Laundry & Linen Service	8.00	374,600	0	374,600	24,135.00	15.52
32.00	Housekeeping	9.00	1,331,441	0	1,331,441	85,325.00	15.60
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00	0.00
34.00	Dietary	10.00	1,115,657	0	1,115,657	63,771.00	17.49
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	2,023,283	202,830	2,226,113	46,036.00	48.36
39.00	Central Services and Supply	14.00	676,912	0	676,912	26,037.00	26.00
40.00	Pharmacy	15.00	1,682,093	0	1,682,093	43,448.00	38.72
41.00	Medical Records & Medical Records Library	16.00	640,701	0	640,701	26,750.00	23.95

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-3
Part II
Date/Time Prepared:
5/30/2013 10:19 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	
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: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet S-3
Part III
Date/Time Prepared:
5/30/2013 10:19 am

	Worksheet A Line Number	Amount Reported	Recl assi fi cation of Salaries (from Worksheet A-6)	Adjusted Salaries (col . 2 ± col . 3)	Paid Hours Related to Salaries in col . 4	Average Hourly Wage (col . 4 ÷ col . 5)	
	1.00	2.00	3.00	4.00	5.00	6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1.00	Net salaries (see instructions)	45,540,705	0	45,540,705	1,401,513.00	32.49	1.00
2.00	Excluded area salaries (see instructions)	9,578	361,766	371,344	10,976.00	33.83	2.00
3.00	Subtotal salaries (line 1 minus line 2)	45,531,127	-361,766	45,169,361	1,390,537.00	32.48	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,379,151	0	1,379,151	18,776.00	73.45	4.00
5.00	Subtotal wage-related costs (see inst.)	10,907,168	0	10,907,168	0.00	24.15	5.00
6.00	Total (sum of lines 3 thru 5)	57,817,446	-361,766	57,455,680	1,409,313.00	40.77	6.00
7.00	Total overhead cost (see instructions)	16,299,021	-361,766	15,937,255	559,418.00	28.49	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet S-3 Part IV Date/Time Prepared: 5/30/2013 10:19 am
				Amount Reported
				1.00
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		863,951	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)		3,992,531	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		183,276	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		75,709	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)		0	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)		103,650	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		835,266	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		2,903,073	17.00
18.00	Medicare Taxes - Employers Portion Only		678,944	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		1,357,501	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		0	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		10,993,901	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: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet S-3 Part V Date/Time Prepared: 5/30/2013 10:19 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 3.00
4.00	Subprovider - IRF			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 8.00
9.00	Hospital-Based NF			0 9.00
10.00	Hospital-Based OLTC			0 10.00
11.00	Hospital-Based HHA			0 11.00
12.00	Separately Certified ASC			0 12.00
13.00	Hospital-Based Hospice			0 13.00
14.00	Hospital-Based Health Clinic RHC			0 14.00
15.00	Hospital-Based Health Clinic FQHC			0 15.00
16.00	Hospital-Based-CMHC			0 16.00
17.00	Renal Dialysis		0	0 17.00
18.00	Other		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet S-10 Date/Time Prepared: 5/30/2013 10:19 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)		0.216205		1.00
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid		27,930,125		2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		Y		4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		0		5.00
6.00	Medicaid charges		96,180,893		6.00
7.00	Medicaid cost (line 1 times line 6)		20,794,790		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	4,422,000	34,580	4,456,580	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	956,059	7,476	963,535	21.00
22.00	Partial payment by patients approved for charity care	6,540	1,002	7,542	22.00
23.00	Cost of charity care (line 21 minus line 22)	949,519	6,474	955,993	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)		8,221,686		26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		466,023		27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		7,755,663		28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		1,676,813		29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		2,632,806		30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		2,632,806		31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140118		Period: From 03/01/2012 To 12/31/2012		Worksheet A	
Date/Time Prepared: 5/30/2013 10:19 am							
Cost Center	Description	Salaries	Other	Total (col. 1 + col. 2)	Reclassified (See A-6)	Reclassified Trial Balance (col. 3 +/- col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100		1,253,997	1,253,997	1,309,757	2,563,754	1.00
2.00	00200		2,848,749	2,848,749	828,846	3,677,595	2.00
4.00	00400	345,314	129,369	474,683	5,918,843	6,393,526	4.00
5.00	00500	6,335,947	50,952,702	57,288,649	-8,296,286	48,992,363	5.00
6.00	00600	0	0	0	0	0	6.00
7.00	00700	1,773,073	2,842,359	4,615,432	-457	4,614,975	7.00
8.00	00800	374,600	258,995	633,595	-213	633,382	8.00
9.00	00900	1,331,441	453,280	1,784,721	0	1,784,721	9.00
10.00	01000	1,115,657	1,060,237	2,175,894	-4,913	2,170,981	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	2,023,283	464,902	2,488,185	233,231	2,721,416	13.00
14.00	01400	676,912	156,267	833,179	184,806	1,017,985	14.00
15.00	01500	1,682,093	3,719,334	5,401,427	-138,675	5,262,752	15.00
16.00	01600	640,701	778,242	1,418,943	801	1,419,744	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	5,703,900	2,598,840	8,302,740	-26,010	8,276,730	30.00
31.00	03100	2,519,991	475,252	2,995,243	-5,738	2,989,505	31.00
31.01	03101	0	0	0	0	0	31.01
32.00	03200	0	0	0	0	0	32.00
43.00	04300	889,645	800,481	1,690,126	-7,712	1,682,414	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,922,979	7,104,471	10,027,450	-5,264,566	4,762,884	50.00
51.00	05100	400,639	72,059	472,698	0	472,698	51.00
52.00	05200	2,049,477	652,769	2,702,246	-16,540	2,685,706	52.00
53.00	05300	38,955	277,772	316,727	0	316,727	53.00
54.00	05400	1,612,324	1,631,796	3,244,120	-25	3,244,095	54.00
54.01	05401	379,967	93,327	473,294	-17	473,277	54.01
56.00	05601	195,304	185,972	381,276	0	381,276	56.00
57.00	05700	558,322	352,943	911,265	0	911,265	57.00
58.00	05800	150,720	107,983	258,703	0	258,703	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	2,145,598	2,783,188	4,928,786	-20,951	4,907,835	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	793,140	392,089	1,185,229	-67,702	1,117,527	65.00
66.00	06600	639,866	109,147	749,013	289,714	1,038,727	66.00
67.00	06700	135,460	17,159	152,619	-152,560	59	67.00
68.00	06801	116,845	36,553	153,398	-151,009	2,389	68.00
69.00	06900	4,886,176	5,451,950	10,338,126	-208,084	10,130,042	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	4,726,561	4,726,561	71.00
72.00	07200	0	0	0	280,741	280,741	72.00
73.00	07300	0	0	0	-179,129	-179,129	73.00
74.00	07400	0	542,348	542,348	0	542,348	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	100,355	17,910	118,265	0	118,265	76.01
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	90,987	12,313	103,300	0	103,300	90.00
91.00	09100	2,901,456	1,240,452	4,141,908	-5,400	4,136,508	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		45,531,127	89,875,207	135,406,334	-772,687	134,633,647	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	9,578	8,505	18,083	-825	17,258	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	773,512	773,512	194.01
194.02	07953	0	1,031	1,031	0	1,031	194.02
194.03	07952	0	0	0	0	0	194.03
200.00		45,540,705	89,884,743	135,425,448	0	135,425,448	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet A
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description			Adjustments (See A-8)	Net Expenses For Allocation	
			6.00	7.00	
GENERAL SERVICE COST CENTERS					
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT	-1,396,522	1,167,232	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	-78,804	3,598,791	2.00
4.00	00400	EMPLOYEE BENEFITS	0	6,393,526	4.00
5.00	00500	ADMINISTRATIVE & GENERAL	-35,580,446	13,411,917	5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700	OPERATION OF PLANT	-140,450	4,474,525	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	0	633,382	8.00
9.00	00900	HOUSEKEEPING	0	1,784,721	9.00
10.00	01000	DIETARY	0	2,170,981	10.00
11.00	01100	CAFETERIA	-317,784	-317,784	11.00
13.00	01300	NURSING ADMINISTRATION	0	2,721,416	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,017,985	14.00
15.00	01500	PHARMACY	0	5,262,752	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	0	1,419,744	16.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-1,123,028	7,153,702	30.00
31.00	03100	INTENSIVE CARE UNIT	0	2,989,505	31.00
31.01	03101	NICU	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	32.00
43.00	04300	NURSERY	0	1,682,414	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-27,507	4,735,377	50.00
51.00	05100	RECOVERY ROOM	0	472,698	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	2,685,706	52.00
53.00	05300	ANESTHESIOLOGY	-113,045	203,682	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	3,244,095	54.00
54.01	05401	ULTRASOUND	0	473,277	54.01
56.00	05601	RADIOISOTOPE	0	381,276	56.00
57.00	05700	CT SCAN	0	911,265	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	258,703	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000	LABORATORY	-5,524	4,902,311	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	1,117,527	65.00
66.00	06600	PHYSICAL THERAPY	0	1,038,727	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	59	67.00
68.00	06801	SPEECH PATHOLOGY	0	2,389	68.00
69.00	06900	ELECTROCARDIOLOGY	0	10,130,042	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	4,726,561	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	280,741	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	-179,129	73.00
74.00	07400	RENAL DIALYSIS	0	542,348	74.00
76.00	03020	ACUPUNCTURE	0	0	76.00
76.01	03021	SLEEP LAB	0	118,265	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0	103,300	90.00
91.00	09100	EMERGENCY	0	4,136,508	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			92.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-38,783,110	95,850,537	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	17,258	192.00
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	192.01
193.00	19300	NONPAID WORKERS	0	0	193.00
194.00	07950	CHF CLINIC	0	0	194.00
194.01	07951	OTHER NON-REIMB - MARKETING	0	773,512	194.01
194.02	07953	OTHER NON-REIMB - MARKETING	0	1,031	194.02
194.03	07952	OTHER NON-REIMB - MOB	0	0	194.03
200.00		TOTAL (SUM OF LINES 118-199)	-38,783,110	96,642,338	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - EMPLOYEE BENEFITS					
1.00	EMPLOYEE BENEFITS	4.00	0	5,919,739	1.00
2.00	MEDICAL RECORDS & LIBRARY	16.00	0	801	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
	TOTALS		0	5,920,540	
B - OXYGEN COSTS					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	63,784	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		0	63,784	
C - RENTAL AND LEASE EXPENSE					
1.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	821,346	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
	TOTALS		0	821,346	
D - OTHER CAPITAL COSTS					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,309,757	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	7,500	2.00
	TOTALS		0	1,317,257	
E - MARKETING DEPARTMENT					
1.00	OTHER NON-REIMB - MARKETING	194.01	361,766	411,746	1.00
	TOTALS		361,766	411,746	
F - CHIEF NURSING OFFICER					
1.00	NURSING ADMINISTRATION	13.00	202,830	30,901	1.00
	TOTALS		202,830	30,901	
G - MEDICAL SUPPLIES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	4,943,518	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	280,741	2.00
3.00	CENTRAL SERVICES & SUPPLY	14.00	0	202,785	3.00
	TOTALS		0	5,427,044	
H - COST OF DRUGS/IV SOLUTIONS					
1.00	PHARMACY	15.00	0	179,129	1.00
	TOTALS		0	179,129	
J - PT, OT, SP COSTS					
1.00	PHYSICAL THERAPY	66.00	250,623	52,946	1.00
2.00		0.00	0	0	2.00
	TOTALS		250,623	52,946	
500.00	Grand Total: Increases		815,219	14,224,693	500.00

RECLASSIFICATIONS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-6
Date/Time Prepared:
5/30/2013 10:19 am

