

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: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S Parts I-III Date/Time Prepared: 11/29/2012 4:13 pm
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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: 11/29/2012	Time: 4:13 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended	6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by ST. ELIZABETH HOSPITAL for the cost reporting period beginning 07/01/2011 and ending 06/30/2012 and to the best of my knowledge and belief, it is a true, correct and complete statement 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 identified in this cost report were provided in compliance with such laws and regulations.

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

 Title

 Date

Cost Center Description	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	557,679	142,622	0	0	1.00
2.00 Subprovider - IPF	0	0	0	0	0	2.00
3.00 Subprovider - IRF	0	48,927	3	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	606,606	142,625	0	0	200.00

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

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Encryption Information
 ECR: Date: 11/29/2012 Time: 4:13 pm
 BDJoNcvuLS1iL36VGJXDyh: I fbcrc0
 ty7TZ0xgq22VyXUhmWKKI0jndfI73c
 iEKJ1X: 3ua0aRV7k
 PI: Date: 11/29/2012 Time: 4:13 pm
 VxARb6KPbtCuzn24dLUTEqA8DL00e1
 IeMus06fQc2i tAE: HC30Hj H6dNef.0
 FwTG3bwFEm0Xafx0

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

 Title

 Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
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3.00 Subprovider - IRF	0	48,927	3	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
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8.00 NURSING FACILITY	0	0	0	0	0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0	0	0	9.00
10.00 RURAL HEALTH CLINIC I	0	0	0	0	0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0	11.00
12.00 CMHC I	0	0	0	0	0	12.00
200.00 Total	0	606,606	142,625	0	0	200.00

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 4:13 pm			
1.00 Hospital and Hospital Health Care Complex Address:		2.00 PO Box:		3.00 State: IL Zip Code: 62220-		4.00 County: ST. CLAIR			
1.00 Street: 211 S 3RD STREET		2.00 City: BELLEVILLE							
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	
3.00 Hospital and Hospital-Based Component Identification:									
3.00 Hospital	ST. ELIZABETH HOSPITAL	140187	41180	1	07/01/1966	N	P	O	3.00
4.00 Subprovider - IPF									4.00
5.00 Subprovider - IRF	REHABILITATION	14T187	41180	5	07/01/1987	N	P	O	5.00
6.00 Subprovider - (Other)									6.00
7.00 Swing Beds - SNF						N	N	N	7.00
8.00 Swing Beds - NF						N		N	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) 1									17.00
18.00 Renal Dialysis									18.00
19.00 Other	BELLEVILLE HHA	147506	41180		11/01/1991				19.00
						From:	To:		
						1.00	2.00		
20.00 Cost Reporting Period (mm/dd/yyyy)						07/01/2011	06/30/2012		20.00
21.00 Type of Control (see instructions)						1			21.00
Inpatient PPS Information									
22.00 Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2) (Pickle amendment hospital)? In column 2, enter "Y" for yes or "N" for no.						Y	N		22.00
23.00 Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.						3	N		23.00
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible 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 days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible but unpaid days in column 5, and other Medicaid days in column 6.	4,615		3,504	0	102	1	678		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 days in col. 2, out-of-state Medicaid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in col. 5, and other Medicaid days in col. 6.	373		208	0	0	1	40		25.00
						Urban/Rural	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 For the Standard Geographic classification (not wage), what is your status at the end of the cost reporting period. Enter (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
						Beginning:	Ending:		
						1.00	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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 4:13 pm		
			V	XVIII	XIX	
			1.00	2.00	3.00	
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	N	Y	N	45.00	
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete Worksheet L, Part III and L-1, Parts I through III	N	N	N	46.00	
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y" for yes or "N" for no.	N	N	N	47.00	
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N	48.00	
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y			56.00	
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.	N			57.00	
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete Worksheet D-5.	N			58.00	
59.00	Are costs claimed on line 100 of Worksheet A? If yes, complete Worksheet D-2, Part I.	N			59.00	
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	Y			60.00	
		Y/N	IME Average	Direct GME Average		
		1.00	2.00	3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00	61.00	
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00			62.00	
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00			62.01	
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N			63.00	
		Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1 / (col. 1 + col. 2))		
		1.00	2.00	3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. If line 63 is yes or your facility trained residents in the base year period, enter in column 1, from your cost reporting period that begins on or after July 1, 2009, and before June 30, 2010 the number of unweighted nonprimary care FTE residents attributable to rotations that occurred in all nonprovider settings. Enter in column 2 the number of unweighted nonprimary care FTE residents that trained in your hospital. Include unweighted OB/GYN, dental and podiatry FTEs on this line. Enter in column 3, the ratio of column 1 divided by the sum of columns 1 and 2.	0.00	14.30	0.000000	64.00	
		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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3 / (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. 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. (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	
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010 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)	N		0		71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00	
		1.00					
Long Term Care Hospital PPS							
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			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.			N		86.00	
		V		XIX			
		1.00		2.00			
Title V or XIX Inpatient 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		Y		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		Y		94.00	
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00		10.00		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		Y		96.00	
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00		5.80		97.00	
Rural Providers							
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N				105.00	
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)					106.00	
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00	
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00	
		Physical	Occupational	Speech	Respiratory		
		1.00	2.00	3.00	4.00		
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	Y	Y	Y	N	109.00	
		1.00		2.00		3.00	
Miscellaneous Cost Reporting Information							
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00	
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 4:13 pm	
			1.00	2.00	3.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.		N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.		0		118.00
			Premiums	Losses	Insurance
			1.00	2.00	3.00
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0	118.01
			1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.		N		118.02
119.00	DO NOT USE THIS LINE				119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on Worksheet E, Part B, line 8.		N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.		Y		121.00
Transplant Center Information					
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.		N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.				133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.				134.00
All Providers					
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)		Y		140.00
			1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.					
141.00	Name: HOSPITAL SISTER HEALTH SYSTEM	Contractor's Name:	Contractor's Number: 00999		141.00
142.00	Street: 4936 LAVERNA ROAD	PO Box:			142.00
143.00	City: SPRINGFIELD	State: IL	Zip Code:	62707	143.00
			1.00	2.00	
144.00	Are provider based physicians' costs included in Worksheet A?			Y	144.00
145.00	If costs for renal services are claimed on Worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.			Y	145.00
			1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.		N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.		N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.		N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.		N		149.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 4:13 pm
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		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	155.00
156.00	Subprovider - IPF	N	N	N	N	156.00
157.00	Subprovider - IRF	N	N	N	N	157.00
158.00	SUBPROVIDER					158.00
159.00	SNF	N	N	N	N	159.00
160.00	HOME HEALTH AGENCY	N	N	N	N	160.00
161.00	CMHC	N	N	N	N	161.00

						1.00
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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
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Health Information Technology (HIT) incentive in the American Recovery and Reinvestment Act							
167.00	Is this provider a meaningful user under Section §1886(n)? Enter "Y" for yes or "N" for no.					N	167.00
168.00	If this provider is a CAH (line 105 is "Y") and is a meaningful user (line 167 is "Y"), enter the reasonable cost incurred for the HIT assets (see instructions)						0168.00
169.00	If this provider is a meaningful user (line 167 is "Y") and is not a CAH (line 105 is "N"), enter the transition factor. (see instructions)						0.00169.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/29/2012 4:13 pm	
		Y/N	Date		
		1.00	2.00		
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.					
COMPLETED BY ALL HOSPITALS					
Provider Organization and Operation					
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N			1.00
		Y/N	Date	V/I	
		1.00	2.00	3.00	
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N			2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N			3.00
		Y/N	Type	Date	
		1.00	2.00	3.00	
Financial Data and Reports					
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A		4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N			5.00
		Y/N	Legal Oper.		
		1.00	2.00		
Approved Educational Activities					
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N			6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	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.	Y			11.00
		Y/N			
		1.00			
Bad Debts					
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.			Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.			N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.			N	14.00
Bed Complement					
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.			N	15.00
		Part A			
		Description	Y/N	Date	
		0	1.00	2.00	
PS&R Data					
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N			16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N	08/13/2012		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N			18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N			19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N			20.00

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/29/2012 4:13 pm
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		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
				1.00
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.	N		34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.	N		35.00
		Y/N	Date	
		1.00	2.00	
Home Office Costs				
36.00	Were home office costs claimed on the cost report?	Y		36.00
37.00	If line 36 is yes, has a home office cost statement been prepared by the home office? If yes, see instructions.	Y		37.00
38.00	If line 36 is yes, was the fiscal year end of the home office different from that of the provider? If yes, enter in column 2 the fiscal year end of the home office.	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.	CLINT	BRI LL	41.00
42.00	Enter the employer/company name of the cost report preparer.	BKD CPAS ADVISORS		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	502-581-0435	CBRI LL@BKD.COM	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4. (see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	08/13/2012	17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	N		21.00
		3.00		
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	SENIOR 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: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	Worksheet A	No. of Beds	Bed Days Available	CAH Hours		
	Line Number					
	1.00	2.00	3.00	4.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	30.00	191	63,696	0.00		1.00
2.00 HMO						2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						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)		191	63,696	0.00		7.00
8.00 INTENSIVE CARE UNIT	31.00	24	8,416	0.00		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	43.00					13.00
14.00 Total (see instructions)		215	72,112	0.00		14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	41.00	30	10,980			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)		245				27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF	41.00					28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	I/P Days / O/P Visits / Trips					
	Title V	Title XVIII	Title XIX	Total All Patients		
	5.00	6.00	7.00	8.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	0	14,663	4,070	34,749		1.00
2.00 HMO		2,512	4,285			2.00
3.00 HMO IPF		0	0			3.00
4.00 HMO IRF		173	292			4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0		5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0		6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	14,663	4,070	34,749		7.00
8.00 INTENSIVE CARE UNIT	0	2,578	367	5,637		8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY	0		178	3,454		13.00
14.00 Total (see instructions)	0	17,241	4,615	43,840		14.00
15.00 CAH visits	0	0	0	0		15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0	3,652	330	5,590		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)						27.00
28.00 Observation Bed Days	0		0	2,312		28.00
28.02 SUBPROVIDER - IRF				0		28.02
29.00 Ambulance Trips		0				29.00
30.00 Employee discount days (see instruction)				0		30.00
31.00 Employee discount days - IRF				0		31.00
32.00 Labor & delivery days (see instructions)			0	0		32.00
33.00 LTCH non-covered days		0				33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	Full Time Equivalents			Discharges	Title XVIII	
	Total Interns & Residents	Employees On Payroll	Nonpaid Workers	Title V		
	9.00	10.00	11.00	12.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	3,918	1.00
2.00 HMO					712	2.00
3.00 HMO IPF						3.00
4.00 HMO IRF						4.00
5.00 Hospital Adults & Peds. Swing Bed SNF						5.00
6.00 Hospital Adults & Peds. Swing Bed NF						6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)						7.00
8.00 INTENSIVE CARE UNIT						8.00
9.00 CORONARY CARE UNIT						9.00
10.00 BURN INTENSIVE CARE UNIT						10.00
11.00 SURGICAL INTENSIVE CARE UNIT						11.00
12.00 OTHER SPECIAL CARE (SPECIFY)						12.00
13.00 NURSERY						13.00
14.00 Total (see instructions)	14.30	1,066.25	0.00	0	3,918	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF	0.00	26.42	0.00	0	296	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)	14.30	1,092.67	0.00			27.00
28.00 Observation Bed Days						28.00
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	Discharges			
	Title XIX	Total All Patients		
	14.00	15.00		
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)	1,287	10,250		1.00
2.00 HMO				2.00
3.00 HMO IPF				3.00
4.00 HMO IRF				4.00
5.00 Hospital Adults & Peds. Swing Bed SNF				5.00
6.00 Hospital Adults & Peds. Swing Bed NF				6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)				7.00
8.00 INTENSIVE CARE UNIT				8.00
9.00 CORONARY CARE UNIT				9.00
10.00 BURN INTENSIVE CARE UNIT				10.00
11.00 SURGICAL INTENSIVE CARE UNIT				11.00
12.00 OTHER SPECIAL CARE (SPECIFY)				12.00
13.00 NURSERY				13.00
14.00 Total (see instructions)	1,287	10,250		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF				16.00
17.00 SUBPROVIDER - IRF	29	497		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)				27.00
28.00 Observation Bed Days				28.00
28.02 SUBPROVIDER - IRF				28.02
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: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part II Date/Time Prepared: 11/29/2012 4:13 pm
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	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	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	52,822,333	0	52,822,333	2,272,753.27
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00
4.00	Physician-Part A - Administrative		0	0	0	0.00
4.01	Physicians - Part A - Teaching		0	0	0	0.00
5.00	Physician-Part B		0	0	0	0.00
6.00	Non-physician-Part B		0	0	0	0.00
7.00	Interns & residents (in an approved program)	21.00	0	0	0	0.00
7.01	Contracted interns and residents (in an approved programs)		1,447,514	0	1,447,514	29,744.00
8.00	Home office personnel		0	0	0	0.00
9.00	SNF	44.00	0	0	0	0.00
10.00	Excluded area salaries (see instructions)		1,319,436	81,312	1,400,748	62,511.15
OTHER WAGES & RELATED COSTS						
11.00	Contract Labor (see instructions)		4,604,911	0	4,604,911	122,220.59
12.00	Contract management and administrative services		0	0	0	0.00
13.00	Contract Labor: Physician-Part A - Administrative		150,879	0	150,879	1,266.25
14.00	Home office salaries & wage-related costs		3,589,143	0	3,589,143	42,546.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00
WAGE-RELATED COSTS						
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		16,604,436	0	16,604,436	
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		0	0	0	
19.00	Excluded areas		465,086	0	465,086	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A - Administrative		0	0	0	
22.01	Physician Part A - Teaching		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	Wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		480,881	0	480,881	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	0	0	0	0.00
27.00	Administrative & General	5.00	8,351,314	0	8,351,314	395,048.10
28.00	Administrative & General under contract (see inst.)		613,661	0	613,661	7,373.22
29.00	Maintenance & Repairs	6.00	358,051	0	358,051	12,178.94
30.00	Operation of Plant	7.00	1,593,641	0	1,593,641	71,543.58
31.00	Laundry & Linen Service	8.00	216,402	0	216,402	15,832.30
32.00	Housekeeping	9.00	1,119,438	0	1,119,438	104,401.74
33.00	Housekeeping under contract (see instructions)		646,270	0	646,270	12,009.60
34.00	Dietary	10.00	1,096,223	-717,588	378,635	32,349.52
35.00	Dietary under contract (see instructions)		349,235	0	349,235	9,360.00
36.00	Cafeteria	11.00	0	717,588	717,588	59,034.87
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	1,254,544	0	1,254,544	44,431.15
39.00	Central Services and Supply	14.00	340,956	0	340,956	22,664.87
40.00	Pharmacy	15.00	2,157,668	-81,312	2,076,356	56,282.50
41.00	Medical Records & Medical Records Library	16.00	1,081,033	0	1,081,033	65,122.81
42.00	Social Service	17.00	1,237,263	0	1,237,263	43,766.86
43.00	Other General Service	18.00	0	0	0	0.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet S-3
Part II
Date/Time Prepared:
11/29/2012 4:13 pm