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
A - EMPLOYEE BENEFITS							
1.00	EMPLOYEE BENEFITS	4.00	0	896	0	1.00	
2.00	ADMINISTRATIVE & GENERAL	5.00	0	5,899,434	0	2.00	
3.00	DIETARY	10.00	0	2,500	0	3.00	
4.00	NURSING ADMINISTRATION	13.00	0	500	0	4.00	
5.00	PHARMACY	15.00	0	594	0	5.00	
6.00	ADULTS & PEDIATRICS	30.00	0	2,041	0	6.00	
7.00	INTENSIVE CARE UNIT	31.00	0	4,658	0	7.00	
8.00	ELECTROCARDIOLOGY	69.00	0	2,500	0	8.00	
9.00	OPERATING ROOM	50.00	0	3,045	0	9.00	
10.00	LABORATORY	60.00	0	686	0	10.00	
11.00	RESPIRATORY THERAPY	65.00	0	1,186	0	11.00	
12.00	EMERGENCY	91.00	0	2,500	0	12.00	
	TOTALS		0	5,920,540			
B - OXYGEN COSTS							
1.00	OPERATING ROOM	50.00	0	275	0	1.00	
2.00	RESPIRATORY THERAPY	65.00	0	63,436	0	2.00	
3.00	OPERATION OF PLANT	7.00	0	40	0	3.00	
4.00	ELECTROCARDIOLOGY	69.00	0	33	0	4.00	
	TOTALS		0	63,784			
C - RENTAL AND LEASE EXPENSE							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	72,352	10	1.00	
2.00	OPERATION OF PLANT	7.00	0	417	0	2.00	
3.00	LAUNDRY & LINEN SERVICE	8.00	0	213	0	3.00	
4.00	DIETARY	10.00	0	2,413	0	4.00	
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	17,979	0	5.00	
6.00	PHARMACY	15.00	0	317,210	0	6.00	
7.00	ADULTS & PEDIATRICS	30.00	0	23,969	0	7.00	
8.00	INTENSIVE CARE UNIT	31.00	0	1,080	0	8.00	
9.00	OPERATING ROOM	50.00	0	114,943	0	9.00	
10.00	RADIOLOGY-DIAGNOSTIC	54.00	0	25	0	10.00	
11.00	LABORATORY	60.00	0	20,265	0	11.00	
12.00	RESPIRATORY THERAPY	65.00	0	3,080	0	12.00	
13.00	EMERGENCY	91.00	0	2,900	0	13.00	
14.00	NURSERY	43.00	0	7,712	0	14.00	
15.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16,540	0	15.00	
16.00	ELECTROCARDIOLOGY	69.00	0	205,551	0	16.00	
17.00	ULTRASOUND	54.01	0	17	0	17.00	
18.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	825	0	18.00	
19.00	PHYSICAL THERAPY	66.00	0	13,855	0	19.00	
	TOTALS		0	821,346			
D - OTHER CAPITAL COSTS							
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,317,257	10	1.00	
2.00		0.00	0	0	10	2.00	
	TOTALS		0	1,317,257			
E - MARKETING DEPARTMENT							
1.00	ADMINISTRATIVE & GENERAL	5.00	361,766	411,746	0	1.00	
	TOTALS		361,766	411,746			
F - CHIEF NURSING OFFICER							
1.00	ADMINISTRATIVE & GENERAL	5.00	202,830	30,901	0	1.00	
	TOTALS		202,830	30,901			
G - MEDICAL SUPPLIES							
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	280,741	0	1.00	
2.00	OPERATING ROOM	50.00	0	5,146,303	0	2.00	
3.00		0.00	0	0	0	3.00	
	TOTALS		0	5,427,044			
H - COST OF DRUGS/IV SOLUTIONS							
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	179,129	0	1.00	
	TOTALS		0	179,129			
J - PT, OT, SP COSTS							
1.00	OCCUPATIONAL THERAPY	67.00	135,410	17,150	0	1.00	
2.00	SPEECH PATHOLOGY	68.00	115,213	35,796	0	2.00	
	TOTALS		250,623	52,946			
500.00	Grand Total: Decreases		815,219	14,224,693		500.00	

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-7
Part I
Date/Time Prepared:
5/30/2013 10:19 am

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
		1.00	2.00	3.00		
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0	0	0	1.00
2.00	Land Improvements	7,325	0	0	0	2.00
3.00	Buildings and Fixtures	7,696,000	0	0	0	3.00
4.00	Building Improvements	10,123,372	0	0	-48,279	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	0	0	0	0	6.00
7.00	HIT designated Assets	572,231	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	18,398,928	0	0	-48,279	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	18,398,928	0	0	-48,279	10.00
	Ending Balance		Fully Depreciated Assets			
	6.00		7.00			
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	0	0			1.00
2.00	Land Improvements	7,325	0			2.00
3.00	Buildings and Fixtures	7,696,000	0			3.00
4.00	Building Improvements	10,171,651	0			4.00
5.00	Fixed Equipment	0	0			5.00
6.00	Movable Equipment	0	0			6.00
7.00	HIT designated Assets	572,231	0			7.00
8.00	Subtotal (sum of lines 1-7)	18,447,207	0			8.00
9.00	Reconciling Items	0	0			9.00
10.00	Total (line 8 minus line 9)	18,447,207	0			10.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-7
Part II
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		SUMMARY OF CAPITAL					
		Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
		9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	1,253,997	0	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2,848,749	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	4,102,746	0	0	0	0	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	1,253,997				1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	2,848,749				2.00
3.00	Total (sum of lines 1-2)	0	4,102,746				3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-7
Part III
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		COMPUTATION OF RATIOS			ALLOCATION OF OTHER CAPITAL		
		Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	Ratio (see instructions)	Insurance	
		1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1.000000	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0.000000	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	1.000000	0	3.00
Cost Center Description		ALLOCATION OF OTHER CAPITAL			SUMMARY OF CAPITAL		
		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	1,253,997	-86,765	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	2,848,749	750,042	2.00
3.00	Total (sum of lines 1-2)	0	0	0	4,102,746	663,277	3.00
Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	1,167,232	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	3,598,791	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	4,766,023	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-8

Date/Time Prepared:
5/30/2013 10:19 am

Line #	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
				Cost Center	Line #		
				3.00	4.00		
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	2.00
3.00	Investment income - other (chapter 2)		0		0.00	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0		0.00	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0		0.00	0	7.00
8.00	Television and radio service (chapter 21)		0		0.00	0	8.00
9.00	Parking lot (chapter 21)		0		0.00	0	9.00
10.00	Provider-based physician adjustment	A-8-2	-1,269,104			0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)		0		0.00	0	11.00
12.00	Related organization transactions (chapter 10)	A-8-1	-9,964,066			0	12.00
13.00	Laundry and linen service		0		0.00	0	13.00
14.00	Cafeteria-employees and guests	B	-317,784	CAFETERIA	11.00	0	14.00
15.00	Rental of quarters to employee and others		0		0.00	0	15.00
16.00	Sale of medical and surgical supplies to other than patients		0		0.00	0	16.00
17.00	Sale of drugs to other than patients		0		0.00	0	17.00
18.00	Sale of medical records and abstracts		0		0.00	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0		0.00	0	19.00
20.00	Vending machines	B	-10,950	ADMINISTRATIVE & GENERAL	5.00	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3		RESPIRATORY THERAPY	65.00		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3		PHYSICAL THERAPY	66.00		24.00
25.00	Utilization review - physicians' compensation (chapter 21)			*** Cost Center Deleted ***	114.00		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	A	-869,634	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	A	-386,799	NEW CAP REL COSTS-MVBLE EQUIP	2.00	10	27.00
28.00	Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00		28.00
29.00	Physicians' assistant		0		0.00	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3		OCCUPATIONAL THERAPY	67.00		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3		SPEECH PATHOLOGY	68.00		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0		0.00	0	32.00
33.00	GRANT INCOME	B	-100,000	ADMINISTRATIVE & GENERAL	5.00	0	33.00
33.01	A&G OTHER INCOME	B	-295,643	ADMINISTRATIVE & GENERAL	5.00	0	33.01

Provider CCN: 140118

Period:
 From 03/01/2012
 To 12/31/2012

Worksheet A-8

Date/Time Prepared:
 5/30/2013 10:19 am

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Wkst. A-7 Ref.	
			Cost Center	Line #		
			1.00	2.00		
33.02 RENTAL INCOME	B	-580,322	NEW CAP REL COSTS-BLDG & FIXT	1.00	10	33.02
33.03 HOSPITAL BAD DEBT	A	-19,547,174	ADMINISTRATIVE & GENERAL	5.00	0	33.03
33.04 PATIENT TELEPHONE COSTS	A	-140,450	OPERATION OF PLANT	7.00	0	33.04
33.05 MARKETING EXPENSE	A	-256,299	ADMINISTRATIVE & GENERAL	5.00	0	33.05
33.06 LOBBYING EXPENSE	A	-10,863	ADMINISTRATIVE & GENERAL	5.00	0	33.06
33.07 PROVIDER TAX	A	-4,871,690	ADMINISTRATIVE & GENERAL	5.00	0	33.07
33.34 CHARITABLE CONTRIBUTIONS	A	-3,195	ADMINISTRATIVE & GENERAL	5.00	0	33.34
33.35 LEGAL FEES	A	-159,137	ADMINISTRATIVE & GENERAL	5.00	0	33.35
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-38,783,110				50.00

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

Provider CCN: 140118

Period: From 03/01/2012 To 12/31/2012

Worksheet A-8-1

Date/Time Prepared: 5/30/2013 10:19 am

Line No.	Cost Center	Expense Items	Amount of Allowable Cost	Amount Included in Wks. A, column 5	
1.00	2.00	3.00	4.00	5.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	1.00	NEW CAP REL COSTS-BLDG & FIXT	53,434	0	1.00
2.00	2.00	NEW CAP REL COSTS-MVBLE EQUIP	307,995	0	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	2,536,446	0	3.00
4.00	5.00	ADMINISTRATIVE & GENERAL	0	3,254,636	4.00
4.04	5.00	ADMINISTRATIVE & GENERAL	0	3,145,774	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	0	4,180	4.05
4.06	5.00	ADMINISTRATIVE & GENERAL	0	82,950	4.06
4.08	5.00	ADMINISTRATIVE & GENERAL	0	283,330	4.08
4.09	5.00	ADMINISTRATIVE & GENERAL	0	50,870	4.09
4.10	5.00	ADMINISTRATIVE & GENERAL	0	159,660	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	0	14,080	4.11
4.12	5.00	ADMINISTRATIVE & GENERAL	0	76,760	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	0	9,567	4.13
4.15	5.00	ADMINISTRATIVE & GENERAL	0	45,640	4.15
4.16	5.00	ADMINISTRATIVE & GENERAL	0	32,630	4.16
4.17	5.00	ADMINISTRATIVE & GENERAL	0	27	4.17
4.18	5.00	ADMINISTRATIVE & GENERAL	0	7,834	4.18
4.19	5.00	ADMINISTRATIVE & GENERAL	0	5,694,003	4.19
5.00	0		2,897,875	12,861,941	5.00

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

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

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

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

6.00	B	0.00	MSMC REAL ESTATE	100.00	6.00
7.00	B	0.00	TRANSITION HEALTHCARE	100.00	7.00
8.00		0.00		0.00	8.00
9.00		0.00		0.00	9.00
10.00		0.00		0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-8-1

Date/Time Prepared:
5/30/2013 10:19 am

	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.		
	6.00	7.00		
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	53,434	10		1.00
2.00	307,995	10		2.00
3.00	2,536,446	0		3.00
4.00	-3,254,636	0		4.00
4.04	-3,145,774	0		4.04
4.05	-4,180	0		4.05
4.06	-82,950	0		4.06
4.08	-283,330	0		4.08
4.09	-50,870	0		4.09
4.10	-159,660	0		4.10
4.11	-14,080	0		4.11
4.12	-76,760	0		4.12
4.13	-9,567	0		4.13
4.15	-45,640	0		4.15
4.16	-32,630	0		4.16
4.17	-27	0		4.17
4.18	-7,834	0		4.18
4.19	-5,694,003	0		4.19
5.00	-9,964,066			5.00

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

Related Organization(s) and/or Home Office	Type of Business		
	6.00		

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

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

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

6.00	RELATED PARTY PROPERTY OW		6.00
7.00	RELATED PARTY MGMT		7.00
8.00			8.00
9.00			9.00
10.00			10.00
100.00			100.00

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet A-8-2

Date/Time Prepared:
5/30/2013 10:19 am

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	Provider Component	RCE Amount	Physician/Provider Component Hours	
	1.00	2.00	3.00	4.00	5.00	6.00	7.00	
1.00	30.00	ADULTS & PEDIATRICS	1,430,559	1,123,028	307,531	150,200	8,332	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	150,200	0	2.00
3.00	31.01	NICU	0	0	0	150,200	0	3.00
4.00	50.00	OPERATING ROOM	39,927	0	39,927	150,200	172	4.00
5.00	53.00	ANESTHESIOLOGY	113,045	113,045	0	150,200	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	150,200	0	6.00
7.00	60.00	LABORATORY	20,833	0	20,833	150,200	212	7.00
8.00	90.00	CLINIC	0	0	0	150,200	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			1,604,364	1,236,073	368,291		8,716	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	Cost of Memberships & Continuing Education	Provider Component Share of col. 12	Physician Cost of Malpractice Insurance	
	1.00	2.00	8.00	9.00	12.00	13.00	14.00	
1.00	30.00	ADULTS & PEDIATRICS	601,667	30,083	0	0	0	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	0	2.00
3.00	31.01	NICU	0	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	12,420	621	0	0	0	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	6.00
7.00	60.00	LABORATORY	15,309	765	0	0	0	7.00
8.00	90.00	CLINIC	0	0	0	0	0	8.00
9.00	0.00		0	0	0	0	0	9.00
10.00	0.00		0	0	0	0	0	10.00
200.00			629,396	31,469	0	0	0	200.00

	Wkst. A Line #	Cost Center/Physician Identifier	Provider Component Share of col. 14	Adjusted RCE Limit	RCE Disallowance	Adjustment	
	1.00	2.00	15.00	16.00	17.00	18.00	
1.00	30.00	ADULTS & PEDIATRICS	0	601,667	0	1,123,028	1.00
2.00	31.00	INTENSIVE CARE UNIT	0	0	0	0	2.00
3.00	31.01	NICU	0	0	0	0	3.00
4.00	50.00	OPERATING ROOM	0	12,420	27,507	27,507	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	0	113,045	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	0	0	0	0	6.00
7.00	60.00	LABORATORY	0	15,309	5,524	5,524	7.00
8.00	90.00	CLINIC	0	0	0	0	8.00
9.00	0.00		0	0	0	0	9.00
10.00	0.00		0	0	0	0	10.00
200.00			0	629,396	33,031	1,269,104	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal		
		NEW BLDG & FIXT	NEW MVBLE EQUIP				
	0	1.00	2.00	4.00	4A		
GENERAL SERVICE COST CENTERS							
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	1,167,232	1,167,232				1.00	
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	3,598,791		3,598,791			2.00	
4.00 00400 EMPLOYEE BENEFITS	6,393,526	0	0	6,393,526		4.00	
5.00 00500 ADMINISTRATIVE & GENERAL	13,411,917	168,471	519,456	816,443	14,916,287	5.00	
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00	
7.00 00700 OPERATION OF PLANT	4,474,525	138,553	427,208	250,826	5,291,112	7.00	
8.00 00800 LAUNDRY & LINEN SERVICE	633,382	28,583	88,130	52,992	803,087	8.00	
9.00 00900 HOUSEKEEPING	1,784,721	0	0	188,351	1,973,072	9.00	
10.00 01000 DIETARY	2,170,981	0	0	157,825	2,328,806	10.00	
11.00 01100 CAFETERIA	-317,784	56,281	173,533	0	-87,970	11.00	
13.00 01300 NURSING ADMINISTRATION	2,721,416	0	0	314,915	3,036,331	13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,017,985	13,652	42,095	95,759	1,169,491	14.00	
15.00 01500 PHARMACY	5,262,752	8,524	26,282	237,956	5,535,514	15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	1,419,744	9,604	29,612	90,636	1,549,596	16.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	7,153,702	183,449	565,642	806,897	8,709,690	30.00	
31.00 03100 INTENSIVE CARE UNIT	2,989,505	32,296	99,579	356,488	3,477,868	31.00	
31.01 03101 NICU	0	0	0	0	0	31.01	
32.00 03200 CORONARY CARE UNIT	0	0	0	0	0	32.00	
43.00 04300 NURSERY	1,682,414	12,004	37,012	125,853	1,857,283	43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	4,735,377	100,711	310,528	413,496	5,560,112	50.00	
51.00 05100 RECOVERY ROOM	472,698	11,555	35,628	56,676	576,557	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,685,706	19,134	58,998	289,927	3,053,765	52.00	
53.00 05300 ANESTHESIOLOGY	203,682	0	0	5,511	209,193	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	3,244,095	36,362	112,117	228,086	3,620,660	54.00	
54.01 05401 ULTRASOUND	473,277	0	0	53,752	527,029	54.01	
56.00 05601 RADIOISOTOPE	381,276	6,248	19,266	27,628	434,418	56.00	
57.00 05700 CT SCAN	911,265	12,108	37,334	78,982	1,039,689	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	258,703	2,311	6,920	21,321	289,255	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00	
60.00 06000 LABORATORY	4,902,311	35,953	110,856	303,525	5,352,645	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00	
65.00 06500 RESPIRATORY THERAPY	1,117,527	8,837	27,248	112,201	1,265,813	65.00	
66.00 06600 PHYSICAL THERAPY	1,038,727	24,825	76,544	125,972	1,266,068	66.00	
67.00 06700 OCCUPATIONAL THERAPY	59	0	0	7	66	67.00	
68.00 06801 SPEECH PATHOLOGY	2,389	0	0	231	2,620	68.00	
69.00 06900 ELECTROCARDIOLOGY	10,130,042	112,115	345,690	691,218	11,279,065	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	4,726,561	0	0	0	4,726,561	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	280,741	0	0	0	280,741	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	-179,129	0	0	0	-179,129	73.00	
74.00 07400 RENAL DIALYSIS	542,348	0	0	0	542,348	74.00	
76.00 03020 ACUPUNCTURE	0	0	0	0	0	76.00	
76.01 03021 SLEEP LAB	118,265	7,626	23,514	14,197	163,602	76.01	
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	103,300	4,800	14,799	12,871	135,770	90.00	
91.00 09100 EMERGENCY	4,136,508	52,136	160,756	410,452	4,759,852	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	95,850,537	1,086,138	3,348,747	6,340,994	95,466,867	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,177	15,964	0	21,141	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	17,258	11,848	36,532	1,355	66,993	192.00	
192.01 19201 OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01	
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00	
194.00 07950 CHF CLINIC	0	0	0	0	0	194.00	
194.01 07951 OTHER NON-REIMB - MARKETING	773,512	0	0	51,177	824,689	194.01	
194.02 07953 OTHER NON-REIMB - MARKETING	1,031	0	0	0	1,031	194.02	
194.03 07952 OTHER NON-REIMB - MOB	0	64,069	197,548	0	261,617	194.03	
200.00	Cross Foot Adjustments					200.00	
201.00	Negative Cost Centers					201.00	
202.00	TOTAL (sum lines 118-201)	96,642,338	1,167,232	3,598,791	6,393,526	96,642,338	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	14,916,287				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	962,564	0	6,253,676		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	146,098	0	207,794	1,156,979	8.00
9.00	00900	HOUSEKEEPING	358,943	0	0	28,379	2,360,394
10.00	01000	DIETARY	423,659	0	0	0	0
11.00	01100	CAFETERIA	0	0	409,158	11,327	159,741
13.00	01300	NURSING ADMINISTRATION	552,372	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	212,755	0	99,252	50,294	38,749
15.00	01500	PHARMACY	1,007,026	0	61,968	0	24,193
16.00	01600	MEDICAL RECORDS & LIBRARY	281,904	0	69,819	0	27,258
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	1,584,476	0	1,333,670	238,122	520,685
31.00	03100	INTENSIVE CARE UNIT	632,697	0	234,787	60,511	91,664
31.01	03101	NI CU	0	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	337,879	0	87,266	22,720	34,070
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	1,011,501	0	732,164	131,697	285,847
51.00	05100	RECOVERY ROOM	104,888	0	84,003	19,484	32,796
52.00	05200	DELIVERY ROOM & LABOR ROOM	555,544	0	139,105	66,405	54,309
53.00	05300	ANESTHESIOLOGY	38,057	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	658,674	0	264,350	54,875	103,206
54.01	05401	ULTRASOUND	95,878	0	0	0	0
56.00	05601	RADIOISOTOPE	79,030	0	45,426	9,330	17,735
57.00	05700	CT SCAN	189,141	0	88,025	0	34,366
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	52,622	0	16,801	0	6,559
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	973,759	0	261,378	63	102,045
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	230,278	0	64,246	100	25,082
66.00	06600	PHYSICAL THERAPY	230,324	0	180,477	14,871	70,460
67.00	06700	OCCUPATIONAL THERAPY	12	0	0	0	0
68.00	06801	SPEECH PATHOLOGY	477	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	2,051,909	0	815,068	180,507	318,214
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	859,861	0	0	50,294	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	51,073	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	98,664	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.01	03021	SLEEP LAB	29,763	0	55,442	2,977	21,645
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	24,699	0	34,893	7,949	13,623
91.00	09100	EMERGENCY	865,917	0	379,030	199,841	147,978
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	14,702,444	0	5,664,122	1,149,746	2,130,225
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	3,846	0	37,640	0	14,695
192.00	19200	PHYSICIANS' PRIVATE OFFICES	12,187	0	86,135	7,233	33,628
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	CHF CLINIC	0	0	0	0	0
194.01	07951	OTHER NON-REIMB - MARKETING	150,028	0	0	0	0
194.02	07953	OTHER NON-REIMB - MARKETING	188	0	0	0	0
194.03	07952	OTHER NON-REIMB - MOB	47,594	0	465,779	0	181,846
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	14,916,287	0	6,253,676	1,156,979	2,360,394

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	2,752,465					10.00
11.00	01100	628,825	1,121,081				11.00
13.00	01300	0	53,479	3,642,182			13.00
14.00	01400	0	29,711	0	1,600,252		14.00
15.00	01500	0	49,518	319,734	297,832	7,295,785	15.00
16.00	01600	0	29,711	0	498	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,102,378	172,320	1,084,210	35,072	0	30.00
31.00	03100	206,356	71,306	479,002	18,252	0	31.00
31.01	03101	0	0	0	0	0	31.01
32.00	03200	0	0	0	0	0	32.00
43.00	04300	0	23,769	169,105	6,263	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	540	93,093	555,603	491,837	0	50.00
51.00	05100	0	11,884	76,154	1,948	0	51.00
52.00	05200	0	59,421	389,567	20,220	0	52.00
53.00	05300	0	1,981	0	14,699	0	53.00
54.00	05400	0	55,460	0	66,324	0	54.00
54.01	05401	0	9,904	0	3,389	0	54.01
56.00	05601	0	3,961	0	7,159	0	56.00
57.00	05700	0	15,846	0	9,267	0	57.00
58.00	05800	0	3,961	0	1,777	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	85,170	0	157,469	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	29,711	0	15,293	0	65.00
66.00	06600	0	13,865	0	3,214	0	66.00
67.00	06700	0	7,923	0	54	0	67.00
68.00	06801	0	7,923	0	1,639	0	68.00
69.00	06900	632,783	170,341	0	403,989	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	7,295,785	73.00
74.00	07400	0	0	0	886	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	0	3,961	0	463	0	76.01
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	28,991	1,981	17,295	162	0	90.00
91.00	09100	50,244	101,016	551,512	42,299	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		2,650,117	1,107,216	3,642,182	1,600,005	7,295,785	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	102,348	1,981	0	247	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	11,884	0	0	0	194.01
194.02	07953	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		2,752,465	1,121,081	3,642,182	1,600,252	7,295,785	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part I
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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	1,958,786			16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	133,769	14,914,392	0	14,914,392
31.00	03100	INTENSIVE CARE UNIT	34,799	5,307,242	0	5,307,242
31.01	03101	NICU	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0
43.00	04300	NURSERY	35,784	2,574,139	0	2,574,139
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	284,897	9,147,291	0	9,147,291
51.00	05100	RECOVERY ROOM	19	907,733	0	907,733
52.00	05200	DELIVERY ROOM & LABOR ROOM	50,950	4,389,286	0	4,389,286
53.00	05300	ANESTHESIOLOGY	50,352	314,282	0	314,282
54.00	05400	RADIOLOGY-DIAGNOSTIC	289,365	5,112,914	0	5,112,914
54.01	05401	ULTRASOUND	0	636,200	0	636,200
56.00	05601	RADIOISOTOPE	0	597,059	0	597,059
57.00	05700	CT SCAN	69	1,376,403	0	1,376,403
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	180	371,155	0	371,155
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	323,895	7,256,424	0	7,256,424
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	34,084	1,664,607	0	1,664,607
66.00	06600	PHYSICAL THERAPY	19,940	1,799,219	0	1,799,219
67.00	06700	OCCUPATIONAL THERAPY	1	8,056	0	8,056
68.00	06801	SPEECH PATHOLOGY	1	12,660	0	12,660
69.00	06900	ELECTROCARDIOLOGY	151,454	16,003,330	0	16,003,330
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	48,810	5,685,526	0	5,685,526
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	141,872	473,686	0	473,686
73.00	07300	DRUGS CHARGED TO PATIENTS	126,545	7,243,201	0	7,243,201
74.00	07400	RENAL DIALYSIS	6,805	648,703	0	648,703
76.00	03020	ACUPUNCTURE	0	0	0	0
76.01	03021	SLEEP LAB	0	277,853	0	277,853
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	356	265,719	0	265,719
91.00	09100	EMERGENCY	224,839	7,322,528	0	7,322,528
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	1,958,786	94,309,608	0	94,309,608
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	77,322	0	77,322
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	310,752	0	310,752
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0
194.00	07950	CHF CLINIC	0	0	0	0
194.01	07951	OTHER NON-REIMB - MARKETING	0	986,601	0	986,601
194.02	07953	OTHER NON-REIMB - MARKETING	0	1,219	0	1,219
194.03	07952	OTHER NON-REIMB - MOB	0	956,836	0	956,836
200.00		Cross Foot Adjustments	0	0	0	0
201.00		Negative Cost Centers	0	0	0	0
202.00		TOTAL (sum lines 118-201)	1,958,786	96,642,338	0	96,642,338