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	23.24	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	0.00	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	0.00	7.00
7.01	Contracted interns and residents (in an approved programs)	48.67	7.01
8.00	Home office personnel	0.00	8.00
9.00	SNF	0.00	9.00
10.00	Excluded area salaries (see instructions)	22.41	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	37.68	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	119.15	13.00
14.00	Home office salaries & wage-related costs	84.36	14.00
15.00	Home office: Physician Part A - Administrative	0.00	15.00
16.00	Home office and Contract Physicians Part A - Administrative	0.00	16.00
WAGE-RELATED COSTS			
17.00	Wage-related costs (core) Wkst S-3, Part IV Line 24		17.00
18.00	Wage-related costs (other)Wkst S-3, Part IV Line 25		18.00
19.00	Excluded areas		19.00
20.00	Non-physician anesthetist Part A		20.00
21.00	Non-physician anesthetist Part B		21.00
22.00	Physician Part A - Administrative		22.00
22.01	Physician Part A - Teaching		22.01
23.00	Physician Part B		23.00
24.00	Wage-related costs (RHC/FQHC)		24.00
25.00	Interns & residents (in an approved program)		25.00
OVERHEAD COSTS - DIRECT SALARIES			
26.00	Employee Benefits	0.00	26.00
27.00	Administrative & General	21.14	27.00
28.00	Administrative & General under contract (see inst.)	83.23	28.00
29.00	Maintenance & Repairs	29.40	29.00
30.00	Operation of Plant	22.28	30.00
31.00	Laundry & Linen Service	13.67	31.00
32.00	Housekeeping	10.72	32.00
33.00	Housekeeping under contract (see instructions)	53.81	33.00
34.00	Dietary	11.70	34.00
35.00	Dietary under contract (see instructions)	37.31	35.00
36.00	Cafeteria	12.16	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	28.24	38.00
39.00	Central Services and Supply	15.04	39.00
40.00	Pharmacy	36.89	40.00
41.00	Medical Records & Medical Records Library	16.60	41.00
42.00	Social Service	28.27	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part III Date/Time Prepared: 11/29/2012 4:13 pm		
	Worksheet A Line Number	Amount Reported	Recl assi fi cati on of Salaries (from Worksheet A-6)	Adjusted Salaries (col. 2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	52,983,985	0	52,983,985	2,271,752.09	1.00
2.00	Excluded area salaries (see instructions)	1,319,436	81,312	1,400,748	62,511.15	2.00
3.00	Subtotal salaries (line 1 minus line 2)	51,664,549	-81,312	51,583,237	2,209,240.94	3.00
4.00	Subtotal other wages & related costs (see inst.)	8,344,933	0	8,344,933	166,032.84	4.00
5.00	Subtotal wage-related costs (see inst.)	16,604,436	0	16,604,436	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	76,613,918	-81,312	76,532,606	2,375,273.78	6.00
7.00	Total overhead cost (see instructions)	20,415,699	-81,312	20,334,387	951,400.06	7.00

HOSPITAL WAGE INDEX INFORMATION		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part III Date/Time Prepared: 11/29/2012 4:13 pm
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		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	23.32	1.00
2.00	Excluded area salaries (see instructions)	22.41	2.00
3.00	Subtotal salaries (line 1 minus line 2)	23.35	3.00
4.00	Subtotal other wages & related costs (see inst.)	50.26	4.00
5.00	Subtotal wage-related costs (see inst.)	32.19	5.00
6.00	Total (sum of lines 3 thru 5)	32.22	6.00
7.00	Total overhead cost (see instructions)	21.37	7.00

HOSPITAL WAGE RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part IV Date/Time Prepared: 11/29/2012 4:13 pm
			Amount Reported	
			1.00	
PART IV - WAGE RELATED COSTS				
Part A - Core List				
RETIREMENT COST				
1.00	401K Employer Contributions		0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution		0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)		0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)		3,553,962	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)		8,204,519	8.00
9.00	Prescription Drug Plan		0	9.00
10.00	Dental, Hearing and Vision Plan		0	10.00
11.00	Life Insurance (If employee is owner or beneficiary)		0	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)		85,254	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)		0	14.00
15.00	'Workers' Compensation Insurance		1,209,686	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)		0	16.00
TAXES				
17.00	FICA-Employers Portion Only		3,989,187	17.00
18.00	Medicare Taxes - Employers Portion Only		378,741	18.00
19.00	Unemployment Insurance		0	19.00
20.00	State or Federal Unemployment Taxes		0	20.00
OTHER				
21.00	Executive Deferred Compensation (Other Than Retirement Cost Reported on lines 1 through 4 above. (see instructions))		0	21.00
22.00	Day Care Cost and Allowances		0	22.00
23.00	Tuition Reimbursement		129,054	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)		17,550,403	24.00
Part B - Other than Core Related Cost				
25.00	NON-CORE BENEFITS		0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-3 Part V Date/Time Prepared: 11/29/2012 4:13 pm
Cost Center Description			Contract Labor	Benefit Cost
			1.00	2.00
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost		0	0 1.00
2.00	Hospital		0	0 2.00
3.00	Subprovider - IPF			0 3.00
4.00	Subprovider - IRF		0	0 4.00
5.00	Subprovider - (Other)		0	0 5.00
6.00	Swing Beds - SNF		0	0 6.00
7.00	Swing Beds - NF		0	0 7.00
8.00	Hospital-Based SNF			0 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	BELLEVILLE HHA		0	0 18.00

HOSPITAL UNCOMPENSATED AND INDIGENT CARE DATA	Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet S-10 Date/Time Prepared: 11/29/2012 4:13 pm
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				1.00		
Uncompensated and indigent care cost computation						
1.00	Cost to charge ratio (Worksheet C, Part I line 200 column 3 divided by line 200 column 8)		0.248634		1.00	
Medicaid (see instructions for each line)						
2.00	Net revenue from Medicaid		10,656,605		2.00	
3.00	Did you receive DSH or supplemental payments from Medicaid?		Y		3.00	
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		N		4.00	
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid		883,807		5.00	
6.00	Medicaid charges		74,964,472		6.00	
7.00	Medicaid cost (line 1 times line 6)		18,638,717		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)		7,098,305		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)		7,098,305		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		10,799,072	1,037,980	11,837,052	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)		2,685,016	258,077	2,943,093	21.00
22.00	Partial payment by patients approved for charity care		95,822	89,626	185,448	22.00
23.00	Cost of charity care (line 21 minus line 22)		2,589,194	168,451	2,757,645	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)		19,388,603			26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)		785,617			27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)		18,602,986			28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)		4,625,335			29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)		7,382,980			30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)		14,481,285			31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet A	
Date/Time Prepared: 11/29/2012 4:13 pm							
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	NEW CAP REL COSTS-BLDG & FIXT		3,912,079	3,912,079	1,864,779	5,776,858	1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		5,627,020	5,627,020	757,326	6,384,346	2.00
4.00 00400	EMPLOYEE BENEFITS	0	17,644,905	17,644,905	0	17,644,905	4.00
5.01 00510	COMMUNICATIONS	169,793	179,134	348,927	-108	348,819	5.01
5.02 00511	DATA PROCESSING	1,376,873	349,561	1,726,434	-2,865	1,723,569	5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	237,378	121,527	358,905	-7,285	351,620	5.03
5.04 00513	ADMINISTRATIVE	1,698,393	172,278	1,870,671	-4,833	1,865,838	5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	1,016,443	837,456	1,853,899	-2,454	1,851,445	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	3,852,434	25,990,124	29,842,558	-84,658	29,757,900	5.06
6.00 00600	MAINTENANCE & REPAIRS	358,051	1,452,153	1,810,204	-669	1,809,535	6.00
7.00 00700	OPERATION OF PLANT	1,593,641	3,358,424	4,952,065	-47,344	4,904,721	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	216,402	488,438	704,840	-2,683	702,157	8.00
9.00 00900	HOUSEKEEPING	1,119,438	717,786	1,837,224	-40,627	1,796,597	9.00
10.00 01000	DIETARY	1,096,223	458,713	1,554,936	-1,018,735	536,201	10.00
11.00 01100	CAFETERIA	0	0	0	1,016,238	1,016,238	11.00
13.00 01300	NURSING ADMINISTRATION	1,254,544	89,656	1,344,200	-5,060	1,339,140	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	340,956	619,464	960,420	-1,627,147	-666,727	14.00
15.00 01500	PHARMACY	2,157,668	4,812,669	6,970,337	-472,760	6,497,577	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,081,033	994,466	2,075,499	-3,864	2,071,635	16.00
17.00 01700	SOCIAL SERVICE	1,237,263	128,142	1,365,405	-8,093	1,357,312	17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	1,447,514	1,447,514	21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	52,481	52,481	22.00
23.00 02300	PARAMED PRGM	0	0	0	85,852	85,852	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	10,042,049	1,009,513	11,051,562	-321,466	10,730,096	30.00
31.00 03100	INTENSIVE CARE UNIT	3,442,446	450,543	3,892,989	-68,311	3,824,678	31.00
41.00 04100	SUBPROVIDER - I&R	1,318,056	117,423	1,435,479	-21,217	1,414,262	41.00
43.00 04300	NURSERY	741,086	255	741,341	0	741,341	43.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	3,872,122	9,669,029	13,541,151	-8,517,905	5,023,246	50.00
51.00 05100	RECOVERY ROOM	496,728	29,411	526,139	-8,839	517,300	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,115,380	1,145	1,116,525	-487	1,116,038	52.00
53.00 05300	ANESTHESIOLOGY	0	277,123	277,123	-243,540	33,583	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	2,309,896	560,427	2,870,323	-148,012	2,722,311	54.00
56.00 05600	RADIOISOTOPE	379,439	258,010	637,449	-6,301	631,148	56.00
57.00 05700	CT SCAN	472,595	139,320	611,915	-25,302	586,613	57.00
59.00 05900	CARDIAC CATHETERIZATION	1,214,663	3,597,112	4,811,775	-3,406,468	1,405,307	59.00
60.00 06000	LABORATORY	2,266,595	3,168,704	5,435,299	-179,466	5,255,833	60.00
65.00 06500	RESPIRATORY THERAPY	1,160,093	310,364	1,470,457	-132,564	1,337,893	65.00
66.00 06600	PHYSICAL THERAPY	745,421	2,940,247	3,685,668	-510,145	3,175,523	66.00
67.00 06700	OCCUPATIONAL THERAPY	4,997	308,081	313,078	252,282	565,360	67.00
68.00 06800	SPEECH PATHOLOGY	0	198,208	198,208	124,782	322,990	68.00
69.00 06900	ELECTROCARDIOLOGY	419,755	143,155	562,910	-13,736	549,174	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	6,644,246	6,644,246	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	8,141,302	8,141,302	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	194,079	194,079	73.00
74.00 07400	RENAL DIALYSIS	0	361,996	361,996	0	361,996	74.00
76.00 03020	PAIN MANAGEMENT	207,026	277,668	484,694	-261,319	223,375	76.00
76.01 03022	OP CARDIO VASC DIAG	1,363	258,421	259,784	-2,810	256,974	76.01
76.02 03550	ANCILLARY PSYCH	153,160	5,672	158,832	199	159,031	76.02
76.03 03950	SLEEP LAB	341,170	114,780	455,950	-16,743	439,207	76.03
76.04 03650	VASCULAR LAB	218,683	104,240	322,923	-3,936	318,987	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00 09000	CLINIC	0	14,172,542	14,172,542	-1,501,513	12,671,029	90.00
91.00 09100	EMERGENCY	2,611,452	977,278	3,588,730	-106,050	3,482,680	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	480,245	33,268	513,513	-17,595	495,918	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00 09500	AMBULANCE SERVICES	0	57,400	57,400	-40	57,360	95.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	52,820,953	107,495,330	160,316,283	1,738,130	162,054,413	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,380	72	1,452	-54	1,398	190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	3,069,962	3,069,962	-1,739,473	1,330,489	192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	1,397	1,397	193.01
200.00	TOTAL (SUM OF LINES 118-199)	52,822,333	110,565,364	163,387,697	0	163,387,697	200.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A
Date/Time Prepared:
11/29/2012 4:13 pm

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	-148,986	5,627,872	1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP	0	6,384,346	2.00
4.00	00400	EMPLOYEE BENEFITS	-2,209,967	15,434,938	4.00
5.01	00510	COMMUNICATIONS	0	348,819	5.01
5.02	00511	DATA PROCESSING	-585	1,722,984	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	351,620	5.03
5.04	00513	ADMINISTRATIVE	0	1,865,838	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	-18,040	1,833,405	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	-14,662,719	15,095,181	5.06
6.00	00600	MAINTENANCE & REPAIRS	0	1,809,535	6.00
7.00	00700	OPERATION OF PLANT	-40,971	4,863,750	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	-17,731	684,426	8.00
9.00	00900	HOUSEKEEPING	-14,730	1,781,867	9.00
10.00	01000	DIETARY	-53,557	482,644	10.00
11.00	01100	CAFETERIA	0	1,016,238	11.00
13.00	01300	NURSING ADMINISTRATION	-1,698	1,337,442	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	-84	-666,811	14.00
15.00	01500	PHARMACY	0	6,497,577	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	-4,481	2,067,154	16.00
17.00	01700	SOCIAL SERVICE	0	1,357,312	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	1,447,514	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	52,481	22.00
23.00	02300	PARAMEDICAL PRGM	0	85,852	23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS	-3,784	10,726,312	30.00
31.00	03100	INTENSIVE CARE UNIT	-4,402	3,820,276	31.00
41.00	04100	SUBPROVIDER - I&R	0	1,414,262	41.00
43.00	04300	NURSERY	0	741,341	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	-9,453	5,013,793	50.00
51.00	05100	RECOVERY ROOM	0	517,300	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	1,116,038	52.00
53.00	05300	ANESTHESIOLOGY	0	33,583	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	-22,544	2,699,767	54.00
56.00	05600	RADIOISOTOPE	0	631,148	56.00
57.00	05700	CT SCAN	0	586,613	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	1,405,307	59.00
60.00	06000	LABORATORY	-163,719	5,092,114	60.00
65.00	06500	RESPIRATORY THERAPY	-256,512	1,081,381	65.00
66.00	06600	PHYSICAL THERAPY	0	3,175,523	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	565,360	67.00
68.00	06800	SPEECH PATHOLOGY	0	322,990	68.00
69.00	06900	ELECTROCARDIOLOGY	-81,150	468,024	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	6,644,246	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	8,141,302	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	-109,868	84,211	73.00
74.00	07400	RENAL DIALYSIS	0	361,996	74.00
76.00	03020	PAIN MANAGEMENT	0	223,375	76.00
76.01	03022	OP CARDIO VASC DIAG	0	256,974	76.01
76.02	03550	ANCILLARY PSYCH	0	159,031	76.02
76.03	03950	SLEEP LAB	-90,231	348,976	76.03
76.04	03650	VASCULAR LAB	-104,854	214,133	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	-12,337,679	333,350	90.00
91.00	09100	EMERGENCY	-592,011	2,890,669	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	495,918	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES	0	57,360	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		SUBTOTALS (SUM OF LINES 1-117)	-30,949,756	131,104,657	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	1,398	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	1,330,489	192.00
193.00	19300	NONPAID WORKERS	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	1,397	193.01
200.00		TOTAL (SUM OF LINES 118-199)	-30,949,756	132,437,941	200.00