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS
		NEW BLDG & FIXT	NEW MVBLE EQUIP		
		0	1.00		
GENERAL SERVICE COST CENTERS					
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	0	4.00
5.00 00500	ADMINISTRATIVE & GENERAL	0	168,471	519,456	687,927
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0
7.00 00700	OPERATION OF PLANT	0	138,553	427,208	565,761
8.00 00800	LAUNDRY & LINEN SERVICE	0	28,583	88,130	116,713
9.00 00900	HOUSEKEEPING	0	0	0	0
10.00 01000	DIETARY	0	0	0	0
11.00 01100	CAFETERIA	0	56,281	173,533	229,814
13.00 01300	NURSING ADMINISTRATION	0	0	0	0
14.00 01400	CENTRAL SERVICES & SUPPLY	0	13,652	42,095	55,747
15.00 01500	PHARMACY	0	8,524	26,282	34,806
16.00 01600	MEDICAL RECORDS & LIBRARY	0	9,604	29,612	39,216
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000	ADULTS & PEDIATRICS	0	183,449	565,642	749,091
31.00 03100	INTENSIVE CARE UNIT	0	32,296	99,579	131,875
31.01 03101	NICU	0	0	0	0
32.00 03200	CORONARY CARE UNIT	0	0	0	0
43.00 04300	NURSERY	0	12,004	37,012	49,016
ANCILLARY SERVICE COST CENTERS					
50.00 05000	OPERATING ROOM	0	100,711	310,528	411,239
51.00 05100	RECOVERY ROOM	0	11,555	35,628	47,183
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	19,134	58,998	78,132
53.00 05300	ANESTHESIOLOGY	0	0	0	0
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	36,362	112,117	148,479
54.01 05401	ULTRASOUND	0	0	0	0
56.00 05601	RADIOISOTOPE	0	6,248	19,266	25,514
57.00 05700	CT SCAN	0	12,108	37,334	49,442
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	0	2,311	6,920	9,231
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00 06000	LABORATORY	0	35,953	110,856	146,809
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0
65.00 06500	RESPIRATORY THERAPY	0	8,837	27,248	36,085
66.00 06600	PHYSICAL THERAPY	0	24,825	76,544	101,369
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0
68.00 06801	SPEECH PATHOLOGY	0	0	0	0
69.00 06900	ELECTROCARDIOLOGY	0	112,115	345,690	457,805
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0
74.00 07400	RENAL DIALYSIS	0	0	0	0
76.00 03020	ACUPUNCTURE	0	0	0	0
76.01 03021	SLEEP LAB	0	7,626	23,514	31,140
76.97 07697	CARDIAC REHABILITATION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS					
90.00 09000	CLINIC	0	4,800	14,799	19,599
91.00 09100	EMERGENCY	0	52,136	160,756	212,892
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)				0
SPECIAL PURPOSE COST CENTERS					
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	1,086,138	3,348,747	4,434,885
NONREIMBURSABLE COST CENTERS					
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	5,177	15,964	21,141
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	11,848	36,532	48,380
192.01 19201	OTHER NRCC DEPARTMENTS	0	0	0	0
193.00 19300	NONPAID WORKERS	0	0	0	0
194.00 07950	CHF CLINIC	0	0	0	0
194.01 07951	OTHER NON-REIMB - MARKETING	0	0	0	0
194.02 07953	OTHER NON-REIMB - MARKETING	0	0	0	0
194.03 07952	OTHER NON-REIMB - MOB	0	64,069	197,548	261,617
200.00	Cross Foot Adjustments				0
201.00	Negative Cost Centers		0	0	0
202.00	TOTAL (sum lines 118-201)	0	1,167,232	3,598,791	4,766,023

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
		5.00	6.00	7.00	8.00	9.00	
GENERAL SERVICE COST CENTERS							
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL	687,927				5.00
6.00	00600	MAINTENANCE & REPAIRS	0	0			6.00
7.00	00700	OPERATION OF PLANT	44,392	0	610,153		7.00
8.00	00800	LAUNDRY & LINEN SERVICE	6,738	0	20,274	143,725	8.00
9.00	00900	HOUSEKEEPING	16,554	0	0	3,525	20,079
10.00	01000	DIETARY	19,539	0	0	0	0
11.00	01100	CAFETERIA	0	0	39,920	1,407	1,359
13.00	01300	NURSING ADMINISTRATION	25,475	0	0	0	0
14.00	01400	CENTRAL SERVICES & SUPPLY	9,812	0	9,684	6,248	330
15.00	01500	PHARMACY	46,443	0	6,046	0	206
16.00	01600	MEDICAL RECORDS & LIBRARY	13,001	0	6,812	0	232
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	73,074	0	130,123	29,582	4,428
31.00	03100	INTENSIVE CARE UNIT	29,179	0	22,908	7,517	780
31.01	03101	NI CU	0	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0
43.00	04300	NURSERY	15,583	0	8,514	2,822	290
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	46,649	0	71,435	16,360	2,432
51.00	05100	RECOVERY ROOM	4,837	0	8,196	2,420	279
52.00	05200	DELIVERY ROOM & LABOR ROOM	25,621	0	13,572	8,249	462
53.00	05300	ANESTHESIOLOGY	1,755	0	0	0	0
54.00	05400	RADIOLOGY-DIAGNOSTIC	30,377	0	25,792	6,817	878
54.01	05401	ULTRASOUND	4,422	0	0	0	0
56.00	05601	RADIOISOTOPE	3,645	0	4,432	1,159	151
57.00	05700	CT SCAN	8,723	0	8,588	0	292
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	2,427	0	1,639	0	56
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0
60.00	06000	LABORATORY	44,909	0	25,502	8	868
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	10,620	0	6,268	12	213
66.00	06600	PHYSICAL THERAPY	10,622	0	17,609	1,847	599
67.00	06700	OCCUPATIONAL THERAPY	1	0	0	0	0
68.00	06801	SPEECH PATHOLOGY	22	0	0	0	0
69.00	06900	ELECTROCARDIOLOGY	94,637	0	79,524	22,423	2,707
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	39,656	0	0	6,248	0
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	2,355	0	0	0	0
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0
74.00	07400	RENAL DIALYSIS	4,550	0	0	0	0
76.00	03020	ACUPUNCTURE	0	0	0	0	0
76.01	03021	SLEEP LAB	1,373	0	5,409	370	184
76.97	07697	CARDIAC REHABILITATION	0	0	0	0	0
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	1,139	0	3,404	988	116
91.00	09100	EMERGENCY	39,935	0	36,981	24,825	1,259
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)					
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	678,065	0	552,632	142,827	18,121
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	177	0	3,672	0	125
192.00	19200	PHYSICIANS' PRIVATE OFFICES	562	0	8,404	898	286
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0	0
194.00	07950	CHF CLINIC	0	0	0	0	0
194.01	07951	OTHER NON-REIMB - MARKETING	6,919	0	0	0	0
194.02	07953	OTHER NON-REIMB - MARKETING	9	0	0	0	0
194.03	07952	OTHER NON-REIMB - MOB	2,195	0	45,445	0	1,547
200.00		Cross Foot Adjustments					
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	687,927	0	610,153	143,725	20,079

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	
		10.00	11.00	13.00	14.00	15.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	19,539					10.00
11.00	01100	4,464	215,795				11.00
13.00	01300	0	10,294	35,769			13.00
14.00	01400	0	5,719	0	87,540		14.00
15.00	01500	0	9,532	3,140	16,292	116,465	15.00
16.00	01600	0	5,719	0	27	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,824	33,170	10,645	1,918	0	30.00
31.00	03100	1,465	13,725	4,705	998	0	31.00
31.01	03101	0	0	0	0	0	31.01
32.00	03200	0	0	0	0	0	32.00
43.00	04300	0	4,575	1,661	343	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	4	17,919	5,457	26,907	0	50.00
51.00	05100	0	2,288	748	107	0	51.00
52.00	05200	0	11,438	3,826	1,106	0	52.00
53.00	05300	0	381	0	804	0	53.00
54.00	05400	0	10,675	0	3,628	0	54.00
54.01	05401	0	1,906	0	185	0	54.01
56.00	05601	0	763	0	392	0	56.00
57.00	05700	0	3,050	0	507	0	57.00
58.00	05800	0	763	0	97	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	0	16,394	0	8,614	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	0	5,719	0	837	0	65.00
66.00	06600	0	2,669	0	176	0	66.00
67.00	06700	0	1,525	0	3	0	67.00
68.00	06801	0	1,525	0	90	0	68.00
69.00	06900	4,492	32,789	0	22,099	0	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	116,465	73.00
74.00	07400	0	0	0	48	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	0	763	0	25	0	76.01
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	206	381	170	9	0	90.00
91.00	09100	357	19,444	5,417	2,314	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		18,812	213,126	35,769	87,526	116,465	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	727	381	0	14	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	2,288	0	0	0	194.01
194.02	07953	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00		0	61,169	0	0	0	201.00
202.00		19,539	276,964	35,769	87,540	116,465	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B
Part II
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		MEDICAL RECORDS & LIBRARY	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00	00100	NEW CAP REL COSTS-BLDG & FIXT				1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP				2.00
4.00	00400	EMPLOYEE BENEFITS				4.00
5.00	00500	ADMINISTRATIVE & GENERAL				5.00
6.00	00600	MAINTENANCE & REPAIRS				6.00
7.00	00700	OPERATION OF PLANT				7.00
8.00	00800	LAUNDRY & LINEN SERVICE				8.00
9.00	00900	HOUSEKEEPING				9.00
10.00	01000	DIETARY				10.00
11.00	01100	CAFETERIA				11.00
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	65,007			16.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	4,431	1,044,286	0	1,044,286
31.00	03100	INTENSIVE CARE UNIT	1,153	214,305	0	214,305
31.01	03101	NICU	0	0	0	0
32.00	03200	CORONARY CARE UNIT	0	0	0	0
43.00	04300	NURSERY	1,185	83,989	0	83,989
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	9,438	607,840	0	607,840
51.00	05100	RECOVERY ROOM	1	66,059	0	66,059
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,688	144,094	0	144,094
53.00	05300	ANESTHESIOLOGY	1,668	4,608	0	4,608
54.00	05400	RADIOLOGY-DIAGNOSTIC	9,586	236,232	0	236,232
54.01	05401	ULTRASOUND	0	6,513	0	6,513
56.00	05601	RADIOISOTOPE	0	36,056	0	36,056
57.00	05700	CT SCAN	2	70,604	0	70,604
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	6	14,219	0	14,219
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0
60.00	06000	LABORATORY	10,848	253,952	0	253,952
64.00	06400	INTRAVENOUS THERAPY	0	0	0	0
65.00	06500	RESPIRATORY THERAPY	1,129	60,883	0	60,883
66.00	06600	PHYSICAL THERAPY	661	135,552	0	135,552
67.00	06700	OCCUPATIONAL THERAPY	0	1,529	0	1,529
68.00	06801	SPEECH PATHOLOGY	0	1,637	0	1,637
69.00	06900	ELECTROCARDIOLOGY	5,017	721,493	0	721,493
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,617	47,521	0	47,521
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	4,700	7,055	0	7,055
73.00	07300	DRUGS CHARGED TO PATIENTS	4,192	120,657	0	120,657
74.00	07400	RENAL DIALYSIS	225	4,823	0	4,823
76.00	03020	ACUPUNCTURE	0	0	0	0
76.01	03021	SLEEP LAB	0	39,264	0	39,264
76.97	07697	CARDIAC REHABILITATION	0	0	0	0
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	12	26,024	0	26,024
91.00	09100	EMERGENCY	7,448	350,872	0	350,872
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)			0	
SPECIAL PURPOSE COST CENTERS						
118.00		SUBTOTALS (SUM OF LINES 1-117)	65,007	4,300,067	0	4,300,067
NONREIMBURSABLE COST CENTERS						
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	25,115	0	25,115
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	59,652	0	59,652
192.01	19201	OTHER NRCC DEPARTMENTS	0	0	0	0
193.00	19300	NONPAID WORKERS	0	0	0	0
194.00	07950	CHF CLINIC	0	0	0	0
194.01	07951	OTHER NON-REIMB - MARKETING	0	9,207	0	9,207
194.02	07953	OTHER NON-REIMB - MARKETING	0	9	0	9
194.03	07952	OTHER NON-REIMB - MOB	0	310,804	0	310,804
200.00		Cross Foot Adjustments		0	0	0
201.00		Negative Cost Centers	0	61,169	0	61,169
202.00		TOTAL (sum lines 118-201)	65,007	4,766,023	0	4,766,023

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00	4.00				
GENERAL SERVICE COST CENTERS							
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	525,290					1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		525,260				2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	45,195,391			4.00
5.00 00500	ADMINISTRATIVE & GENERAL	75,817	75,817	5,771,351	-14,916,287	81,993,150	5.00
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	62,353	62,353	1,773,073	0	5,291,112	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	12,863	12,863	374,600	0	803,087	8.00
9.00 00900	HOUSEKEEPING	0	0	1,331,441	0	1,973,072	9.00
10.00 01000	DIETARY	0	0	1,115,657	0	2,328,806	10.00
11.00 01100	CAFETERIA	25,328	25,328	0	87,970	0	11.00
13.00 01300	NURSING ADMINISTRATION	0	0	2,226,113	0	3,036,331	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	6,144	6,144	676,912	0	1,169,491	14.00
15.00 01500	PHARMACY	3,836	3,836	1,682,093	0	5,535,514	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	4,322	4,322	640,701	0	1,549,596	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	82,558	82,558	5,703,900	0	8,709,690	30.00
31.00 03100	INTENSIVE CARE UNIT	14,534	14,534	2,519,991	0	3,477,868	31.00
31.01 03101	NICU	0	0	0	0	0	31.01
32.00 03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00 04300	NURSERY	5,402	5,402	889,645	0	1,857,283	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	45,323	45,323	2,922,979	0	5,560,112	50.00
51.00 05100	RECOVERY ROOM	5,200	5,200	400,639	0	576,557	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	8,611	8,611	2,049,477	0	3,053,765	52.00
53.00 05300	ANESTHESIOLOGY	0	0	38,955	0	209,193	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	16,364	16,364	1,612,324	0	3,620,660	54.00
54.01 05401	ULTRASOUND	0	0	379,967	0	527,029	54.01
56.00 05601	RADIOISOTOPE	2,812	2,812	195,304	0	434,418	56.00
57.00 05700	CT SCAN	5,449	5,449	558,322	0	1,039,689	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,040	1,010	150,720	0	289,255	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000	LABORATORY	16,180	16,180	2,145,598	0	5,352,645	60.00
64.00 06400	INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500	RESPIRATORY THERAPY	3,977	3,977	793,140	0	1,265,813	65.00
66.00 06600	PHYSICAL THERAPY	11,172	11,172	890,489	0	1,266,068	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	50	0	66	67.00
68.00 06801	SPEECH PATHOLOGY	0	0	1,632	0	2,620	68.00
69.00 06900	ELECTROCARDIOLOGY	50,455	50,455	4,886,176	0	11,279,065	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	4,726,561	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	280,741	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	179,129	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	542,348	74.00
76.00 03020	ACUPUNCTURE	0	0	0	0	0	76.00
76.01 03021	SLEEP LAB	3,432	3,432	100,355	0	163,602	76.01
76.97 07697	CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	2,160	2,160	90,987	0	135,770	90.00
91.00 09100	EMERGENCY	23,463	23,463	2,901,456	0	4,759,852	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	488,795	488,765	44,824,047	-14,649,188	80,817,679	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	2,330	2,330	0	0	21,141	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	5,332	5,332	9,578	0	66,993	192.00
192.01 19201	OTHER NRCC DEPARTMENTS	0	0	0	0	0	192.01
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
194.00 07950	CHF CLINIC	0	0	0	0	0	194.00
194.01 07951	OTHER NON-REIMB - MARKETING	0	0	361,766	0	824,689	194.01
194.02 07953	OTHER NON-REIMB - MARKETING	0	0	0	0	1,031	194.02
194.03 07952	OTHER NON-REIMB - MOB	28,833	28,833	0	0	261,617	194.03
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	1,167,232	3,598,791	6,393,526		14,916,287	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	2.222072	6.851447	0.141464		0.181921	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			0		687,927	204.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00				
205.00 Unit cost multiplier (Wkst. B, Part 11)			0.000000	5A	5.00	0.008390 205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B-1

Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQUARE FEET)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
6.00	00600	449,473					6.00
7.00	00700	62,353	387,120				7.00
8.00	00800	12,863	12,863	1,170,599			8.00
9.00	00900	0	0	28,713	374,257		9.00
10.00	01000	0	0	0	0	137,666	10.00
11.00	01100	25,328	25,328	11,460	25,328	31,451	11.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	6,144	6,144	50,886	6,144	0	14.00
15.00	01500	3,836	3,836	0	3,836	0	15.00
16.00	01600	4,322	4,322	0	4,322	0	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	82,558	82,558	240,926	82,558	55,136	30.00
31.00	03100	14,534	14,534	61,223	14,534	10,321	31.00
31.01	03101	0	0	0	0	0	31.01
32.00	03200	0	0	0	0	0	32.00
43.00	04300	5,402	5,402	22,987	5,402	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	45,323	45,323	133,247	45,323	27	50.00
51.00	05100	5,200	5,200	19,713	5,200	0	51.00
52.00	05200	8,611	8,611	67,187	8,611	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	16,364	16,364	55,521	16,364	0	54.00
54.01	05401	0	0	0	0	0	54.01
56.00	05601	2,812	2,812	9,440	2,812	0	56.00
57.00	05700	5,449	5,449	0	5,449	0	57.00
58.00	05800	1,040	1,040	0	1,040	0	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	16,180	16,180	64	16,180	0	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	3,977	3,977	101	3,977	0	65.00
66.00	06600	11,172	11,172	15,046	11,172	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06801	0	0	0	0	0	68.00
69.00	06900	50,455	50,455	182,632	50,455	31,649	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	50,886	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	3,432	3,432	3,012	3,432	0	76.01
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	2,160	2,160	8,043	2,160	1,450	90.00
91.00	09100	23,463	23,463	202,194	23,463	2,513	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		412,978	350,625	1,163,281	337,762	132,547	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	2,330	2,330	0	2,330	0	190.00
192.00	19200	5,332	5,332	7,318	5,332	5,119	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07953	0	0	0	0	0	194.02
194.03	07952	28,833	28,833	0	28,833	0	194.03
200.00							200.00
201.00							201.00
202.00		0	6,253,676	1,156,979	2,360,394	2,752,465	202.00
203.00		0.000000	16.154360	0.988365	6.306880	19.993789	203.00
204.00		0	610,153	143,725	20,079	19,539	204.00
205.00		0.000000	1.576134	0.122779	0.053650	0.141930	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet B-1
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING WAGES)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHARGES)	
		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
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000						10.00
11.00	01100	566					11.00
13.00	01300	27	19,161,167				13.00
14.00	01400	15	0	17,908,424			14.00
15.00	01500	25	1,682,093	3,333,025	3,073,738		15.00
16.00	01600	15	0	5,569	0	432,582,563	16.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	87	5,703,900	392,485	0	29,542,724	30.00
31.00	03100	36	2,519,991	204,260	0	7,685,394	31.00
31.01	03101	0	0	0	0	0	31.01
32.00	03200	0	0	0	0	0	32.00
43.00	04300	12	889,645	70,084	0	7,902,849	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	47	2,922,979	5,504,245	0	62,919,018	50.00
51.00	05100	6	400,639	21,798	0	4,135	51.00
52.00	05200	30	2,049,477	226,276	0	11,252,191	52.00
53.00	05300	1	0	164,493	0	11,120,182	53.00
54.00	05400	28	0	742,226	0	63,905,807	54.00
54.01	05401	5	0	37,922	0	0	54.01
56.00	05601	2	0	80,111	0	0	56.00
57.00	05700	8	0	103,702	0	15,203	57.00
58.00	05800	2	0	19,887	0	39,861	58.00
59.00	05900	0	0	0	0	0	59.00
60.00	06000	43	0	1,762,226	0	71,519,494	60.00
64.00	06400	0	0	0	0	0	64.00
65.00	06500	15	0	171,146	0	7,527,379	65.00
66.00	06600	7	0	35,966	0	4,403,805	66.00
67.00	06700	4	0	608	0	248	67.00
68.00	06801	4	0	18,347	0	268	68.00
69.00	06900	86	0	4,521,018	0	33,448,296	69.00
70.00	07000	0	0	0	0	0	70.00
71.00	07100	0	0	0	0	10,779,511	71.00
72.00	07200	0	0	0	0	31,332,106	72.00
73.00	07300	0	0	0	3,073,738	27,947,248	73.00
74.00	07400	0	0	9,913	0	1,502,902	74.00
76.00	03020	0	0	0	0	0	76.00
76.01	03021	2	0	5,178	0	0	76.01
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	1	90,987	1,809	0	78,619	90.00
91.00	09100	51	2,901,456	473,366	0	49,655,323	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
118.00		559	19,161,167	17,905,660	3,073,738	432,582,563	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	1	0	2,764	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
193.00	19300	0	0	0	0	0	193.00
194.00	07950	0	0	0	0	0	194.00
194.01	07951	6	0	0	0	0	194.01
194.02	07953	0	0	0	0	0	194.02
194.03	07952	0	0	0	0	0	194.03
200.00							200.00
201.00							201.00
202.00		1,121,081	3,642,182	1,600,252	7,295,785	1,958,786	202.00
203.00		1,980.708481	0.190081	0.089358	2.373587	0.004528	203.00
204.00		276,964	35,769	87,540	116,465	65,007	204.00
205.00		381.263251	0.001867	0.004888	0.037890	0.000150	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 10:19 am