		Increases			
	Cost Center	Line #	Salary	Other	
	2.00	3.00	4.00	5.00	
A - MEDICAL SUPPLIES & IMPLANTABLES					
1.00	MEDICAL SUPPLIES CHARGED TO PATIENTS	71.00	0	6,644,246	1.00
2.00	IMPL. DEV. CHARGED TO PATIENT	72.00	0	8,141,302	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
29.00		0.00	0	0	29.00
30.00		0.00	0	0	30.00
31.00		0.00	0	0	31.00
32.00		0.00	0	0	32.00
33.00		0.00	0	0	33.00
34.00		0.00	0	0	34.00
35.00		0.00	0	0	35.00
36.00		0.00	0	0	36.00
37.00		0.00	0	0	37.00
38.00		0.00	0	0	38.00
39.00		0.00	0	0	39.00
40.00		0.00	0	0	40.00
41.00		0.00	0	0	41.00
42.00		0.00	0	0	42.00
	TOTALS		0	14,785,548	
B - DRUGS CHARGES TO PATIENTS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	194,079	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
	TOTALS		0	194,079	
C - COMMUNITY RELATIONS					
1.00	WELLNESS/SENIOR VIP	193.01	0	1,397	1.00
	TOTALS		0	1,397	
D - RENT EXPENSE					
1.00	NEW CAP REL COSTS-BLDG & FIXT	1.00	0	1,864,779	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	2.00	0	757,326	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

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
35.00		0.00	0	0		35.00
36.00		0.00	0	0		36.00
37.00		0.00	0	0		37.00
38.00		0.00	0	0		38.00
39.00		0.00	0	0		39.00
40.00		0.00	0	0		40.00
41.00		0.00	0	0		41.00
42.00		0.00	0	0		42.00
	TOTALS		0	2,622,105		
E - OUTPATIENT PSYCH						
1.00	ANCILLARY PSYCH	76.02	301	8		1.00
	TOTALS		301	8		
G - CAFETERIA						
1.00	CAFETERIA	11.00	717,588	298,650		1.00
	TOTALS		717,588	298,650		
H - THERAPY RECLASS						
1.00	OCCUPATIONAL THERAPY	67.00	0	254,444		1.00
2.00	SPEECH PATHOLOGY	68.00	0	127,022		2.00
	TOTALS		0	381,466		
J - INTERNS AND RESIDENTS RECLASS						
1.00	I&R SERVICES-SALARY & FRINGES APPRVD	21.00	0	1,447,514		1.00
2.00	I&R SERVICES-OTHER PRGM. COSTS APPRVD	22.00	0	52,481		2.00
	TOTALS		0	1,499,995		
K - PHARMACY PROGRAM						
1.00	PARAMED ED PRGM	23.00	81,312	5,445		1.00
	TOTALS		81,312	5,445		
500.00	Grand Total: Increases		799,201	19,788,693		500.00

RECLASSIFICATIONS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/29/2012 4:13 pm

		Decreases					
Cost Center		Line #	Salary	Other	Wkst. A-7 Ref.		
6.00		7.00	8.00	9.00	10.00		
A - MEDICAL SUPPLIES & IMPLANTABLES							
1.00	COMMUNICATIONS	5.01	0	28	0		1.00
2.00	DATA PROCESSING	5.02	0	47	0		2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	41	0		3.00
4.00	ADMINISTRATIVE AND GENERAL	5.04	0	287	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	16	0		5.00
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	130	0		6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	260	0		7.00
8.00	OPERATION OF PLANT	7.00	0	306	0		8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	2,629	0		9.00
10.00	HOUSEKEEPING	9.00	0	35,341	0		10.00
11.00	DIETARY	10.00	0	17	0		11.00
12.00	NURSING ADMINISTRATION	13.00	0	179	0		12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	1,275,555	0		13.00
14.00	PHARMACY	15.00	0	74,905	0		14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	66	0		15.00
16.00	SOCIAL SERVICE	17.00	0	4,584	0		16.00
17.00	PARAMEDICAL PRGM	23.00	0	110	0		17.00
18.00	ADULTS & PEDIATRICS	30.00	0	305,604	0		18.00
19.00	INTENSIVE CARE UNIT	31.00	0	66,771	0		19.00
20.00	SUBPROVIDER - IRF	41.00	0	19,849	0		20.00
21.00	OPERATING ROOM	50.00	0	8,461,381	0		21.00
22.00	RECOVERY ROOM	51.00	0	8,062	0		22.00
23.00	DELIVERY ROOM & LABOR ROOM	52.00	0	487	0		23.00
24.00	ANESTHESIOLOGY	53.00	0	210,537	0		24.00
25.00	RADIOLOGY-DIAGNOSTIC	54.00	0	143,921	0		25.00
26.00	RADIOISOTOPE	56.00	0	6,164	0		26.00
27.00	CT SCAN	57.00	0	24,460	0		27.00
28.00	CARDIAC CATHETERIZATION	59.00	0	3,394,454	0		28.00
29.00	LABORATORY	60.00	0	168,380	0		29.00
30.00	RESPIRATORY THERAPY	65.00	0	128,241	0		30.00
31.00	PHYSICAL THERAPY	66.00	0	67,665	0		31.00
32.00	OCCUPATIONAL THERAPY	67.00	0	2,118	0		32.00
33.00	SPEECH PATHOLOGY	68.00	0	2,240	0		33.00
34.00	ELECTROCARDIOLOGY	69.00	0	11,791	0		34.00
35.00	PAIN MANAGEMENT	76.00	0	231,085	0		35.00
36.00	OP CARDIOVASC DIAG	76.01	0	2,801	0		36.00
37.00	ANCILLARY PSYCH	76.02	0	110	0		37.00
38.00	SLEEP LAB	76.03	0	13,127	0		38.00
39.00	VASCULAR LAB	76.04	0	3,128	0		39.00
40.00	CLINIC	90.00	0	16	0		40.00
41.00	EMERGENCY	91.00	0	103,042	0		41.00
42.00	OTHER OUTPATIENT SERVICE	93.00	0	15,613	0		42.00
COST CENTER							
TOTALS			0	14,785,548			
B - DRUGS CHARGES TO PATIENTS							
1.00	HOUSEKEEPING	9.00	0	7	0		1.00
2.00		14.00	0	105,903	0		2.00
3.00		30.00	0	1,959	0		3.00
4.00		50.00	0	42,944	0		4.00
5.00		51.00	0	720	0		5.00
6.00		53.00	0	32,110	0		6.00
7.00		54.00	0	48	0		7.00
8.00		57.00	0	265	0		8.00
9.00		59.00	0	8,299	0		9.00
10.00		60.00	0	49	0		10.00
11.00		65.00	0	1,775	0		11.00
TOTALS			0	194,079			
C - COMMUNITY RELATIONS							
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,397	0		1.00
TOTALS			0	1,397			
D - RENT EXPENSE							
1.00	COMMUNICATIONS	5.01	0	80	10		1.00
2.00	DATA PROCESSING	5.02	0	2,818	10		2.00
3.00	PURCHASING, RECEIVING AND STORES	5.03	0	7,244	0		3.00
4.00	ADMINISTRATIVE	5.04	0	4,546	0		4.00
5.00	CASHIERING/ACCOUNTS RECEIVABLE	5.05	0	2,438	0		5.00

RECLASSIFICATIONS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-6
Date/Time Prepared:
11/29/2012 4:13 pm

		Decreases			Wkst. A-7 Ref.	
Cost Center	Line #	Salary	Other			
6.00	7.00	8.00	9.00	10.00		
6.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	83,131	0	6.00
7.00	MAINTENANCE & REPAIRS	6.00	0	409	0	7.00
8.00	OPERATION OF PLANT	7.00	0	47,038	0	8.00
9.00	LAUNDRY & LINEN SERVICE	8.00	0	54	0	9.00
10.00	HOUSEKEEPING	9.00	0	5,279	0	10.00
11.00	DIETARY	10.00	0	2,480	0	11.00
12.00	NURSING ADMINISTRATION	13.00	0	4,881	0	12.00
13.00	CENTRAL SERVICES & SUPPLY	14.00	0	245,689	0	13.00
14.00	PHARMACY	15.00	0	311,098	0	14.00
15.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,798	0	15.00
16.00	SOCIAL SERVICE	17.00	0	3,509	0	16.00
17.00	PARAMEDICAL PRGM	23.00	0	795	0	17.00
18.00	ADULTS & PEDIATRICS	30.00	0	13,594	0	18.00
19.00	INTENSIVE CARE UNIT	31.00	0	1,540	0	19.00
20.00	SUBPROVIDER - IRF	41.00	0	1,368	0	20.00
21.00	OPERATING ROOM	50.00	0	13,580	0	21.00
22.00	RECOVERY ROOM	51.00	0	57	0	22.00
23.00	ANESTHESIOLOGY	53.00	0	893	0	23.00
24.00	RADIOLOGY-DIAGNOSTIC	54.00	0	4,043	0	24.00
25.00	RADIOISOTOPE	56.00	0	137	0	25.00
26.00	CT SCAN	57.00	0	577	0	26.00
27.00	CARDIAC CATHETERIZATION	59.00	0	3,715	0	27.00
28.00	LABORATORY	60.00	0	11,037	0	28.00
29.00	RESPIRATORY THERAPY	65.00	0	2,548	0	29.00
30.00	PHYSICAL THERAPY	66.00	0	61,014	0	30.00
31.00	OCCUPATIONAL THERAPY	67.00	0	44	0	31.00
32.00	ELECTROCARDIOLOGY	69.00	0	1,945	0	32.00
33.00	PAIN MANAGEMENT	76.00	0	30,234	0	33.00
34.00	OP CARDIOVASC DIAG	76.01	0	9	0	34.00
35.00	SLEEP LAB	76.03	0	3,616	0	35.00
36.00	VASCULAR LAB	76.04	0	808	0	36.00
37.00	CLINIC	90.00	0	1,502	0	37.00
38.00	EMERGENCY	91.00	0	3,008	0	38.00
39.00	OTHER OUTPATIENT SERVICE	93.00	0	1,982	0	39.00
40.00	AMBULANCE SERVICES	95.00	0	40	0	40.00
41.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	54	0	41.00
42.00	PHYSICIANS' PRIVATE OFFICES	192.00	0	1,739,473	0	42.00
	TOTALS		0	2,622,105		
E - OUTPATIENT PSYCH						
1.00	ADULTS & PEDIATRICS	30.00	301	8	0	1.00
	TOTALS		301	8		
G - CAFETERIA						
1.00	DIETARY	10.00	717,588	298,650	0	1.00
	TOTALS		717,588	298,650		
H - THERAPY RECLASS						
1.00	PHYSICAL THERAPY	66.00	0	381,466	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	381,466		
J - INTERNS AND RESIDENTS RECLASS						
1.00	CLINIC	90.00	0	1,499,995	0	1.00
2.00		0.00	0	0	0	2.00
	TOTALS		0	1,499,995		
K - PHARMACY PROGRAM						
1.00	PHARMACY	15.00	81,312	5,445	0	1.00
	TOTALS		81,312	5,445		
500.00	Grand Total: Decreases		799,201	19,788,693		500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/29/2012 4:13 pm

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	3,630,755	0	0	0	1.00
2.00	Land Improvements	5,947,914	0	0	0	2.00
3.00	Buildings and Fixtures	116,760,119	2,743,145	0	2,743,145	3.00
4.00	Building Improvements	0	0	0	0	4.00
5.00	Fixed Equipment	0	0	0	0	5.00
6.00	Movable Equipment	75,206,573	1,447,985	0	1,447,985	6.00
7.00	HIT designated Assets	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	201,545,361	4,191,130	0	4,191,130	8.00
9.00	Reconciling Items	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	201,545,361	4,191,130	0	4,191,130	10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	NEW CAP REL COSTS-BLDG & FIXT	3,895,765	0	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	5,627,020	0	0	0	2.00
3.00	Total (sum of lines 1-2)	9,522,785	0	0	0	3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	NEW CAP REL COSTS-BLDG & FIXT	129,081,933	0	129,081,933	0.627414	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	76,654,558	0	76,654,558	0.372586	2.00
3.00	Total (sum of lines 1-2)	205,736,491	0	205,736,491	1.000000	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	3,630,755	0		1.00		
2.00	Land Improvements	5,947,914	0		2.00		
3.00	Buildings and Fixtures	119,503,264	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	0	0		5.00		
6.00	Movable Equipment	76,654,558	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	205,736,491	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	205,736,491	0		10.00		
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	NEW CAP REL COSTS-BLDG & FIXT	16,314	3,912,079		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	5,627,020		2.00		
3.00	Total (sum of lines 1-2)	16,314	9,539,099		3.00		
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	3,895,765	1,864,779	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	5,627,020	757,326	2.00
3.00	Total (sum of lines 1-2)	0	0	0	9,522,785	2,622,105	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-7
Parts I-III
Date/Time Prepared:
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Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	-148,986	0	0	16,314	5,627,872	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,384,346	2.00
3.00	Total (sum of lines 1-2)	-148,986	0	0	16,314	12,012,218	3.00