			Title VIII		Hospital		PPS		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	14,914,392		14,914,392	0	14,914,392	27,609,940	30.00
31.00	03100	INTENSIVE CARE UNIT	5,307,242		5,307,242	0	5,307,242	7,588,880	31.00
31.01	03101	NICU	0		0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
43.00	04300	NURSERY	2,574,139		2,574,139	0	2,574,139	7,899,566	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,147,291		9,147,291	27,507	9,174,798	28,086,198	50.00
51.00	05100	RECOVERY ROOM	907,733		907,733	0	907,733	3,011	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,389,286		4,389,286	0	4,389,286	9,423,902	52.00
53.00	05300	ANESTHESIOLOGY	314,282		314,282	0	314,282	4,345,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,112,914		5,112,914	0	5,112,914	5,832,205	54.00
54.01	05401	ULTRASOUND	636,200		636,200	0	636,200	3,975,381	54.01
56.00	05601	RADIOISOTOPE	597,059		597,059	0	597,059	2,167,758	56.00
57.00	05700	CT SCAN	1,376,403		1,376,403	0	1,376,403	10,981,954	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	371,155		371,155	0	371,155	2,786,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	7,256,424		7,256,424	5,524	7,261,948	45,406,949	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,664,607	0	1,664,607	0	1,664,607	6,249,424	65.00
66.00	06600	PHYSICAL THERAPY	1,799,219	0	1,799,219	0	1,799,219	1,261,757	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,056	0	8,056	0	8,056	479,610	67.00
68.00	06801	SPEECH PATHOLOGY	12,660	0	12,660	0	12,660	955,659	68.00
69.00	06900	ELECTROCARDIOLOGY	16,003,330		16,003,330	0	16,003,330	15,002,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,685,526		5,685,526	0	5,685,526	6,324,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	473,686		473,686	0	473,686	19,926,614	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,243,201		7,243,201	0	7,243,201	21,593,286	73.00
74.00	07400	RENAL DIALYSIS	648,703		648,703	0	648,703	1,501,976	74.00
76.00	03020	ACUPUNCTURE	0		0	0	0	0	76.00
76.01	03021	SLEEP LAB	277,853		277,853	0	277,853	1,329	76.01
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	265,719		265,719	0	265,719	0	90.00
91.00	09100	EMERGENCY	7,322,528		7,322,528	0	7,322,528	12,689,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	162,124	92.00
200.00		Subtotal (see instructions)	94,309,608	0	94,309,608	33,031	94,342,639	242,257,050	200.00
201.00		Less Observation Beds	0		0	0	0	0	201.00
202.00		Total (see instructions)	94,309,608	0	94,309,608	33,031	94,342,639	242,257,050	202.00
Charges									
Cost Center Description	Outpatient		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	7.00	Total (col. 6 + col. 7) 8.00				9.00	10.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	27,609,940						30.00
31.00	03100	INTENSIVE CARE UNIT	7,588,880						31.00
31.01	03101	NICU	0						31.01
32.00	03200	CORONARY CARE UNIT	0						32.00
43.00	04300	NURSERY	7,899,566						43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,832,820	62,919,018	0.145382	0.000000	0.145819		50.00
51.00	05100	RECOVERY ROOM	1,124	4,135	219.524305	0.000000	219.524305		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,828,289	11,252,191	0.390083	0.000000	0.390083		52.00
53.00	05300	ANESTHESIOLOGY	6,774,249	11,120,182	0.028262	0.000000	0.028262		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,718,696	16,550,901	0.308921	0.000000	0.308921		54.00
54.01	05401	ULTRASOUND	6,997,079	10,972,460	0.057982	0.000000	0.057982		54.01
56.00	05601	RADIOISOTOPE	2,362,429	4,530,187	0.131796	0.000000	0.131796		56.00
57.00	05700	CT SCAN	14,156,732	25,138,686	0.054752	0.000000	0.054752		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,098,685	5,885,417	0.063064	0.000000	0.063064		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000		59.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	PPS
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
60.00	06000	LABORATORY	26,112,545	71,519,494	0.101461	0.000000	0.101538	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,277,955	7,527,379	0.221140	0.000000	0.221140	65.00
66.00	06600	PHYSICAL THERAPY	1,366,741	2,628,498	0.684505	0.000000	0.684505	66.00
67.00	06700	OCCUPATIONAL THERAPY	193,606	673,216	0.011966	0.000000	0.011966	67.00
68.00	06801	SPEECH PATHOLOGY	146,432	1,102,091	0.011487	0.000000	0.011487	68.00
69.00	06900	ELECTROCARDIOLOGY	18,445,634	33,448,296	0.478450	0.000000	0.478450	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,454,701	10,779,511	0.527438	0.000000	0.527438	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,405,492	31,332,106	0.015118	0.000000	0.015118	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,353,962	27,947,248	0.259174	0.000000	0.259174	73.00
74.00	07400	RENAL DIALYSIS	926	1,502,902	0.431634	0.000000	0.431634	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0.000000	76.00
76.01	03021	SLEEP LAB	856,770	858,099	0.323801	0.000000	0.323801	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,245	5,245	50.661392	0.000000	50.661392	90.00
91.00	09100	EMERGENCY	37,039,307	49,728,697	0.147250	0.000000	0.147250	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,519,023	5,681,147	0.000000	0.000000	0.000000	92.00
200.00		Subtotal (see instructions)	193,948,442	436,205,492				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	193,948,442	436,205,492				202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet C
Part I
Date/Time Prepared:
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			Title XIX		Hospital		Cost		
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			Charges			
			Total Costs	RCE Diallowance	Total Costs	Inpatient			
			1.00	2.00	3.00	4.00	5.00	6.00	
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS	14,914,392		14,914,392	0	0	27,609,940	30.00
31.00	03100	INTENSIVE CARE UNIT	5,307,242		5,307,242	0	0	7,588,880	31.00
31.01	03101	NICU	0		0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0		0	0	0	0	32.00
43.00	04300	NURSERY	2,574,139		2,574,139	0	0	7,899,566	43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	9,147,291		9,147,291	0	0	28,086,198	50.00
51.00	05100	RECOVERY ROOM	907,733		907,733	0	0	3,011	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	4,389,286		4,389,286	0	0	9,423,902	52.00
53.00	05300	ANESTHESIOLOGY	314,282		314,282	0	0	4,345,933	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	5,112,914		5,112,914	0	0	5,832,205	54.00
54.01	05401	ULTRASOUND	636,200		636,200	0	0	3,975,381	54.01
56.00	05601	RADIOISOTOPE	597,059		597,059	0	0	2,167,758	56.00
57.00	05700	CT SCAN	1,376,403		1,376,403	0	0	10,981,954	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	371,155		371,155	0	0	2,786,732	58.00
59.00	05900	CARDIAC CATHETERIZATION	0		0	0	0	0	59.00
60.00	06000	LABORATORY	7,256,424		7,256,424	0	0	45,406,949	60.00
64.00	06400	INTRAVENOUS THERAPY	0		0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	1,664,607	0	1,664,607	0	0	6,249,424	65.00
66.00	06600	PHYSICAL THERAPY	1,799,219	0	1,799,219	0	0	1,261,757	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,056	0	8,056	0	0	479,610	67.00
68.00	06801	SPEECH PATHOLOGY	12,660	0	12,660	0	0	955,659	68.00
69.00	06900	ELECTROCARDIOLOGY	16,003,330		16,003,330	0	0	15,002,662	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0		0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	5,685,526		5,685,526	0	0	6,324,810	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	473,686		473,686	0	0	19,926,614	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	7,243,201		7,243,201	0	0	21,593,286	73.00
74.00	07400	RENAL DIALYSIS	648,703		648,703	0	0	1,501,976	74.00
76.00	03020	ACUPUNCTURE	0		0	0	0	0	76.00
76.01	03021	SLEEP LAB	277,853		277,853	0	0	1,329	76.01
76.97	07697	CARDIAC REHABILITATION	0		0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS									
90.00	09000	CLINIC	265,719		265,719	0	0	0	90.00
91.00	09100	EMERGENCY	7,322,528		7,322,528	0	0	12,689,390	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0		0	0	0	162,124	92.00
200.00		Subtotal (see instructions)	94,309,608	0	94,309,608	0	0	242,257,050	200.00
201.00		Less Observation Beds	0		0	0	0	0	201.00
202.00		Total (see instructions)	94,309,608	0	94,309,608	0	0	242,257,050	202.00
Cost Center Description	Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio				
	Outpatient	Total (col. 6 + col. 7)							
	7.00	8.00							
INPATIENT ROUTINE SERVICE COST CENTERS									
30.00	03000	ADULTS & PEDIATRICS		27,609,940					30.00
31.00	03100	INTENSIVE CARE UNIT		7,588,880					31.00
31.01	03101	NICU		0					31.01
32.00	03200	CORONARY CARE UNIT		0					32.00
43.00	04300	NURSERY		7,899,566					43.00
ANCILLARY SERVICE COST CENTERS									
50.00	05000	OPERATING ROOM	34,832,820	62,919,018	0.145382	0.000000	0.000000		50.00
51.00	05100	RECOVERY ROOM	1,124	4,135	219.524305	0.000000	0.000000		51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,828,289	11,252,191	0.390083	0.000000	0.000000		52.00
53.00	05300	ANESTHESIOLOGY	6,774,249	11,120,182	0.028262	0.000000	0.000000		53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	10,718,696	16,550,901	0.308921	0.000000	0.000000		54.00
54.01	05401	ULTRASOUND	6,997,079	10,972,460	0.057982	0.000000	0.000000		54.01
56.00	05601	RADIOISOTOPE	2,362,429	4,530,187	0.131796	0.000000	0.000000		56.00
57.00	05700	CT SCAN	14,156,732	25,138,686	0.054752	0.000000	0.000000		57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	3,098,685	5,885,417	0.063064	0.000000	0.000000		58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0.000000		59.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

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Cost Center Description			Charges		Cost or Other Ratio	TEFRA Inpatient Ratio	PPS Inpatient Ratio	Cost
			Outpatient	Total (col. 6 + col. 7)				
			7.00	8.00	9.00	10.00	11.00	
60.00	06000	LABORATORY	26,112,545	71,519,494	0.101461	0.000000	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	1,277,955	7,527,379	0.221140	0.000000	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	1,366,741	2,628,498	0.684505	0.000000	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	193,606	673,216	0.011966	0.000000	0.000000	67.00
68.00	06801	SPEECH PATHOLOGY	146,432	1,102,091	0.011487	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	18,445,634	33,448,296	0.478450	0.000000	0.000000	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0.000000	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	4,454,701	10,779,511	0.527438	0.000000	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	11,405,492	31,332,106	0.015118	0.000000	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	6,353,962	27,947,248	0.259174	0.000000	0.000000	73.00
74.00	07400	RENAL DIALYSIS	926	1,502,902	0.431634	0.000000	0.000000	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0.000000	76.00
76.01	03021	SLEEP LAB	856,770	858,099	0.323801	0.000000	0.000000	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	5,245	5,245	50.661392	0.000000	0.000000	90.00
91.00	09100	EMERGENCY	37,039,307	49,728,697	0.147250	0.000000	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	5,519,023	5,681,147	0.000000	0.000000	0.000000	92.00
200.00		Subtotal (see instructions)	193,948,442	436,205,492				200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	193,948,442	436,205,492				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part I Date/Time Prepared: 5/30/2013 10:19 am
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Cost Center Description	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)	
	1.00	2.00	3.00	4.00	5.00	

INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	ADULTS & PEDIATRICS	1,044,286	0	1,044,286	25,007	41.76	30.00
31.00	INTENSIVE CARE UNIT	214,305		214,305	3,144	68.16	31.00
31.01	NICU	0		0	0	0.00	31.01
32.00	CORONARY CARE UNIT	0		0	0	0.00	32.00
43.00	NURSERY	83,989		83,989	3,728	22.53	43.00
200.00	Total (lines 30-199)	1,342,580		1,342,580	31,879		200.00

Cost Center Description	Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
	6.00	7.00	

INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	ADULTS & PEDIATRICS	11,554	482,495	30.00
31.00	INTENSIVE CARE UNIT	1,681	114,577	31.00
31.01	NICU	0	0	31.01
32.00	CORONARY CARE UNIT	0	0	32.00
43.00	NURSERY	0	0	43.00
200.00	Total (lines 30-199)	13,235	597,072	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part II Date/Time Prepared: 5/30/2013 10:19 am
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Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	607,840	62,919,018	0.009661	11,159,969	107,816	50.00
51.00	05100 RECOVERY ROOM	66,059	4,135	15.975574	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	144,094	11,252,191	0.012806	18,389	235	52.00
53.00	05300 ANESTHESIOLOGY	4,608	11,120,182	0.000414	1,437,950	595	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	236,232	16,550,901	0.014273	3,402,879	48,569	54.00
54.01	05401 ULTRASOUND	6,513	10,972,460	0.000594	1,880,664	1,117	54.01
56.00	05601 RADIOISOTOPE	36,056	4,530,187	0.007959	1,159,045	9,225	56.00
57.00	05700 CT SCAN	70,604	25,138,686	0.002809	5,545,636	15,578	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	14,219	5,885,417	0.002416	1,301,793	3,145	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0.000000	0	0	59.00
60.00	06000 LABORATORY	253,952	71,519,494	0.003551	21,640,349	76,845	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	60,883	7,527,379	0.008088	3,521,035	28,478	65.00
66.00	06600 PHYSICAL THERAPY	135,552	2,628,498	0.051570	797,019	41,102	66.00
67.00	06700 OCCUPATIONAL THERAPY	1,529	673,216	0.002271	300,902	683	67.00
68.00	06801 SPEECH PATHOLOGY	1,637	1,102,091	0.001485	229,154	340	68.00
69.00	06900 ELECTROCARDIOLOGY	721,493	33,448,296	0.021570	8,225,737	177,429	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	47,521	10,779,511	0.004408	3,266,109	14,397	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	7,055	31,332,106	0.000225	8,203,851	1,846	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	120,657	27,947,248	0.004317	10,055,761	43,411	73.00
74.00	07400 RENAL DIALYSIS	4,823	1,502,902	0.003209	1,047,310	3,361	74.00
76.00	03020 ACUPUNCTURE	0	0	0.000000	0	0	76.00
76.01	03021 SLEEP LAB	39,264	858,099	0.045757	1,329	61	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	26,024	5,245	4.961678	0	0	90.00
91.00	09100 EMERGENCY	350,872	49,728,697	0.007056	6,264,889	44,205	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	5,681,147	0.000000	80,681	0	92.00
200.00	Total (lines 50-199)	2,957,487	393,107,106		89,540,451	618,438	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140118		Period: From 03/01/2012 To 12/31/2012		Worksheet D Part III Date/Time Prepared: 5/30/2013 10:19 am	
Cost Center Description			Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)	Total Costs (sum of cols. 1 through 3, minus col. 4)	
			1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	0	0	0	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	0	0	0	0	0	31.00
31.01	03101	NICU	0	0	0	0	0	31.01
32.00	03200	CORONARY CARE UNIT	0	0	0	0	0	32.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)		
			6.00	7.00	8.00	9.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	25,007	0.00	11,554	0		30.00
31.00	03100	INTENSIVE CARE UNIT	3,144	0.00	1,681	0		31.00
31.01	03101	NICU	0	0.00	0	0		31.01
32.00	03200	CORONARY CARE UNIT	0	0.00	0	0		32.00
43.00	04300	NURSERY	3,728	0.00	0	0		43.00
200.00		Total (lines 30-199)	31,879		13,235	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 10:19 am

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
56.00	05601 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06801 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 ACUPUNCTURE	0	0	0	0	0	76.00
76.01	03021 SLEEP LAB	0	0	0	0	0	76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
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
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: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Title XVIII		Hospital		Inpatient Program Charges	
			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)	PPS		
		6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	0	62,919,018	0.000000	0.000000	11,159,969	50.00
51.00	05100	RECOVERY ROOM	0	4,135	0.000000	0.000000	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	11,252,191	0.000000	0.000000	18,389	52.00
53.00	05300	ANESTHESIOLOGY	0	11,120,182	0.000000	0.000000	1,437,950	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	16,550,901	0.000000	0.000000	3,402,879	54.00
54.01	05401	ULTRASOUND	0	10,972,460	0.000000	0.000000	1,880,664	54.01
56.00	05601	RADIOISOTOPE	0	4,530,187	0.000000	0.000000	1,159,045	56.00
57.00	05700	CT SCAN	0	25,138,686	0.000000	0.000000	5,545,636	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0	5,885,417	0.000000	0.000000	1,301,793	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0.000000	0.000000	0	59.00
60.00	06000	LABORATORY	0	71,519,494	0.000000	0.000000	21,640,349	60.00
64.00	06400	INTRAVENOUS THERAPY	0	0	0.000000	0.000000	0	64.00
65.00	06500	RESPIRATORY THERAPY	0	7,527,379	0.000000	0.000000	3,521,035	65.00
66.00	06600	PHYSICAL THERAPY	0	2,628,498	0.000000	0.000000	797,019	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	673,216	0.000000	0.000000	300,902	67.00
68.00	06801	SPEECH PATHOLOGY	0	1,102,091	0.000000	0.000000	229,154	68.00
69.00	06900	ELECTROCARDIOLOGY	0	33,448,296	0.000000	0.000000	8,225,737	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0.000000	0.000000	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	10,779,511	0.000000	0.000000	3,266,109	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	31,332,106	0.000000	0.000000	8,203,851	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	27,947,248	0.000000	0.000000	10,055,761	73.00
74.00	07400	RENAL DIALYSIS	0	1,502,902	0.000000	0.000000	1,047,310	74.00
76.00	03020	ACUPUNCTURE	0	0	0.000000	0.000000	0	76.00
76.01	03021	SLEEP LAB	0	858,099	0.000000	0.000000	1,329	76.01
76.97	07697	CARDIAC REHABILITATION	0	0	0.000000	0.000000	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	5,245	0.000000	0.000000	0	90.00
91.00	09100	EMERGENCY	0	49,728,697	0.000000	0.000000	6,264,889	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	5,681,147	0.000000	0.000000	80,681	92.00
200.00		Total (lines 50-199)	0	393,107,106			89,540,451	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet D
Part IV
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)		
		11.00	12.00	13.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	14,272,516	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	2,446,977	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,679,208	0		54.00
54.01	05401 ULTRASOUND	0	1,085,961	0		54.01
56.00	05601 RADIOISOTOPE	0	850,508	0		56.00
57.00	05700 CT SCAN	0	3,889,518	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	783,358	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00	06000 LABORATORY	0	1,077,887	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	287,350	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06801 SPEECH PATHOLOGY	0	3,778	0		68.00
69.00	06900 ELECTROCARDIOLOGY	0	9,190,058	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,785,037	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	6,696,527	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	2,092,378	0		73.00
74.00	07400 RENAL DIALYSIS	0	0	0		74.00
76.00	03020 ACUPUNCTURE	0	0	0		76.00
76.01	03021 SLEEP LAB	0	275,975	0		76.01
76.97	07697 CARDIAC REHABILITATION	0	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
91.00	09100 EMERGENCY	0	5,124,423	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,154,212	0		92.00
200.00	Total (lines 50-199)	0	54,695,671	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:19 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	0.145382	14,272,516	0	0	2,074,967	50.00
51.00	05100	RECOVERY ROOM	219.524305	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.390083	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.028262	2,446,977	0	0	69,156	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.308921	3,679,208	0	0	1,136,585	54.00
54.01	05401	ULTRASOUND	0.057982	1,085,961	0	0	62,966	54.01
56.00	05601	RADIOISOTOPE	0.131796	850,508	0	0	112,094	56.00
57.00	05700	CT SCAN	0.054752	3,889,518	0	0	212,959	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.063064	783,358	0	0	49,402	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.000000	0	0	0	0	59.00
60.00	06000	LABORATORY	0.101461	1,077,887	0	0	109,363	60.00
64.00	06400	INTRAVENOUS THERAPY	0.000000	0	0	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.221140	287,350	0	0	63,545	65.00
66.00	06600	PHYSICAL THERAPY	0.684505	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.011966	0	0	0	0	67.00
68.00	06801	SPEECH PATHOLOGY	0.011487	3,778	0	0	43	68.00
69.00	06900	ELECTROCARDIOLOGY	0.478450	9,190,058	0	0	4,396,983	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.000000	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527438	1,785,037	677	0	941,496	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.015118	6,696,527	7,600	0	101,238	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.259174	2,092,378	0	41,597	542,290	73.00
74.00	07400	RENAL DIALYSIS	0.431634	0	0	0	0	74.00
76.00	03020	ACUPUNCTURE	0.000000	0	0	0	0	76.00
76.01	03021	SLEEP LAB	0.323801	275,975	0	0	89,361	76.01
76.97	07697	CARDIAC REHABILITATION	0.000000	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	50.661392	0	0	0	0	90.00
91.00	09100	EMERGENCY	0.147250	5,124,423	0	0	754,571	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	1,154,212	7,600	0	0	92.00
200.00		Subtotal (see instructions)		54,695,671	15,877	41,597	10,717,019	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00		Net Charges (line 200 +/- line 201)		54,695,671	15,877	41,597	10,717,019	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet D Part V Date/Time Prepared: 5/30/2013 10:19 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	0	0		54.00
54.01 05401 ULTRASOUND	0	0		54.01
56.00 05601 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
64.00 06400 INTRAVENOUS THERAPY	0	0		64.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06801 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	357	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	115	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	10,781		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 ACUPUNCTURE	0	0		76.00
76.01 03021 SLEEP LAB	0	0		76.01
76.97 07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0	0		90.00
91.00 09100 EMERGENCY	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00 Subtotal (see instructions)	472	10,781		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges	0			201.00
202.00 Net Charges (line 200 +/- line 201)	472	10,781		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet D-1
		Title XVIII	Hospital	Date/Time Prepared: 5/30/2013 10:19 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)		25,007	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		25,007	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)		25,007	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)		11,554	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)		14,914,392	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)		14,914,392	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)		14,914,392	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)		596.41	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		6,890,921	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)		6,890,921	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118		Period: From 03/01/2012 To 12/31/2012		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	5,307,242	3,144	1,688.05	1,681	2,837,612	43.00
43.01	NICU	0	0	0.00	0	0	43.01
44.00	CORONARY CARE UNIT	0	0	0.00	0	0	44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					16,665,140	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					26,393,673	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)					597,072	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					618,438	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					1,215,510	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					25,178,163	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					0	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					0	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140118		Period: From 03/01/2012 To 12/31/2012		Worksheet D-1 Date/Time Prepared: 5/30/2013 10:19 am	
Title XVIII		Hospital		PPS			
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	1,044,286	14,914,392	0.070019	0	0	90.00
91.00	Nursing School cost	0	14,914,392	0.000000	0	0	91.00
92.00	Allied health cost	0	14,914,392	0.000000	0	0	92.00
93.00	All other Medical Education	0	14,914,392	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet D-3 Date/Time Prepared: 5/30/2013 10:19 am
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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		14,060,574		30.00
31.00	03100 INTENSIVE CARE UNIT		4,034,854		31.00
31.01	03101 NICU		0		31.01
32.00	03200 CORONARY CARE UNIT		0		32.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.145819	11,159,969	1,627,336	50.00
51.00	05100 RECOVERY ROOM	219.524305	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.390083	18,389	7,173	52.00
53.00	05300 ANESTHESIOLOGY	0.028262	1,437,950	40,639	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.308921	3,402,879	1,051,221	54.00
54.01	05401 ULTRASOUND	0.057982	1,880,664	109,045	54.01
56.00	05601 RADIOISOTOPE	0.131796	1,159,045	152,757	56.00
57.00	05700 CT SCAN	0.054752	5,545,636	303,635	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.063064	1,301,793	82,096	58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000	0	0	59.00
60.00	06000 LABORATORY	0.101538	21,640,349	2,197,318	60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000	0	0	64.00
65.00	06500 RESPIRATORY THERAPY	0.221140	3,521,035	778,642	65.00
66.00	06600 PHYSICAL THERAPY	0.684505	797,019	545,563	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.011966	300,902	3,601	67.00
68.00	06801 SPEECH PATHOLOGY	0.011487	229,154	2,632	68.00
69.00	06900 ELECTROCARDIOLOGY	0.478450	8,225,737	3,935,604	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.527438	3,266,109	1,722,670	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.015118	8,203,851	124,026	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.259174	10,055,761	2,606,192	73.00
74.00	07400 RENAL DIALYSIS	0.431634	1,047,310	452,055	74.00
76.00	03020 ACUPUNCTURE	0.000000	0	0	76.00
76.01	03021 SLEEP LAB	0.323801	1,329	430	76.01
76.97	07697 CARDIAC REHABILITATION	0.000000	0	0	76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	50.661392	0	0	90.00
91.00	09100 EMERGENCY	0.147250	6,264,889	922,505	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000	80,681	0	92.00
200.00	Total (sum of lines 50-94 and 96-98)		89,540,451	16,665,140	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)		89,540,451		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 10:19 am
		Title VIII	Hospital	PPS
		1.00		
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		23,941,271	1.00
2.00	Outlier payments for discharges. (see instructions)		382,288	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)		300.46	4.00
Indirect Medical Education Adjustment				
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996. (see instructions)		0.00	5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)		0.00	6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)		0.00	7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.		0.00	7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.		0.00	8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.		0.00	8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)		0.00	8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)		0.00	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		0.00	10.00
11.00	FTE count for residents in dental and podiatric programs.		0.00	11.00
12.00	Current year allowable FTE (see instructions)		0.00	12.00
13.00	Total allowable FTE count for the prior year.		0.00	13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.		0.00	14.00
15.00	Sum of lines 12 through 14 divided by 3.		0.00	15.00
16.00	Adjustment for residents in initial years of the program		0.00	16.00
17.00	Adjustment for residents displaced by program or hospital closure		0.00	17.00
18.00	Adjusted rolling average FTE count		0.00	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.000000	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.000000	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.000000	21.00
22.00	IME payment adjustment (see instructions)		0	22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA				
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).		0.00	23.00
24.00	IME FTE Resident Count Over Cap (see instructions)		0.00	24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)		0.00	25.00
26.00	Resident to bed ratio (divide line 25 by line 4)		0.000000	26.00
27.00	IME payments adjustment. (see instructions)		0.000000	27.00
28.00	IME Adjustment (see instructions)		0	28.00
29.00	Total IME payment (sum of lines 22 and 28)		0	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		6.72	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		31.07	31.00
32.00	Sum of lines 30 and 31		37.79	32.00
33.00	Allowable disproportionate share percentage (see instructions)		20.39	33.00
34.00	Disproportionate share adjustment (see instructions)		4,881,625	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)		2,966	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		478	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		16.12	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		2,311	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.690675	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		417.60	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		137,870	46.00
47.00	Subtotal (see instructions)		29,343,054	47.00
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only. (see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		29,343,054	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,080,260	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from Worksheet E-4, line 49 see instructions).		0	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet E Part A Date/Time Prepared: 5/30/2013 10:19 am
		Title XVIIII	Hospital	PPS
		1.00		
57.00	Routine service other pass through costs (from Wkst D, Part III, column 9, lines 30-35).			0 57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)			0 58.00
59.00	Total (sum of amounts on lines 49 through 58)			31,423,314 59.00
60.00	Primary payer payments			11,874 60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)			31,411,440 61.00
62.00	Deductibles billed to program beneficiaries			2,225,300 62.00
63.00	Coinurance billed to program beneficiaries			108,664 63.00
64.00	Allowable bad debts (see instructions)			363,951 64.00
65.00	Adjusted reimbursable bad debts (see instructions)			254,766 65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			363,951 66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)			29,332,242 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)			29,332,242 71.00
72.00	Interim payments			29,543,574 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)			-211,332 74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2			2,300,965 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: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet E Part B Date/Time Prepared: 5/30/2013 10:19 am
		Title VIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)			11,253 1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)			10,717,019 2.00
3.00	PPS payments			9,272,363 3.00
4.00	Outlier payment (see instructions)			0 4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)			0.000 5.00
6.00	Line 2 times line 5			0 6.00
7.00	Sum of line 3 plus line 4 divided by line 6			0.00 7.00
8.00	Transitional corridor payment (see instructions)			0 8.00
9.00	Ancillary service other pass through costs from Worksheet D, Part IV, column 13, line 200			0 9.00
10.00	Organ acquisitions			0 10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)			11,253 11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges			57,474 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)			57,474 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)			57,474 18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			46,221 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)			11,253 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)			9,272,363 24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)			26,793 25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)			1,891,456 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)			7,365,367 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)			7,365,367 30.00
31.00	Primary payer payments			1,305 31.00
32.00	Subtotal (line 30 minus line 31)			7,364,062 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)			301,796 34.00
35.00	Adjusted reimbursable bad debts (see instructions)			211,257 35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			301,796 36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			7,575,319 37.00
38.00	MSP-LCC reconciliation amount from PS&R			0 38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 39.00
39.98	AB Re-billing demo amount (see instructions)			0 39.98
39.99	RECOVERY OF ACCELERATED DEPRECIATION			0 39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)			7,575,319 40.00
41.00	Interim payments			7,774,417 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)			-199,098 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: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet E-1
Part I
Date/Time Prepared:
5/30/2013 10:19 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		29,543,574		7,774,417	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)		29,543,574		7,774,417	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		0	6.01	
6.02	SETTLEMENT TO PROGRAM		211,332		199,098	6.02	
7.00	Total Medicare program liability (see instructions)		29,332,242		7,575,319	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: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet E-1 Part II Date/Time Prepared: 5/30/2013 10:19 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			0 1.00
2.00	Medicare days from Wkst S-3, Part I, column 6 sum of lines 1, 8-12			0 2.00
3.00	Medicare HMO days from Wkst S-3, Part I, column 6, line 2			0 3.00
4.00	Total inpatient days from S-3, Part I column 8 sum of lines 1, 8-12			0 4.00
5.00	Total hospital charges from Wkst C, Part I, column 8 line 200			0 5.00
6.00	Total hospital charity care charges from Wkst S-10, column 3 line 20			0 6.00
7.00	CAH only - The reasonable cost incurred for the purchase of certified HIT technology Worksheet S-2, Part I line 168			0 7.00
8.00	Calculation of the HIT incentive payment (see instructions)			0 8.00
INPATIENT HOSPITAL SERVICES UNDER PPS & CAH				
30.00	Initial/interim HIT payment adjustment (see instructions)			0 30.00
31.00	Other Adjustment (specify)			0 31.00
32.00	Balance due provider (line 8 minus line 30 and line 31)			0 32.00