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		
			Cost Center		Line #
			1.00	2.00	3.00
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	B	-148,986	NEW CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00 Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00 Investment income - other (chapter 2)		0		0.00	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	B	-444,036	OTHER ADMINISTRATIVE AND GENERAL	5.06	4.00
5.00 Refunds and rebates of expenses (chapter 8)		0		0.00	5.00
6.00 Rental of provider space by suppliers (chapter 8)		0		0.00	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)		0		0.00	7.00
8.00 Television and radio service (chapter 21)		0		0.00	8.00
9.00 Parking lot (chapter 21)		0		0.00	9.00
10.00 Provider-based physician adjustment	A-8-2	-16,538,702			10.00
11.00 Sale of scrap, waste, etc. (chapter 23)		0		0.00	11.00
12.00 Related organization transactions (chapter 10)	A-8-1	-3,194,920			12.00
13.00 Laundry and linen service	B	-17,731	LAUNDRY & LINEN SERVICE	8.00	13.00
14.00 Cafeteria-employees and guests	B	-46,665	DIETARY	10.00	14.00
15.00 Rental of quarters to employee and others		0		0.00	15.00
16.00 Sale of medical and surgical supplies to other than patients		0		0.00	16.00
17.00 Sale of drugs to other than patients	B	-109,868	DRUGS CHARGED TO PATIENTS	73.00	17.00
18.00 Sale of medical records and abstracts	B	-4,481	MEDICAL RECORDS & LIBRARY	16.00	18.00
19.00 Nursing school (tuition, fees, books, etc.)		0		0.00	19.00
20.00 Vending machines	B	-6,392	DIETARY	10.00	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)		0		0.00	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0		0.00	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0	RESPIRATORY THERAPY	65.00	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0	PHYSICAL THERAPY	66.00	24.00
25.00 Utilization review - physicians' compensation (chapter 21)		0	*** Cost Center Deleted ***	114.00	25.00
26.00 Depreciation - NEW CAP REL COSTS-BLDG & FIXT		0	NEW CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00 Depreciation - NEW CAP REL COSTS-MVBLE EQUIP		0	NEW CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00 Non-physician Anesthetist		0	*** Cost Center Deleted ***	19.00	28.00
29.00 Physicians' assistant		0		0.00	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0	OCCUPATIONAL THERAPY	67.00	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0	SPEECH PATHOLOGY	68.00	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest		0		0.00	32.00
33.00 MISCELLANEOUS A&P	B	-3,784	ADULTS & PEDIATRICS	30.00	33.00
34.00 MISCELLANEOUS CENTRAL SERVICES AND S	B	-193,512	RESPIRATORY THERAPY	65.00	34.00
35.00 MISCELLANEOUS LAB	B	-14,103	LABORATORY	60.00	35.00
36.00 MISCELLANEOUS RADIOLOGY	B	-20,864	RADIOLOGY-DIAGNOSTIC	54.00	36.00
37.00 MISCELLANEOUS RESPIRATORY THERAPY	B	-3,000	RESPIRATORY THERAPY	65.00	37.00
38.00 MISCELLANEOUS VASCULAR LAB	B	-850	VASCULAR LAB	76.04	38.00
39.00 MISCELLANEOUS INTERN & RESIDENT	B	-6,525	CLINIC	90.00	39.00
40.00 MISCELLANEOUS DIETARY CONSULTANT	B	-500	DIETARY	10.00	40.00
41.00 MISCELLANEOUS PLANT OPERATIONS	B	-40,971	OPERATION OF PLANT	7.00	41.00
42.00 MISCELLANEOUS HOUSEKEEPING	B	-14,730	HOUSEKEEPING	9.00	42.00
43.00 MISCELLANEOUS PATIENT ACCOUNTING	B	-18,040	CASHIERING/ACCOUNTS RECEIVABLE	5.05	43.00
44.00 MISCELLANEOUS CENTRAL SERVICES AND S	B	-84	CENTRAL SERVICES & SUPPLY	14.00	44.00
45.00 MISCELLANEOUS OPERATING ROOM	B	-2,850	OPERATING ROOM	50.00	45.00
45.01 IHA DUES	A	-19,957	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.01
45.02 CHA DUES	A	-1,330	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.02
45.03 AHA DUES	A	-7,615	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.03

Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet A-8 Date/Time Prepared: 11/29/2012 4:13 pm
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Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted		Line #	
			Cost Center			
			1.00	2.00		
45.04 ADVERTISING	A	-1,108	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.04	
45.05 ADVERTISING	A	-1,265	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.05	
45.06 ADVERTISING	A	-3,670	EMPLOYEE BENEFITS	4.00	45.06	
45.07 RECRUITMENT EXPENSE	A	-8,373	CLINIC	90.00	45.07	
45.08 RECRUITMENT EXPENSE	A	-31,410	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.08	
45.09 RECRUITMENT EXPENSE	A	-19,583	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.09	
45.10 LIABILITY INSURANCE	A	-194,881	CLINIC	90.00	45.10	
45.11 LIABILITY INSURANCE	A	-26,759	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.11	
45.12 SELF INSURANCE	A	-1,633,060	EMPLOYEE BENEFITS	4.00	45.12	
45.13 OUTSIDE SERVICES - 8629-67910	A	-25,125	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.13	
45.14 OUTSIDE SERVICES - 8611-67910	A	-31,073	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.14	
45.15 LEGAL FEES	A	-11,582	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.15	
45.16 SEASON TICKETS	A	-12,512	OTHER ADMINISTRATIVE AND GENERAL	5.06	45.16	
46.00 MISCELLANEOUS OTHER ADMIN & GENERAL	B	-939,771	OTHER ADMINISTRATIVE AND GENERAL	5.06	46.00	
47.00 MISCELLANEOUS DATA PROCESSING	B	-585	DATA PROCESSING	5.02	47.00	
48.00 MISCELLANEOUS NURSING ADMINISTRATION	B	-1,698	NURSING ADMINISTRATION	13.00	48.00	
49.00 PROVIDER TAX ADJUSTMENT	A	-7,146,805	OTHER ADMINISTRATIVE AND GENERAL	5.06	49.00	
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		-30,949,756			50.00	

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	11	1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00	Investment income - other (chapter 2)	0	3.00
4.00	Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00	Refunds and rebates of expenses (chapter 8)	0	5.00
6.00	Rental of provider space by suppliers (chapter 8)	0	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00	Television and radio service (chapter 21)	0	8.00
9.00	Parking lot (chapter 21)	0	9.00
10.00	Provider-based physician adjustment	0	10.00
11.00	Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00	Related organization transactions (chapter 10)	0	12.00
13.00	Laundry and linen service	0	13.00
14.00	Cafeteria-employees and guests	0	14.00
15.00	Rental of quarters to employee and others	0	15.00
16.00	Sale of medical and surgical supplies to other than patients	0	16.00
17.00	Sale of drugs to other than patients	0	17.00
18.00	Sale of medical records and abstracts	0	18.00
19.00	Nursing school (tuition, fees, books, etc.)	0	19.00
20.00	Vending machines	0	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)		23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)		24.00
25.00	Utilization review - physicians' compensation (chapter 21)		25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT	0	26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP	0	27.00
28.00	Non-physician Anesthetist		28.00
29.00	Physicians' assistant	0	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)		30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)		31.00
32.00	CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00	MI SCCELLANEOUS A&P	0	33.00
34.00	MI SCCELLANEOUS CENTRAL SERVICES AND S	0	34.00
35.00	MI SCCELLANEOUS LAB	0	35.00
36.00	MI SCCELLANEOUS RADIOLOGY	0	36.00
37.00	MI SCCELLANEOUS RESPIRATORY THERAPY	0	37.00
38.00	MI SCCELLANEOUS VASCULAR LAB	0	38.00
39.00	MI SCCELLANEOUS INTERN & RESIDENT	0	39.00
40.00	MI SCCELLANEOUS DIETARY CONSULTANT	0	40.00
41.00	MI SCCELLANEOUS PLANT OPERATIONS	0	41.00
42.00	MI SCCELLANEOUS HOUSEKEEPING	0	42.00
43.00	MI SCCELLANEOUS PATIENT ACCOUNTING	0	43.00
44.00	MI SCCELLANEOUS CENTRAL SERVICES AND S	0	44.00
45.00	MI SCCELLANEOUS OPERATING ROOM	0	45.00
45.01	IHA DUES	0	45.01
45.02	CHA DUES	0	45.02
45.03	AHA DUES	0	45.03
45.04	ADVERTISING	0	45.04
45.05	ADVERTISING	0	45.05
45.06	ADVERTISING	0	45.06
45.07	RECRUITMENT EXPENSE	0	45.07
45.08	RECRUITMENT EXPENSE	0	45.08
45.09	RECRUITMENT EXPENSE	0	45.09
45.10	LIABILITY INSURANCE	0	45.10
45.11	LIABILITY INSURANCE	0	45.11
45.12	SELF INSURANCE	0	45.12
45.13	OUTSIDE SERVICES - 8629-67910	0	45.13
45.14	OUTSIDE SERVICES - 8611-67910	0	45.14
45.15	LEGAL FEES	0	45.15

ADJUSTMENTS TO EXPENSES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8

Date/Time Prepared:
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Cost Center Description		Wkst. A-7 Ref.	
		5.00	
45.16	SEASON TICKETS	0	45.16
46.00	MISCELLANEOUS OTHER ADMIN & GENERAL	0	46.00
47.00	MISCELLANEOUS DATA PROCESSING	0	47.00
48.00	MISCELLANEOUS NURSING ADMINISTRATION	0	48.00
49.00	PROVIDER TAX ADJUSTMENT	0	49.00
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

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

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-1

Date/Time Prepared:
11/29/2012 4:13 pm

		Line No.	Cost Center	Expense Items	
		1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00		5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE ADMINISTRATION	1.00
2.00		5.06	OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE CAPITAL ME	2.00
3.00		4.00	EMPLOYEE BENEFITS	HEALTH INSURANCE TRUST FUND	3.00
4.00		0.00			4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00

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

		Symbol (1)	Name	Percentage of Ownership	
		1.00	2.00	3.00	
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		A	HSHA/CCC	100.00	6.00
7.00				0.00	7.00
8.00				0.00	8.00
9.00				0.00	9.00
10.00				0.00	10.00
100.00	G. Other (financial or non-financial) specify:				100.00

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

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

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

Provider CCN: 140187

Period: From 07/01/2011 To 06/30/2012

Worksheet A-8-1

Date/Time Prepared: 11/29/2012 4:13 pm

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	6,232,404	10,938,428	-4,706,024	0	1.00
2.00	2,084,341	0	2,084,341	0	2.00
3.00	9,737,743	10,310,980	-573,237	0	3.00
4.00	0	0	0	0	4.00
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to Worksheet A-8, column 2, line 12.				5.00
18,054,488 21,249,408 -3,194,920					

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

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

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

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

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

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

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

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

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
11/29/2012 4:13 pm

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	3,355,268	3,321,105	1.00
2.00	30.00	ADULTS & PEDIATRICS	0	0	2.00
3.00	31.00	INTENSIVE CARE UNIT	4,402	4,402	3.00
4.00	50.00	OPERATING ROOM	6,603	6,603	4.00
5.00	53.00	ANESTHESIOLOGY	0	0	5.00
6.00	54.00	RADIOLOGY-DIAGNOSTIC	1,680	1,680	6.00
7.00	57.00	CT SCAN	0	0	7.00
8.00	60.00	LABORATORY	149,616	149,616	8.00
9.00	65.00	RESPIRATORY THERAPY	60,000	60,000	9.00
10.00	69.00	ELECTROCARDIOLOGY	81,150	81,150	10.00
11.00	76.03	SLEEP LAB	90,231	90,231	11.00
12.00	76.04	VASCULAR LAB	104,004	104,004	12.00
13.00	90.00	CLINIC	12,127,900	12,127,900	13.00
14.00	91.00	EMERGENCY	592,011	592,011	14.00
200.00			16,572,865	16,538,702	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
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	Provider Component	RCE Amount	Physician/Provider Component Hours	Unadjusted RCE Limit	5 Percent of Unadjusted RCE Limit	
	5.00	6.00	7.00	8.00	9.00	
1.00	34,163	171,400	454	37,411	1,871	1.00
2.00	0	171,400	0	0	0	2.00
3.00	0	171,400	0	0	0	3.00
4.00	0	204,100	0	0	0	4.00
5.00	0	200,300	0	0	0	5.00
6.00	0	200,300	0	0	0	6.00
7.00	0	231,100	0	0	0	7.00
8.00	0	219,500	0	0	0	8.00
9.00	0	171,400	0	0	0	9.00
10.00	0	171,400	0	0	0	10.00
11.00	0	171,400	0	0	0	11.00
12.00	0	171,400	0	0	0	12.00
13.00	0	171,400	0	0	0	13.00
14.00	0	171,400	0	0	0	14.00
200.00	34,163		454	37,411	1,871	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet A-8-2

Date/Time Prepared:
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	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	37,411	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	0	3.00
4.00	0	0	0	0	0	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	0	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	0	8.00
9.00	0	0	0	0	0	9.00
10.00	0	0	0	0	0	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	0	13.00
14.00	0	0	0	0	0	14.00
200.00	0	0	0	0	37,411	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140187

Period:
From 07/01/2011
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Date/Time Prepared:
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	RCE	Adjustment	
	Disallowance		
	17.00	18.00	
1.00	0	3,321,105	1.00
2.00	0	0	2.00
3.00	0	4,402	3.00
4.00	0	6,603	4.00
5.00	0	0	5.00
6.00	0	1,680	6.00
7.00	0	0	7.00
8.00	0	149,616	8.00
9.00	0	60,000	9.00
10.00	0	81,150	10.00
11.00	0	90,231	11.00
12.00	0	104,004	12.00
13.00	0	12,127,900	13.00
14.00	0	592,011	14.00
200.00	0	16,538,702	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT	5,627,872	5,627,872				1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP	6,384,346		6,384,346			2.00
4.00 00400 EMPLOYEE BENEFITS	15,434,938	20,607	3,640	15,459,185		4.00
5.01 00510 COMMUNICATIONS	348,819	2,174	28,267	49,692	428,952	5.01
5.02 00511 DATA PROCESSING	1,722,984	80,320	1,829,750	402,961	6,843	5.02
5.03 00512 PURCHASING, RECEIVING AND STORES	351,620	26,416	16,899	69,472	2,780	5.03
5.04 00513 ADMINISTRATION	1,865,838	19,877	7,026	497,058	5,346	5.04
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE	1,833,405	0	12,535	297,476	8,553	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	15,095,181	846,571	78,280	1,127,469	15,824	5.06
6.00 00600 MAINTENANCE & REPAIRS	1,809,535	87,532	20,555	104,789	4,491	6.00
7.00 00700 OPERATION OF PLANT	4,863,750	351,373	56,230	466,401	1,497	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	684,426	114,612	15,497	63,333	1,069	8.00
9.00 00900 HOUSEKEEPING	1,781,867	41,853	1,891	327,619	855	9.00
10.00 01000 DIETARY	482,644	155,129	11,301	110,813	5,560	10.00
11.00 01100 CAFETERIA	1,016,238	0	21,416	210,012	0	11.00
13.00 01300 NURSING ADMINISTRATION	1,337,442	31,703	42,711	367,160	3,208	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	-666,811	34,666	46,422	99,786	3,421	14.00
15.00 01500 PHARMACY	6,497,577	37,396	23,590	607,675	4,704	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	2,067,154	38,401	17,644	316,379	9,409	16.00
17.00 01700 SOCIAL SERVICE	1,357,312	16,731	41,673	362,102	6,201	17.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	1,447,514	0	0	0	0	21.00
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	52,481	0	0	0	0	22.00
23.00 02300 PARAMED ED PRGM	85,852	0	0	23,797	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	10,726,312	711,592	420,515	2,938,849	41,698	30.00
31.00 03100 INTENSIVE CARE UNIT	3,820,276	95,317	135,029	1,007,480	8,767	31.00
41.00 04100 SUBPROVIDER - I&R	1,414,262	120,480	9,917	385,748	5,987	41.00
43.00 04300 NURSERY	741,341	0	0	216,889	0	43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,013,793	327,529	956,145	1,133,231	32,931	50.00
51.00 05100 RECOVERY ROOM	517,300	25,935	37,736	145,374	2,352	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	1,116,038	0	0	326,432	0	52.00
53.00 05300 ANESTHESIOLOGY	33,583	13,793	118,503	0	2,352	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,699,767	128,447	1,027,386	676,023	16,038	54.00
56.00 05600 RADIOISOTOPE	631,148	25,487	65,959	111,048	1,497	56.00
57.00 05700 CT SCAN	586,613	27,180	166,485	138,312	1,925	57.00
59.00 05900 CARDIAC CATHETERIZATION	1,405,307	124,605	514,489	355,488	8,126	59.00
60.00 06000 LABORATORY	5,092,114	102,944	75,259	663,351	6,629	60.00
65.00 06500 RESPIRATORY THERAPY	1,081,381	33,662	78,766	339,517	2,138	65.00
66.00 06600 PHYSICAL THERAPY	3,175,523	198,783	39,343	218,158	8,340	66.00
67.00 06700 OCCUPATIONAL THERAPY	565,360	8,349	4,340	1,462	642	67.00
68.00 06800 SPEECH PATHOLOGY	322,990	12,897	6,228	0	855	68.00
69.00 06900 ELECTROCARDIOLOGY	468,024	26,458	18,049	122,847	1,925	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,644,246	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	8,141,302	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	84,211	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	361,996	9,137	0	0	642	74.00
76.00 03020 PAIN MANAGEMENT	223,375	24,624	518	60,589	0	76.00
76.01 03022 OP CARDIO VASC DIAG	256,974	14,565	25,515	399	0	76.01
76.02 03550 ANCILLARY PSYCH	159,031	29,321	0	44,913	0	76.02
76.03 03950 SLEEP LAB	348,976	42,924	61,666	99,848	3,635	76.03
76.04 03650 VASCULAR LAB	214,133	9,196	51,784	64,001	1,069	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	333,350	222,096	169,473	0	54,742	90.00
91.00 09100 EMERGENCY	2,890,669	83,399	86,869	764,278	10,264	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	495,918	0	4,178	140,550	2,138	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	57,360	0	0	0	642	95.00
SPECIAL PURPOSE COST CENTERS						
118.00 SUBTOTALS (SUM OF LINES 1-117)	131,104,657	4,324,081	6,349,479	15,458,781	295,095	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,398	8,532	0	404	0	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	1,330,489	1,295,259	34,867	0	133,857	192.00
193.00 19300 NONPAID WORKERS	0	0	0	0	0	193.00
193.01 19301 WELLNESS/SENIOR VIP	1,397	0	0	0	0	193.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers		0	0	0	0	201.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description	Net Expenses for Cost Allocation (from Wkst Allocation col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	COMMUNICATIONS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
	0	1.00	2.00	4.00	5.01	
202.00 TOTAL (sum lines 118-201)	132,437,941	5,627,872	6,384,346	15,459,185	428,952	202.00

COST ALLOCATION - GENERAL SERVICE COSTS			Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part I Date/Time Prepared: 11/29/2012 4:13 pm		
Cost Center Description			DATA PROCESSING 5.02	PURCHASING, RECEIVING AND STORES 5.03	ADMINITTING 5.04	CASHIERING/ACCOUNTS RECEIVABLE 5.05	Subtotal 5A.05
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
5.01	00510	COMMUNICATIONS					5.01
5.02	00511	DATA PROCESSING	4,042,858				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	0	467,187			5.03
5.04	00513	ADMINITTING	0	51,334	2,446,479		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	3,694	0	2,155,663	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,042,858	34,342	0	0	21,240,525
6.00	00600	MAINTENANCE & REPAIRS	0	1,649	0	0	2,028,551
7.00	00700	OPERATION OF PLANT	0	101,248	0	0	5,840,499
8.00	00800	LAUNDRY & LINEN SERVICE	0	4,104	0	0	883,041
9.00	00900	HOUSEKEEPING	0	0	0	0	2,154,085
10.00	01000	DIETARY	0	4,338	0	0	769,785
11.00	01100	CAFETERIA	0	0	0	0	1,247,666
13.00	01300	NURSING ADMINISTRATION	0	3,409	0	0	1,785,633
14.00	01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	-482,516
15.00	01500	PHARMACY	0	5,344	0	0	7,176,286
16.00	01600	MEDICAL RECORDS & LIBRARY	0	6,978	0	0	2,455,965
17.00	01700	SOCIAL SERVICE	0	3,274	0	0	1,787,293
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	1,447,514
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	52,481
23.00	02300	PARAMED ED PRGM	0	0	0	0	109,649
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	41,239	208,493	183,709	15,272,407
31.00	03100	INTENSIVE CARE UNIT	0	7,297	52,138	45,941	5,172,245
41.00	04100	SUBPROVIDER - IRF	0	5,527	25,941	22,857	1,990,719
43.00	04300	NURSERY	0	0	20,065	17,680	995,975
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	49,807	258,775	228,015	8,000,226
51.00	05100	RECOVERY ROOM	0	1,164	20,424	17,996	768,281
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	31,447	27,709	1,501,626
53.00	05300	ANESTHESIOLOGY	0	3,278	54,188	47,747	273,444
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	20,769	213,476	188,100	4,970,006
56.00	05600	RADIOISOTOPE	0	195	25,452	22,426	883,212
57.00	05700	CT SCAN	0	38,324	189,731	167,178	1,315,748
59.00	05900	CARDIAC CATHETERIZATION	0	8,907	119,219	105,047	2,641,188
60.00	06000	LABORATORY	0	10,828	311,774	274,707	6,537,606
65.00	06500	RESPIRATORY THERAPY	0	6,273	73,341	64,623	1,679,701
66.00	06600	PHYSICAL THERAPY	0	11,146	69,484	61,224	3,782,001
67.00	06700	OCCUPATIONAL THERAPY	0	57	21,118	18,608	619,936
68.00	06800	SPEECH PATHOLOGY	0	154	10,687	9,417	363,228
69.00	06900	ELECTROCARDIOLOGY	0	1,891	56,344	49,647	745,185
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	94,892	83,612	6,822,750
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	93,246	82,162	8,316,710
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	175,491	154,631	414,333
74.00	07400	RENAL DIALYSIS	0	2,498	9,033	7,959	391,265
76.00	03020	PAIN MANAGEMENT	0	2,294	22,796	20,086	354,282
76.01	03022	OP CARDIO VASC DIAG	0	4,215	22,473	19,802	343,943
76.02	03550	ANCILLARY PSYCH	0	65	12,346	10,879	256,555
76.03	03950	SLEEP LAB	0	3,709	20,656	18,201	599,615
76.04	03650	VASCULAR LAB	0	547	13,123	11,563	365,416
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	901	0	0	780,562
91.00	09100	EMERGENCY	0	21,377	197,269	173,820	4,227,945
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	4,368	23,057	20,317	690,526
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	0	0	58,002
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,042,858	466,544	2,446,479	2,155,663	129,631,095
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	10,334
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	643	0	0	2,795,115
193.00	19300	NONPAID WORKERS	0	0	0	0	0
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	1,397
200.00		Cross Foot Adjustments					0
201.00		Negative Cost Centers	0	0	0	0	0
202.00		TOTAL (sum lines 118-201)	4,042,858	467,187	2,446,479	2,155,663	132,437,941

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
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Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING		
		5.06	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	
5.01	00510	COMMUNICATIONS					5.01	
5.02	00511	DATA PROCESSING					5.02	
5.03	00512	PURCHASING, RECEIVING AND STORES					5.03	
5.04	00513	ADMINITING					5.04	
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	21,240,525				5.06	
6.00	00600	MAINTENANCE & REPAIRS	385,812	2,414,363			6.00	
7.00	00700	OPERATION OF PLANT	1,110,810	186,679	7,137,988		7.00	
8.00	00800	LAUNDRY & LINEN SERVICE	167,946	60,892	195,111	1,306,990	8.00	
9.00	00900	HOUSEKEEPING	409,688	22,236	71,249	43,836	2,701,094	9.00
10.00	01000	DIETARY	146,406	82,418	264,085	9,962	17,318	10.00
11.00	01100	CAFETERIA	237,295	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	339,611	16,843	53,970	0	21,158	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	18,417	59,014	3,169	44,113	14.00
15.00	01500	PHARMACY	1,364,865	19,868	63,662	158	8,332	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	467,102	20,402	65,371	0	11,028	16.00
17.00	01700	SOCIAL SERVICE	339,927	8,889	28,483	0	1,879	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	275,304	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	9,981	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	20,854	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,904,686	378,059	1,211,384	584,682	1,205,098	30.00
31.00	03100	INTENSIVE CARE UNIT	983,714	50,640	162,263	99,795	126,130	31.00
41.00	04100	SUBPROVIDER - I&R	378,617	64,009	205,100	72,711	229,550	41.00
43.00	04300	NURSERY	189,425	0	0	15,840	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	1,521,571	174,012	557,571	132,816	357,069	50.00
51.00	05100	RECOVERY ROOM	146,120	13,779	44,151	9,001	60,288	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	285,596	0	0	0	104,482	52.00
53.00	05300	ANESTHESIOLOGY	52,007	7,328	23,481	279	1,879	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	945,250	68,242	218,663	51,497	141,161	54.00
56.00	05600	RADIOISOTOPE	167,979	13,541	43,388	3,777	9,231	56.00
57.00	05700	CT SCAN	250,243	14,440	46,270	17,662	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	502,330	66,201	212,122	31,461	59,144	59.00
60.00	06000	LABORATORY	1,243,394	54,693	175,247	117	19,932	60.00
65.00	06500	RESPIRATORY THERAPY	319,464	17,884	57,304	0	29,490	65.00
66.00	06600	PHYSICAL THERAPY	719,303	105,611	338,400	12,352	29,163	66.00
67.00	06700	OCCUPATIONAL THERAPY	117,906	4,436	14,213	13,022	5,555	67.00
68.00	06800	SPEECH PATHOLOGY	69,083	6,852	21,955	0	5,555	68.00
69.00	06900	ELECTROCARDIOLOGY	141,727	14,057	45,041	3,050	3,676	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	1,297,626	0	0	0	1,879	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	1,581,763	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	78,802	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	74,415	4,855	15,555	1,030	5,555	74.00
76.00	03020	PAIN MANAGEMENT	67,381	13,082	41,919	8,114	3,676	76.00
76.01	03022	OP CARDIO VASC DIAG	65,415	7,738	24,795	2,699	0	76.01
76.02	03550	ANCILLARY PSYCH	48,794	15,578	49,915	0	1,879	76.02
76.03	03950	SLEEP LAB	114,041	22,805	73,071	11,088	27,366	76.03
76.04	03650	VASCULAR LAB	69,499	4,885	15,654	6,321	7,352	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	148,456	117,996	378,086	2,293	0	90.00
91.00	09100	EMERGENCY	804,117	44,309	141,975	145,188	160,277	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	131,332	0	0	14,281	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	11,031	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,706,688	1,721,676	4,918,468	1,296,201	2,699,215	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,965	4,533	14,524	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	531,606	688,154	2,204,996	10,789	1,879	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	266	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	21,240,525	2,414,363	7,137,988	1,306,990	2,701,094	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