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

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet G

Date/Time Prepared:
5/30/2013 10:19 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	-3,322,717	0	0	0	1.00
2.00	Temporary investments	0	0	0	0	2.00
3.00	Notes receivable	0	0	0	0	3.00
4.00	Accounts receivable	38,571,935	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-11,176,053	0	0	0	6.00
7.00	Inventory	3,572,700	0	0	0	7.00
8.00	Prepaid expenses	1,342,754	0	0	0	8.00
9.00	Other current assets	3,925,981	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)	32,914,600	0	0	0	11.00
FIXED ASSETS						
12.00	Land	2,610,000	0	0	0	12.00
13.00	Land improvements	2,404,000	0	0	0	13.00
14.00	Accumulated depreciation	-387,898	0	0	0	14.00
15.00	Buildings	23,290,114	0	0	0	15.00
16.00	Accumulated depreciation	-861,526	0	0	0	16.00
17.00	Leasehold improvements	1,124,667	0	0	0	17.00
18.00	Accumulated depreciation	-4,620	0	0	0	18.00
19.00	Fixed equipment	142,790	0	0	0	19.00
20.00	Accumulated depreciation	-8,145	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	15,723,233	0	0	0	23.00
24.00	Accumulated depreciation	-123,279	0	0	0	24.00
25.00	Minor equipment depreciable	317,510	0	0	0	25.00
26.00	Accumulated depreciation	-2,693,496	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)	41,533,350	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	6,683,223	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	6,683,223	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	81,131,173	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	10,553,259	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,261,039	0	0	0	38.00
39.00	Payroll taxes payable	1,002,153	0	0	0	39.00
40.00	Notes and loans payable (short term)	211,478	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	56,871,827	0	0	0	43.00
44.00	Other current liabilities	1,560,080	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	76,459,836	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	281,675	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	6,028,087	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	6,309,762	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	82,769,598	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-1,638,425				52.00
53.00	Specific purpose fund		0			53.00
54.00	Donor created - endowment fund balance - restricted			0		54.00
55.00	Donor created - endowment fund balance - unrestricted			0		55.00
56.00	Governing body created - endowment fund balance			0		56.00
57.00	Plant fund balance - invested in plant				0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-1,638,425	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	81,131,173	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet G-1

Date/Time Prepared:
5/30/2013 10:19 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		0		0	1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)		30,249,681			2.00
3.00	Total (sum of line 1 and line 2)		30,249,681		0	3.00
4.00	Additions (credit adjustments) (specify)	0		0		4.00
5.00		0		0		5.00
6.00		0		0		6.00
7.00		0		0		7.00
8.00		0		0		8.00
9.00		0		0		9.00
10.00	Total additions (sum of line 4-9)		0		0	10.00
11.00	Subtotal (line 3 plus line 10)		30,249,681		0	11.00
12.00	Deductions (debit adjustments) (specify)	0		0		12.00
13.00		0		0		13.00
14.00		0		0		14.00
15.00		0		0		15.00
16.00		0		0		16.00
17.00		0		0		17.00
18.00	Total deductions (sum of lines 12-17)		0		0	18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)		30,249,681		0	19.00
		Endowment Fund		Plant Fund		
		6.00	7.00	8.00		
1.00	Fund balances at beginning of period	0		0		1.00
2.00	Net income (loss) (From Wkst. G-3, line 29)					2.00
3.00	Total (sum of line 1 and line 2)	0		0		3.00
4.00	Additions (credit adjustments) (specify)		0			4.00
5.00			0			5.00
6.00			0			6.00
7.00			0			7.00
8.00			0			8.00
9.00			0			9.00
10.00	Total additions (sum of line 4-9)	0		0		10.00
11.00	Subtotal (line 3 plus line 10)	0		0		11.00
12.00	Deductions (debit adjustments) (specify)		0			12.00
13.00			0			13.00
14.00			0			14.00
15.00			0			15.00
16.00			0			16.00
17.00			0			17.00
18.00	Total deductions (sum of lines 12-17)	0		0		18.00
19.00	Fund balance at end of period per balance sheet (line 11 minus line 18)	0		0		19.00

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
5/30/2013 10:19 am

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	37,429,569		37,429,569	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	37,429,569		37,429,569	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	8,009,949		8,009,949	11.00
11.01	NICU	0		0	11.01
12.00	CORONARY CARE UNIT	0		0	12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	8,009,949		8,009,949	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	45,439,518		45,439,518	17.00
18.00	Ancillary services	225,960,249	0	225,960,249	18.00
19.00	Outpatient services	0	201,900,442	201,900,442	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	271,399,767	201,900,442	473,300,209	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		135,425,448		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)		135,425,448		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140118

Period:
From 03/01/2012
To 12/31/2012

Worksheet G-3

Date/Time Prepared:
5/30/2013 10:19 am

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	473,300,209	1.00
2.00	Less contractual allowances and discounts on patients' accounts	306,320,382	2.00
3.00	Net patient revenues (line 1 minus line 2)	166,979,827	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	135,425,448	4.00
5.00	Net income from service to patients (line 3 minus line 4)	31,554,379	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 INCOME	-1,304,698	24.00
25.00	Total other income (sum of lines 6-24)	-1,304,698	25.00
26.00	Total (line 5 plus line 25)	30,249,681	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)	30,249,681	29.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140118	Period: From 03/01/2012 To 12/31/2012	Worksheet L Parts I-III Date/Time Prepared: 5/30/2013 10:19 am
		Title XVII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,926,357	1.00
2.00	Capital DRG outlier payments		758	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		92.00	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)		6.72	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		31.07	8.00
9.00	Sum of lines 7 and 8		37.79	9.00
10.00	Allowable disproportionate share percentage (see instructions)		7.95	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		153,145	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,080,260	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