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
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	1,289,974					10.00
11.00	01100	0	1,484,961				11.00
13.00	01300	0	41,775	2,258,990			13.00
14.00	01400	0	21,318	0	-336,485		14.00
15.00	01500	0	52,923	0	0	8,686,094	15.00
16.00	01600	0	61,234	0	0	0	16.00
17.00	01700	0	41,149	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	5,593	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,004,738	388,038	1,033,329	0	0	30.00
31.00	03100	90,169	101,758	262,176	0	0	31.00
41.00	04100	164,482	51,671	133,127	0	0	41.00
43.00	04300	0	22,217	57,214	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	2,231	141,498	364,539	0	0	50.00
51.00	05100	2,481	14,903	38,395	0	0	51.00
52.00	05200	0	41,697	107,440	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	85,388	0	0	0	54.00
56.00	05600	0	8,625	0	0	0	56.00
57.00	05700	0	15,490	0	0	0	57.00
59.00	05900	10,288	36,514	0	0	0	59.00
60.00	06000	0	103,459	0	0	0	60.00
65.00	06500	0	45,960	0	0	0	65.00
66.00	06600	0	28,808	0	0	0	66.00
67.00	06700	0	254	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	15,314	0	0	0	69.00
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	8,686,094	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	10,581	0	0	0	76.00
76.01	03022	0	20	0	0	0	76.01
76.02	03550	0	6,219	0	0	0	76.02
76.03	03950	1,245	14,512	0	0	0	76.03
76.04	03650	0	5,085	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	6,298	0	0	0	90.00
91.00	09100	14,340	101,992	262,770	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	13,162	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		1,289,974	1,483,455	2,258,990	0	8,686,094	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	1,369	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	137	0	0	0	193.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	-336,485	0	201.00
202.00		1,289,974	1,484,961	2,258,990	-336,485	8,686,094	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM		
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS			
			16.00	17.00			21.00
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	
5.01 00510 COMMUNICATIONS						5.01	
5.02 00511 DATA PROCESSING						5.02	
5.03 00512 PURCHASING, RECEIVING AND STORES						5.03	
5.04 00513 ADMITTING						5.04	
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE						5.05	
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL						5.06	
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	3,081,102					16.00	
17.00 01700 SOCIAL SERVICE	0	2,207,620				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	0	1,722,818			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	62,462		22.00	
23.00 02300 PARAMED PRGM	0	0	0	0	136,096	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	1,317,547	1,779,764	1,137,302	41,232		30.00	
31.00 03100 INTENSIVE CARE UNIT	190,085	234,016	231,315	8,387		31.00	
41.00 04100 SUBPROVIDER - I&R	188,306	183,899	0	0		41.00	
43.00 04300 NURSERY	0	0	0	0		43.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	196,016	0	74,696	2,708		50.00	
51.00 05100 RECOVERY ROOM	13,345	0	0	0		51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	10,676	0	0	0		52.00	
53.00 05300 ANESTHESIOLOGY	29,951	0	0	0		53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	214,105	0	25,300	917		54.00	
56.00 05600 RADIOISOTOPE	16,903	0	0	0		56.00	
57.00 05700 CT SCAN	174,962	0	0	0		57.00	
59.00 05900 CARDIAC CATHETERIZATION	101,715	0	0	0		59.00	
60.00 06000 LABORATORY	168,141	0	4,819	175		60.00	
65.00 06500 RESPIRATORY THERAPY	10,676	0	8,433	306		65.00	
66.00 06600 PHYSICAL THERAPY	56,937	0	8,433	306		66.00	
67.00 06700 OCCUPATIONAL THERAPY	8,007	0	0	0		67.00	
68.00 06800 SPEECH PATHOLOGY	6,821	0	0	0		68.00	
69.00 06900 ELECTROCARDIOLOGY	27,579	0	16,867	612		69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	3,262	0	0	0		71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0		72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	48,633	0	0	0	136,096	73.00	
74.00 07400 RENAL DIALYSIS	297	0	0	0		74.00	
76.00 03020 PAIN MANAGEMENT	29,358	0	1,205	44		76.00	
76.01 03022 OP CARDIO VASC DIAG	27,282	0	0	0		76.01	
76.02 03550 ANCILLARY PSYCH	15,124	0	0	0		76.02	
76.03 03950 SLEEP LAB	24,910	0	0	0		76.03	
76.04 03650 VASCULAR LAB	7,710	0	0	0		76.04	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	97,586	3,538		90.00	
91.00 09100 EMERGENCY	164,582	9,941	116,862	4,237		91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00	
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	28,172	0	0	0		93.00	
OTHER REIMBURSABLE COST CENTERS							
95.00 09500 AMBULANCE SERVICES	0	0	0	0		95.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,081,102	2,207,620	1,722,818	62,462	136,096	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0		190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0		192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0		193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0		193.01	
200.00	Cross Foot Adjustments			0		0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	3,081,102	2,207,620	1,722,818	62,462	136,096	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00511				5.02
5.03	00512				5.03
5.04	00513				5.04
5.05	00514				5.05
5.06	00560				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	28,258,266	-1,178,534	27,079,732	30.00
31.00	03100	7,712,693	-239,702	7,472,991	31.00
41.00	04100	3,662,191	0	3,662,191	41.00
43.00	04300	1,280,671	0	1,280,671	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	11,524,953	-77,404	11,447,549	50.00
51.00	05100	1,110,744	0	1,110,744	51.00
52.00	05200	2,051,517	0	2,051,517	52.00
53.00	05300	388,369	0	388,369	53.00
54.00	05400	6,720,529	-26,217	6,694,312	54.00
56.00	05600	1,146,656	0	1,146,656	56.00
57.00	05700	1,834,815	0	1,834,815	57.00
59.00	05900	3,660,963	0	3,660,963	59.00
60.00	06000	8,307,583	-4,994	8,302,589	60.00
65.00	06500	2,169,218	-8,739	2,160,479	65.00
66.00	06600	5,081,314	-8,739	5,072,575	66.00
67.00	06700	783,329	0	783,329	67.00
68.00	06800	473,494	0	473,494	68.00
69.00	06900	1,013,108	-17,479	995,629	69.00
71.00	07100	8,125,517	0	8,125,517	71.00
72.00	07200	9,898,473	0	9,898,473	72.00
73.00	07300	9,363,958	0	9,363,958	73.00
74.00	07400	492,972	0	492,972	74.00
76.00	03020	529,642	-1,249	528,393	76.00
76.01	03022	471,892	0	471,892	76.01
76.02	03550	394,064	0	394,064	76.02
76.03	03950	888,653	0	888,653	76.03
76.04	03650	481,922	0	481,922	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	1,534,815	-101,124	1,433,691	90.00
91.00	09100	6,198,535	-121,099	6,077,436	91.00
92.00	09200		0		92.00
93.00	04950	877,473	0	877,473	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	69,033	0	69,033	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		126,507,362	-1,785,280	124,722,082	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	31,356	0	31,356	190.00
192.00	19200	6,233,908	0	6,233,908	192.00
193.00	19300	0	0	0	193.00
193.01	19301	1,800	0	1,800	193.01
200.00		0	0	0	200.00
201.00		-336,485	0	-336,485	201.00
202.00		132,437,941	-1,785,280	130,652,661	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 4:13 pm

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	20,607	3,640	24,247	24,247 4.00
5.01 00510	COMMUNICATIONS	0	2,174	28,267	30,441	78 5.01
5.02 00511	DATA PROCESSING	0	80,320	1,829,750	1,910,070	632 5.02
5.03 00512	PURCHASING, RECEIVING AND STORES	0	26,416	16,899	43,315	109 5.03
5.04 00513	ADMITTING	0	19,877	7,026	26,903	780 5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE	0	0	12,535	12,535	467 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	2,084,341	846,571	78,280	3,009,192	1,768 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	87,532	20,555	108,087	164 6.00
7.00 00700	OPERATION OF PLANT	0	351,373	56,230	407,603	731 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	0	114,612	15,497	130,109	99 8.00
9.00 00900	HOUSEKEEPING	0	41,853	1,891	43,744	514 9.00
10.00 01000	DIETARY	0	155,129	11,301	166,430	174 10.00
11.00 01100	CAFETERIA	0	0	21,416	21,416	329 11.00
13.00 01300	NURSING ADMINISTRATION	0	31,703	42,711	74,414	576 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	34,666	46,422	81,088	156 14.00
15.00 01500	PHARMACY	0	37,396	23,590	60,986	953 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	0	38,401	17,644	56,045	496 16.00
17.00 01700	SOCIAL SERVICE	0	16,731	41,673	58,404	568 17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0 21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0 22.00
23.00 02300	PARAMED PRGM	0	0	0	0	37 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	0	711,592	420,515	1,132,107	4,613 30.00
31.00 03100	INTENSIVE CARE UNIT	0	95,317	135,029	230,346	1,580 31.00
41.00 04100	SUBPROVIDER - IRF	0	120,480	9,917	130,397	605 41.00
43.00 04300	NURSERY	0	0	0	0	340 43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	327,529	956,145	1,283,674	1,777 50.00
51.00 05100	RECOVERY ROOM	0	25,935	37,736	63,671	228 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	512 52.00
53.00 05300	ANESTHESIOLOGY	0	13,793	118,503	132,296	0 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	128,447	1,027,386	1,155,833	1,060 54.00
56.00 05600	RADIOISOTOPE	0	25,487	65,959	91,446	174 56.00
57.00 05700	CT SCAN	0	27,180	166,485	193,665	217 57.00
59.00 05900	CARDIAC CATHETERIZATION	0	124,605	514,489	639,094	558 59.00
60.00 06000	LABORATORY	0	102,944	75,259	178,203	1,040 60.00
65.00 06500	RESPIRATORY THERAPY	0	33,662	78,766	112,428	532 65.00
66.00 06600	PHYSICAL THERAPY	0	198,783	39,343	238,126	342 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	8,349	4,340	12,689	2 67.00
68.00 06800	SPEECH PATHOLOGY	0	12,897	6,228	19,125	0 68.00
69.00 06900	ELECTROCARDIOLOGY	0	26,458	18,049	44,507	193 69.00
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	9,137	0	9,137	0 74.00
76.00 03020	PAIN MANAGEMENT	0	24,624	518	25,142	95 76.00
76.01 03022	OP CARDIO VASC DIAG	0	14,565	25,515	40,080	1 76.01
76.02 03550	ANCILLARY PSYCH	0	29,321	0	29,321	70 76.02
76.03 03950	SLEEP LAB	0	42,924	61,666	104,590	157 76.03
76.04 03650	VASCULAR LAB	0	9,196	51,784	60,980	100 76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	222,096	169,473	391,569	0 90.00
91.00 09100	EMERGENCY	0	83,399	86,869	170,268	1,199 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0 92.00
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	4,178	4,178	220 93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0	0	0	0 95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,084,341	4,324,081	6,349,479	12,757,901	24,246 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	8,532	0	8,532	1 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	1,295,259	34,867	1,330,126	0 192.00
193.00 19300	NONPAID WORKERS	0	0	0	0	0 193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0	0	0	0 193.01
200.00	Cross Foot Adjustments				0	0 200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	2,084,341	5,627,872	6,384,346	14,096,559	24,247 202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/29/2012 4:13 pm	
Cost Center Description			COMMUNICATIONS	DATA PROCESSING	PURCHASING, RECEIVING AND STORES	ADMINITTING	CASHIERING/ACCOUNTS RECEIVABLE	
			5.01	5.02	5.03	5.04	5.05	
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
5.01	00510	COMMUNICATIONS	30,519					5.01
5.02	00511	DATA PROCESSING	487	1,911,189				5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	198		43,622			5.03
5.04	00513	ADMINITTING	380		4,793	32,856		5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	609		345		13,956	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	1,126	1,911,189	3,207			5.06
6.00	00600	MAINTENANCE & REPAIRS	319		154			6.00
7.00	00700	OPERATION OF PLANT	106		9,453			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	76		383			8.00
9.00	00900	HOUSEKEEPING	61		0			9.00
10.00	01000	DIETARY	396		405			10.00
11.00	01100	CAFETERIA	0		0			11.00
13.00	01300	NURSING ADMINISTRATION	228		318			13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	243		0			14.00
15.00	01500	PHARMACY	335		499			15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	669		652			16.00
17.00	01700	SOCIAL SERVICE	441		306			17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0		0			21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		0			22.00
23.00	02300	PARAMED PRGM	0		0			23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,967	0	3,851	2,816	1,170	30.00
31.00	03100	INTENSIVE CARE UNIT	624	0	681	704	293	31.00
41.00	04100	SUBPROVIDER - IRF	426	0	516	350	146	41.00
43.00	04300	NURSERY	0	0	0	271	113	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	2,343	0	4,651	3,496	1,452	50.00
51.00	05100	RECOVERY ROOM	167	0	109	276	115	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	425	176	52.00
53.00	05300	ANESTHESIOLOGY	167	0	306	732	304	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,141	0	1,939	2,884	1,198	54.00
56.00	05600	RADIOISOTOPE	106	0	18	344	143	56.00
57.00	05700	CT SCAN	137	0	3,578	2,563	1,065	57.00
59.00	05900	CARDIAC CATHETERIZATION	578	0	832	1,610	669	59.00
60.00	06000	LABORATORY	472	0	1,011	4,019	1,976	60.00
65.00	06500	RESPIRATORY THERAPY	152	0	586	991	412	65.00
66.00	06600	PHYSICAL THERAPY	593	0	1,041	939	390	66.00
67.00	06700	OCCUPATIONAL THERAPY	46	0	5	285	118	67.00
68.00	06800	SPEECH PATHOLOGY	61	0	14	144	60	68.00
69.00	06900	ELECTROCARDIOLOGY	137	0	177	761	316	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	1,282	532	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	1,260	523	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	2,371	985	73.00
74.00	07400	RENAL DIALYSIS	46	0	233	122	51	74.00
76.00	03020	PAIN MANAGEMENT	0	0	214	308	128	76.00
76.01	03022	OP CARDIO VASC DIAG	0	0	394	304	126	76.01
76.02	03550	ANCILLARY PSYCH	0	0	6	167	69	76.02
76.03	03950	SLEEP LAB	259	0	346	279	116	76.03
76.04	03650	VASCULAR LAB	76	0	51	177	74	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	3,895	0	84	0	0	90.00
91.00	09100	EMERGENCY	730	0	1,996	2,665	1,107	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	152	0	408	311	129	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	46	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	20,995	1,911,189	43,562	32,856	13,956	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	9,524	0	60	0	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	30,519	1,911,189	43,622	32,856	13,956	202.00

ALLOCATION OF CAPITAL RELATED COSTS			Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet B Part II Date/Time Prepared: 11/29/2012 4:13 pm	
Cost Center Description			OTHER ADMINISTRATIVE AND GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	
			5.06	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
5.01	00510	COMMUNICATIONS						5.01
5.02	00511	DATA PROCESSING						5.02
5.03	00512	PURCHASING, RECEIVING AND STORES						5.03
5.04	00513	ADMINITING						5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE						5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	4,926,482					5.06
6.00	00600	MAINTENANCE & REPAIRS	89,485	198,209				6.00
7.00	00700	OPERATION OF PLANT	257,642	15,326	690,861			7.00
8.00	00800	LAUNDRY & LINEN SERVICE	38,954	4,999	18,884	193,504		8.00
9.00	00900	HOUSEKEEPING	95,023	1,825	6,896	6,490	154,553	9.00
10.00	01000	DIETARY	33,958	6,766	25,560	1,475	991	10.00
11.00	01100	CAFETERIA	55,038	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	78,770	1,383	5,224	0	1,211	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	0	1,512	5,712	469	2,524	14.00
15.00	01500	PHARMACY	316,568	1,631	6,162	23	477	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	108,340	1,675	6,327	0	631	16.00
17.00	01700	SOCIAL SERVICE	78,843	730	2,757	0	108	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	63,854	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	2,315	0	0	0	0	22.00
23.00	02300	PARAMED ED PRGM	4,837	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	673,658	31,037	117,246	86,565	68,950	30.00
31.00	03100	INTENSIVE CARE UNIT	228,163	4,157	15,705	14,775	7,217	31.00
41.00	04100	SUBPROVIDER - IIRF	87,817	5,255	19,851	10,765	13,135	41.00
43.00	04300	NURSERY	43,935	0	0	2,345	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	352,914	14,286	53,965	19,664	20,431	50.00
51.00	05100	RECOVERY ROOM	33,891	1,131	4,273	1,333	3,450	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	66,241	0	0	0	5,978	52.00
53.00	05300	ANESTHESIOLOGY	12,062	602	2,273	41	108	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	219,242	5,602	21,164	7,624	8,077	54.00
56.00	05600	RADIOISOTOPE	38,961	1,112	4,199	559	528	56.00
57.00	05700	CT SCAN	58,042	1,185	4,478	2,615	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	116,511	5,435	20,531	4,658	3,384	59.00
60.00	06000	LABORATORY	288,393	4,490	16,962	17	1,141	60.00
65.00	06500	RESPIRATORY THERAPY	74,097	1,468	5,546	0	1,687	65.00
66.00	06600	PHYSICAL THERAPY	166,835	8,670	32,753	1,829	1,669	66.00
67.00	06700	OCCUPATIONAL THERAPY	27,347	364	1,376	1,928	318	67.00
68.00	06800	SPEECH PATHOLOGY	16,023	563	2,125	0	318	68.00
69.00	06900	ELECTROCARDIOLOGY	32,872	1,154	4,359	452	210	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	300,972	0	0	0	108	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	366,875	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	18,277	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	17,260	399	1,506	153	318	74.00
76.00	03020	PAIN MANAGEMENT	15,628	1,074	4,057	1,201	210	76.00
76.01	03022	OP CARDIO VASC DIAG	15,172	635	2,400	400	0	76.01
76.02	03550	ANCILLARY PSYCH	11,317	1,279	4,831	0	108	76.02
76.03	03950	SLEEP LAB	26,451	1,872	7,072	1,642	1,566	76.03
76.04	03650	VASCULAR LAB	16,120	401	1,515	936	421	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	34,433	9,687	36,594	339	0	90.00
91.00	09100	EMERGENCY	186,507	3,638	13,741	21,495	9,171	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	30,461	0	0	2,114	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	2,559	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	4,802,663	141,343	476,044	191,907	154,445	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	456	372	1,406	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	123,301	56,494	213,411	1,597	108	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	62	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers	0	0	0	0	0	201.00
202.00		TOTAL (sum lines 118-201)	4,926,482	198,209	690,861	193,504	154,553	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 4:13 pm

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
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600						6.00
7.00	00700						7.00
8.00	00800						8.00
9.00	00900						9.00
10.00	01000	236,155					10.00
11.00	01100	0	76,783				11.00
13.00	01300	0	2,160	164,284			13.00
14.00	01400	0	1,102	0	92,806		14.00
15.00	01500	0	2,736	0	0	390,370	15.00
16.00	01600	0	3,166	0	0	0	16.00
17.00	01700	0	2,128	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	289	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	183,938	20,063	75,148	0	0	30.00
31.00	03100	16,507	5,262	19,067	0	0	31.00
41.00	04100	30,112	2,672	9,682	0	0	41.00
43.00	04300	0	1,149	4,161	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	408	7,316	26,511	0	0	50.00
51.00	05100	454	771	2,792	0	0	51.00
52.00	05200	0	2,156	7,813	0	0	52.00
53.00	05300	0	0	0	0	0	53.00
54.00	05400	0	4,415	0	0	0	54.00
56.00	05600	0	446	0	0	0	56.00
57.00	05700	0	801	0	0	0	57.00
59.00	05900	1,883	1,888	0	0	0	59.00
60.00	06000	0	5,350	0	0	0	60.00
65.00	06500	0	2,376	0	0	0	65.00
66.00	06600	0	1,490	0	0	0	66.00
67.00	06700	0	13	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	792	0	0	0	69.00
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	390,370	73.00
74.00	07400	0	0	0	0	0	74.00
76.00	03020	0	547	0	0	0	76.00
76.01	03022	0	1	0	0	0	76.01
76.02	03550	0	322	0	0	0	76.02
76.03	03950	228	750	0	0	0	76.03
76.04	03650	0	263	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	326	0	0	0	90.00
91.00	09100	2,625	5,274	19,110	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
93.00	04950	0	681	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		236,155	76,705	164,284	0	390,370	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	0	71	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	7	0	0	0	193.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	92,806	0	201.00
202.00		236,155	76,783	164,284	92,806	390,370	202.00

ALLOCATION OF CAPITAL RELATED COSTS		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 4:13 pm
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Cost Center Description	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	INTERNS & RESIDENTS		PARAMED PRGM	
			SERVICES-SALARY & FRINGES	SERVICES-OTHER PRGM. COSTS		
			16.00	17.00		
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
5.01 00510	COMMUNICATIONS					5.01
5.02 00511	DATA PROCESSING					5.02
5.03 00512	PURCHASING, RECEIVING AND STORES					5.03
5.04 00513	ADMITTING					5.04
5.05 00514	CASHIERING/ACCOUNTS RECEIVABLE					5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL					5.06
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	178,001				16.00
17.00 01700	SOCIAL SERVICE	0	144,285			17.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	63,854		21.00
22.00 02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	2,315	22.00
23.00 02300	PARAMED PRGM	0	0			5,163 23.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	76,117	116,321			30.00
31.00 03100	INTENSIVE CARE UNIT	10,982	15,295			31.00
41.00 04100	SUBPROVIDER - I&R	10,879	12,019			41.00
43.00 04300	NURSERY	0	0			43.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	11,324	0			50.00
51.00 05100	RECOVERY ROOM	771	0			51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	617	0			52.00
53.00 05300	ANESTHESIOLOGY	1,730	0			53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	12,369	0			54.00
56.00 05600	RADIOISOTOPE	977	0			56.00
57.00 05700	CT SCAN	10,108	0			57.00
59.00 05900	CARDIAC CATHETERIZATION	5,876	0			59.00
60.00 06000	LABORATORY	9,714	0			60.00
65.00 06500	RESPIRATORY THERAPY	617	0			65.00
66.00 06600	PHYSICAL THERAPY	3,289	0			66.00
67.00 06700	OCCUPATIONAL THERAPY	463	0			67.00
68.00 06800	SPEECH PATHOLOGY	394	0			68.00
69.00 06900	ELECTROCARDIOLOGY	1,593	0			69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	188	0			71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENT	0	0			72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	2,810	0			73.00
74.00 07400	RENAL DIALYSIS	17	0			74.00
76.00 03020	PAIN MANAGEMENT	1,696	0			76.00
76.01 03022	OP CARDIO VASC DIAG	1,576	0			76.01
76.02 03550	ANCILLARY PSYCH	874	0			76.02
76.03 03950	SLEEP LAB	1,439	0			76.03
76.04 03650	VASCULAR LAB	445	0			76.04
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0			90.00
91.00 09100	EMERGENCY	9,508	650			91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
93.00 04950	OTHER OUTPATIENT SERVICE COST CENTER	1,628	0			93.00
OTHER REIMBURSABLE COST CENTERS						
95.00 09500	AMBULANCE SERVICES	0	0			95.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	178,001	144,285	0	0	0 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0			190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0			192.00
193.00 19300	NONPAID WORKERS	0	0			193.00
193.01 19301	WELLNESS/SENIOR VIP	0	0			193.01
200.00	Cross Foot Adjustments			63,854	2,315	5,163 200.00
201.00	Negative Cost Centers	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	178,001	144,285	63,854	2,315	5,163 202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS					
1.00	00100				1.00
2.00	00200				2.00
4.00	00400				4.00
5.01	00510				5.01
5.02	00511				5.02
5.03	00512				5.03
5.04	00513				5.04
5.05	00514				5.05
5.06	00560				5.06
6.00	00600				6.00
7.00	00700				7.00
8.00	00800				8.00
9.00	00900				9.00
10.00	01000				10.00
11.00	01100				11.00
13.00	01300				13.00
14.00	01400				14.00
15.00	01500				15.00
16.00	01600				16.00
17.00	01700				17.00
21.00	02100				21.00
22.00	02200				22.00
23.00	02300				23.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	2,596,567	0	2,596,567	30.00
31.00	03100	571,358	0	571,358	31.00
41.00	04100	334,627	0	334,627	41.00
43.00	04300	52,314	0	52,314	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	1,804,212	0	1,804,212	50.00
51.00	05100	113,432	0	113,432	51.00
52.00	05200	83,918	0	83,918	52.00
53.00	05300	150,621	0	150,621	53.00
54.00	05400	1,442,548	0	1,442,548	54.00
56.00	05600	139,013	0	139,013	56.00
57.00	05700	278,454	0	278,454	57.00
59.00	05900	803,507	0	803,507	59.00
60.00	06000	512,788	0	512,788	60.00
65.00	06500	200,892	0	200,892	65.00
66.00	06600	457,966	0	457,966	66.00
67.00	06700	44,954	0	44,954	67.00
68.00	06800	38,827	0	38,827	68.00
69.00	06900	87,523	0	87,523	69.00
71.00	07100	303,082	0	303,082	71.00
72.00	07200	368,658	0	368,658	72.00
73.00	07300	414,813	0	414,813	73.00
74.00	07400	29,242	0	29,242	74.00
76.00	03020	50,300	0	50,300	76.00
76.01	03022	61,089	0	61,089	76.01
76.02	03550	48,364	0	48,364	76.02
76.03	03950	146,767	0	146,767	76.03
76.04	03650	81,559	0	81,559	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	476,927	0	476,927	90.00
91.00	09100	449,684	0	449,684	91.00
92.00	09200		0		92.00
93.00	04950	40,282	0	40,282	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	2,605	0	2,605	95.00
SPECIAL PURPOSE COST CENTERS					
118.00		12,186,893	0	12,186,893	118.00
NONREIMBURSABLE COST CENTERS					
190.00	19000	10,767	0	10,767	190.00
192.00	19200	1,734,692	0	1,734,692	192.00
193.00	19300	0	0	0	193.00
193.01	19301	69	0	69	193.01
200.00		71,332	0	71,332	200.00
201.00		92,806	0	92,806	201.00
202.00		14,096,559	0	14,096,559	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)		
		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	678,120					1.00
2.00	00200	NEW CAP REL COSTS-MVBLE EQUIP		5,627,972				2.00
4.00	00400	EMPLOYEE BENEFITS	2,483	3,209	52,822,333			4.00
5.01	00510	COMMUNICATIONS	262	24,918	169,793	2,006		5.01
5.02	00511	DATA PROCESSING	9,678	1,612,971	1,376,873	32	100	5.02
5.03	00512	PURCHASING, RECEIVING AND STORES	3,183	14,897	237,378	13	0	5.03
5.04	00513	ADMITTING	2,395	6,194	1,698,393	25	0	5.04
5.05	00514	CASHIERING/ACCOUNTS RECEIVABLE	0	11,050	1,016,443	40	0	5.05
5.06	00560	OTHER ADMINISTRATIVE AND GENERAL	102,006	69,006	3,852,434	74	100	5.06
6.00	00600	MAINTENANCE & REPAIRS	10,547	18,120	358,051	21	0	6.00
7.00	00700	OPERATION OF PLANT	42,338	49,568	1,593,641	7	0	7.00
8.00	00800	LAUNDRY & LINEN SERVICE	13,810	13,661	216,402	5	0	8.00
9.00	00900	HOUSEKEEPING	5,043	1,667	1,119,438	5	0	9.00
10.00	01000	DIETARY	18,692	9,962	378,635	26	0	10.00
11.00	01100	CAFETERIA	0	18,879	717,588	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	3,820	37,651	1,254,544	15	0	13.00
14.00	01400	CENTRAL SERVICES & SUPPLY	4,177	40,922	340,956	16	0	14.00
15.00	01500	PHARMACY	4,506	20,795	2,076,356	22	0	15.00
16.00	01600	MEDICAL RECORDS & LIBRARY	4,627	15,554	1,081,033	44	0	16.00
17.00	01700	SOCIAL SERVICE	2,016	36,736	1,237,263	29	0	17.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRVD	0	0	0	0	0	21.00
22.00	02200	I&R SERVICES-OTHER PRGM. COSTS APPRVD	0	0	0	0	0	22.00
23.00	02300	PARAMED PRGM	0	0	81,312	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	85,742	370,695	10,041,748	195	0	30.00
31.00	03100	INTENSIVE CARE UNIT	11,485	119,032	3,442,446	41	0	31.00
41.00	04100	SUBPROVIDER - IRF	14,517	8,742	1,318,056	28	0	41.00
43.00	04300	NURSERY	0	0	741,086	0	0	43.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	39,465	842,868	3,872,122	154	0	50.00
51.00	05100	RECOVERY ROOM	3,125	33,265	496,728	11	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	1,115,380	0	0	52.00
53.00	05300	ANESTHESIOLOGY	1,662	104,464	0	11	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	15,477	905,669	2,309,896	75	0	54.00
56.00	05600	RADIOISOTOPE	3,071	58,145	379,439	7	0	56.00
57.00	05700	CT SCAN	3,275	146,761	472,595	9	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	15,014	453,536	1,214,663	38	0	59.00
60.00	06000	LABORATORY	12,404	66,343	2,266,595	31	0	60.00
65.00	06500	RESPIRATORY THERAPY	4,056	69,434	1,160,093	10	0	65.00
66.00	06600	PHYSICAL THERAPY	23,952	34,682	745,421	39	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	1,006	3,826	4,997	3	0	67.00
68.00	06800	SPEECH PATHOLOGY	1,554	5,490	0	4	0	68.00
69.00	06900	ELECTROCARDIOLOGY	3,188	15,911	419,755	9	0	69.00
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	1,101	0	0	3	0	74.00
76.00	03020	PAIN MANAGEMENT	2,967	457	207,026	0	0	76.00
76.01	03022	OP CARDIO VASC DIAG	1,755	22,492	1,363	0	0	76.01
76.02	03550	ANCILLARY PSYCH	3,533	0	153,461	0	0	76.02
76.03	03950	SLEEP LAB	5,172	54,360	341,170	17	0	76.03
76.04	03650	VASCULAR LAB	1,108	45,649	218,683	5	0	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	26,761	149,395	0	256	0	90.00
91.00	09100	EMERGENCY	10,049	76,577	2,611,452	48	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)						92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	3,683	480,245	10	0	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	0	0	0	3	0	95.00
SPECIAL PURPOSE COST CENTERS								
118.00		SUBTOTALS (SUM OF LINES 1-117)	521,022	5,597,236	52,820,953	1,380	100	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,028	0	1,380	0	0	190.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	156,070	30,736	0	626	0	192.00
193.00	19300	NONPAID WORKERS	0	0	0	0	0	193.00
193.01	19301	WELLNESS/SENIOR VIP	0	0	0	0	0	193.01
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	COMMUNICATIONS (# OF TELEPHONES)	DATA PROCESSING (TIME SPENT)		
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (DOLLAR VALUE)					
	1.00	2.00					
202.00	Cost to be allocated (per Wkst. B, Part I)	5,627,872	6,384,346	15,459,185	428,952	4,042,858	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	8.299227	1.134395	0.292664	213.834497	40,428.580000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)			24,247	30,519	1,911,189	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)			0.000459	15.213858	19,111.890000	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (SUPPLIES)	ADMINING (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.01	00510						5.01
5.02	00511						5.02
5.03	00512	506,493					5.03
5.04	00513	55,653	508,424,241				5.04
5.05	00514	4,005	0	508,424,241			5.05
5.06	00560	37,231	0	0	-21,240,525	111,679,932	5.06
6.00	00600	1,788	0	0	0	2,028,551	6.00
7.00	00700	109,766	0	0	0	5,840,499	7.00
8.00	00800	4,449	0	0	0	883,041	8.00
9.00	00900	0	0	0	0	2,154,085	9.00
10.00	01000	4,703	0	0	0	769,785	10.00
11.00	01100	0	0	0	0	1,247,666	11.00
13.00	01300	3,696	0	0	0	1,785,633	13.00
14.00	01400	0	0	0	482,516	0	14.00
15.00	01500	5,794	0	0	0	7,176,286	15.00
16.00	01600	7,565	0	0	0	2,455,965	16.00
17.00	01700	3,549	0	0	0	1,787,293	17.00
21.00	02100	0	0	0	0	1,447,514	21.00
22.00	02200	0	0	0	0	52,481	22.00
23.00	02300	0	0	0	0	109,649	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	44,709	43,327,654	43,327,654	0	15,272,407	30.00
31.00	03100	7,911	10,835,087	10,835,087	0	5,172,245	31.00
41.00	04100	5,992	5,390,849	5,390,849	0	1,990,719	41.00
43.00	04300	0	4,169,880	4,169,880	0	995,975	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	53,997	53,777,043	53,777,043	0	8,000,226	50.00
51.00	05100	1,262	4,244,322	4,244,322	0	768,281	51.00
52.00	05200	0	6,535,078	6,535,078	0	1,501,626	52.00
53.00	05300	3,554	11,261,014	11,261,014	0	273,444	53.00
54.00	05400	22,516	44,363,238	44,363,238	0	4,970,006	54.00
56.00	05600	211	5,289,209	5,289,209	0	883,212	56.00
57.00	05700	41,548	39,428,693	39,428,693	0	1,315,748	57.00
59.00	05900	9,656	24,775,346	24,775,346	0	2,641,188	59.00
60.00	06000	11,739	64,803,083	64,803,083	0	6,537,606	60.00
65.00	06500	6,801	15,241,266	15,241,266	0	1,679,701	65.00
66.00	06600	12,084	14,439,705	14,439,705	0	3,782,001	66.00
67.00	06700	62	4,388,608	4,388,608	0	619,936	67.00
68.00	06800	167	2,220,913	2,220,913	0	363,228	68.00
69.00	06900	2,050	11,709,133	11,709,133	0	745,185	69.00
71.00	07100	0	19,719,890	19,719,890	0	6,822,750	71.00
72.00	07200	0	19,377,796	19,377,796	0	8,316,710	72.00
73.00	07300	0	36,469,493	36,469,493	0	414,333	73.00
74.00	07400	2,708	1,877,156	1,877,156	0	391,265	74.00
76.00	03020	2,487	4,737,310	4,737,310	0	354,282	76.00
76.01	03022	4,570	4,670,212	4,670,212	0	343,943	76.01
76.02	03550	71	2,565,711	2,565,711	0	256,555	76.02
76.03	03950	4,021	4,292,578	4,292,578	0	599,615	76.03
76.04	03650	593	2,727,069	2,727,069	0	365,416	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	977	0	0	0	780,562	90.00
91.00	09100	23,176	40,995,261	40,995,261	0	4,227,945	91.00
92.00	09200						92.00
93.00	04950	4,735	4,791,644	4,791,644	0	690,526	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	58,002	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		505,796	508,424,241	508,424,241	-20,758,009	108,873,086	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	10,334	190.00
192.00	19200	697	0	0	0	2,795,115	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	1,397	193.01
200.00							200.00
201.00							201.00
202.00		467,187	2,446,479	2,155,663		21,240,525	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		PURCHASING, RECEIVING AND STORES (SUPPLIES)	ADMINISTRATIVE (GROSS CHARGES)	CASHIERING/ACC OUNTS RECEIVABLE (GROSS CHARGES)	Reconciliation	OTHER ADMINISTRATIVE AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
203.00	Unit cost multiplier (Wkst. B, Part I)	0.922396	0.004812	0.004240		0.190191	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	43,622	32,856	13,956		4,926,482	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.086126	0.000065	0.000027		0.044113	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	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
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
6.00	00600	547,566					6.00
7.00	00700	42,338	505,228				7.00
8.00	00800	13,810	13,810	1,199,914			8.00
9.00	00900	5,043	5,043	40,245	33,065		9.00
10.00	01000	18,692	18,692	9,146	212	138,799	10.00
11.00	01100	0	0	0	0	0	11.00
13.00	01300	3,820	3,820	0	259	0	13.00
14.00	01400	4,177	4,177	2,909	540	0	14.00
15.00	01500	4,506	4,506	145	102	0	15.00
16.00	01600	4,627	4,627	0	135	0	16.00
17.00	01700	2,016	2,016	0	23	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	0	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	85,742	85,742	536,782	14,752	108,108	30.00
31.00	03100	11,485	11,485	91,619	1,544	9,702	31.00
41.00	04100	14,517	14,517	66,754	2,810	17,698	41.00
43.00	04300	0	0	14,542	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	39,465	39,465	121,935	4,371	240	50.00
51.00	05100	3,125	3,125	8,264	738	267	51.00
52.00	05200	0	0	0	1,279	0	52.00
53.00	05300	1,662	1,662	256	23	0	53.00
54.00	05400	15,477	15,477	47,278	1,728	0	54.00
56.00	05600	3,071	3,071	3,468	113	0	56.00
57.00	05700	3,275	3,275	16,215	0	0	57.00
59.00	05900	15,014	15,014	28,884	724	1,107	59.00
60.00	06000	12,404	12,404	107	244	0	60.00
65.00	06500	4,056	4,056	0	361	0	65.00
66.00	06600	23,952	23,952	11,340	357	0	66.00
67.00	06700	1,006	1,006	11,955	68	0	67.00
68.00	06800	1,554	1,554	0	68	0	68.00
69.00	06900	3,188	3,188	2,800	45	0	69.00
71.00	07100	0	0	0	23	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	1,101	1,101	946	68	0	74.00
76.00	03020	2,967	2,967	7,449	45	0	76.00
76.01	03022	1,755	1,755	2,478	0	0	76.01
76.02	03550	3,533	3,533	0	23	0	76.02
76.03	03950	5,172	5,172	10,180	335	134	76.03
76.04	03650	1,108	1,108	5,803	90	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	26,761	26,761	2,105	0	0	90.00
91.00	09100	10,049	10,049	133,293	1,962	1,543	91.00
92.00	09200						92.00
93.00	04950	0	0	13,111	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		390,468	348,130	1,190,009	33,042	138,799	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,028	1,028	0	0	0	190.00
192.00	19200	156,070	156,070	9,905	23	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	0	0	0	0	0	193.01
200.00							200.00
201.00							201.00
202.00		2,414,363	7,137,988	1,306,990	2,701,094	1,289,974	202.00
203.00		4,409,264	14,128,251	1,089,236	81,690,428	9,293,828	203.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (TIME SPENT)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
204.00	Cost to be allocated (per Wkst. B, Part II)	198,209	690,861	193,504	154,553	236,155	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	0.361982	1.367424	0.161265	4.674217	1.701417	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		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
5.01	00510						5.01
5.02	00511						5.02
5.03	00512						5.03
5.04	00513						5.04
5.05	00514						5.05
5.06	00560						5.06
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	75,928					11.00
13.00	01300	2,136	932,551				13.00
14.00	01400	1,090	0	100			14.00
15.00	01500	2,706	0	0	100		15.00
16.00	01600	3,131	0	0	0	10,390	16.00
17.00	01700	2,104	0	0	0	0	17.00
21.00	02100	0	0	0	0	0	21.00
22.00	02200	0	0	0	0	0	22.00
23.00	02300	286	0	0	0	0	23.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	19,841	426,577	0	0	4,443	30.00
31.00	03100	5,203	108,231	0	0	641	31.00
41.00	04100	2,642	54,957	0	0	635	41.00
43.00	04300	1,136	23,619	0	0	0	43.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	7,235	150,488	0	0	661	50.00
51.00	05100	762	15,850	0	0	45	51.00
52.00	05200	2,132	44,353	0	0	36	52.00
53.00	05300	0	0	0	0	101	53.00
54.00	05400	4,366	0	0	0	722	54.00
56.00	05600	441	0	0	0	57	56.00
57.00	05700	792	0	0	0	590	57.00
59.00	05900	1,867	0	0	0	343	59.00
60.00	06000	5,290	0	0	0	567	60.00
65.00	06500	2,350	0	0	0	36	65.00
66.00	06600	1,473	0	0	0	192	66.00
67.00	06700	13	0	0	0	27	67.00
68.00	06800	0	0	0	0	23	68.00
69.00	06900	783	0	0	0	93	69.00
71.00	07100	0	0	45	0	11	71.00
72.00	07200	0	0	55	0	0	72.00
73.00	07300	0	0	0	100	164	73.00
74.00	07400	0	0	0	0	1	74.00
76.00	03020	541	0	0	0	99	76.00
76.01	03022	1	0	0	0	92	76.01
76.02	03550	318	0	0	0	51	76.02
76.03	03950	742	0	0	0	84	76.03
76.04	03650	260	0	0	0	26	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	322	0	0	0	0	90.00
91.00	09100	5,215	108,476	0	0	555	91.00
92.00	09200						92.00
93.00	04950	673	0	0	0	95	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	0	0	0	0	0	95.00
SPECIAL PURPOSE COST CENTERS							
118.00		75,851	932,551	100	100	10,390	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	0	190.00
192.00	19200	70	0	0	0	0	192.00
193.00	19300	0	0	0	0	0	193.00
193.01	19301	7	0	0	0	0	193.01
200.00							200.00
201.00							201.00
202.00		1,484,961	2,258,990	-336,485	8,686,094	3,081,102	202.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		CAFETERIA (FTE'S)	NURSING ADMINISTRATION (NURSING TIME)	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (TIME SPENT)	
		11.00	13.00	14.00	15.00	16.00	
203.00	Unit cost multiplier (Wkst. B, Part I)	19.557489	2.422377	0.000000	86,860.940000	296.544947	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	76,783	164,284	92,806	390,370	178,001	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	1.011261	0.176166	928.060000	3,903.700000	17.131954	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT)	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT)		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME)	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME)			
		17.00	21.00			22.00
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	
5.01 00510 COMMUNICATIONS					5.01	
5.02 00511 DATA PROCESSING					5.02	
5.03 00512 PURCHASING, RECEIVING AND STORES					5.03	
5.04 00513 ADMITTING					5.04	
5.05 00514 CASHIERING/ACCOUNTS RECEIVABLE					5.05	
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL					5.06	
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					16.00	
17.00 01700 SOCIAL SERVICE	5,330				17.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRVD	0	1,430			21.00	
22.00 02200 I&R SERVICES-OTHER PRGM. COSTS APPRVD	0		1,430		22.00	
23.00 02300 PARAMED PRGM	0			100	23.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,297	944	944	0	30.00	
31.00 03100 INTENSIVE CARE UNIT	565	192	192	0	31.00	
41.00 04100 SUBPROVIDER - IRF	444	0	0	0	41.00	
43.00 04300 NURSERY	0	0	0	0	43.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	62	62	0	50.00	
51.00 05100 RECOVERY ROOM	0	0	0	0	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00	
53.00 05300 ANESTHESIOLOGY	0	0	0	0	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	21	21	0	54.00	
56.00 05600 RADIOISOTOPE	0	0	0	0	56.00	
57.00 05700 CT SCAN	0	0	0	0	57.00	
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	59.00	
60.00 06000 LABORATORY	0	4	4	0	60.00	
65.00 06500 RESPIRATORY THERAPY	0	7	7	0	65.00	
66.00 06600 PHYSICAL THERAPY	0	7	7	0	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	14	14	0	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	100	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	74.00	
76.00 03020 PAIN MANAGEMENT	0	1	1	0	76.00	
76.01 03022 OP CARDIO VASC DIAG	0	0	0	0	76.01	
76.02 03550 ANCILLARY PSYCH	0	0	0	0	76.02	
76.03 03950 SLEEP LAB	0	0	0	0	76.03	
76.04 03650 VASCULAR LAB	0	0	0	0	76.04	
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	81	81	0	90.00	
91.00 09100 EMERGENCY	24	97	97	0	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)					92.00	
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00	
OTHER REIMBURSABLE COST CENTERS						
95.00 09500 AMBULANCE SERVICES	0	0	0	0	95.00	
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,330	1,430	1,430	100	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	0	0	190.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00	
193.00 19300 NONPAID WORKERS	0	0	0	0	193.00	
193.01 19301 WELLNESS/SENIOR VIP	0	0	0	0	193.01	
200.00	Cross Foot Adjustments				200.00	
201.00	Negative Cost Centers				201.00	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet B-1

Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description	SOCIAL SERVICE (TIME SPENT) 17.00	INTERNS & RESIDENTS		PARAMED PRGM (TIME SPENT) 23.00		
		SERVICES-SALARY & FRINGES (ASSIGNED TIME) 21.00	SERVICES-OTHER PRGM. COSTS (ASSIGNED TIME) 22.00			
		202.00	Cost to be allocated (per Wkst. B, Part I)			2,207,620
203.00	Unit cost multiplier (Wkst. B, Part I)	414.187617	1,204.767832	43.679720	1,360.960000	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	144,285	63,854	2,315	5,163	204.00
205.00	Unit cost multiplier (Wkst. B, Part II)	27.070356	44.653147	1.618881	51.630000	205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Dissallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS		27,079,732	0	27,079,732	30.00
31.00	03100 INTENSIVE CARE UNIT		7,472,991	0	7,472,991	31.00
41.00	04100 SUBPROVIDER - I RF		3,662,191	0	3,662,191	41.00
43.00	04300 NURSERY		1,280,671	0	1,280,671	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM		11,447,549	0	11,447,549	50.00
51.00	05100 RECOVERY ROOM		1,110,744	0	1,110,744	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM		2,051,517	0	2,051,517	52.00
53.00	05300 ANESTHESIOLOGY		388,369	0	388,369	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC		6,694,312	0	6,694,312	54.00
56.00	05600 RADIOISOTOPE		1,146,656	0	1,146,656	56.00
57.00	05700 CT SCAN		1,834,815	0	1,834,815	57.00
59.00	05900 CARDIAC CATHETERIZATION		3,660,963	0	3,660,963	59.00
60.00	06000 LABORATORY		8,302,589	0	8,302,589	60.00
65.00	06500 RESPIRATORY THERAPY	0	2,160,479	0	2,160,479	65.00
66.00	06600 PHYSICAL THERAPY	0	5,072,575	0	5,072,575	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	783,329	0	783,329	67.00
68.00	06800 SPEECH PATHOLOGY	0	473,494	0	473,494	68.00
69.00	06900 ELECTROCARDIOLOGY		995,629	0	995,629	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS		8,125,517	0	8,125,517	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT		9,898,473	0	9,898,473	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS		9,363,958	0	9,363,958	73.00
74.00	07400 RENAL DIALYSIS		492,972	0	492,972	74.00
76.00	03020 PAIN MANAGEMENT		528,393	0	528,393	76.00
76.01	03022 OP CARDIO VASC DIAG		471,892	0	471,892	76.01
76.02	03550 ANCILLARY PSYCH		394,064	0	394,064	76.02
76.03	03950 SLEEP LAB		888,653	0	888,653	76.03
76.04	03650 VASCULAR LAB		481,922	0	481,922	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC		1,433,691	0	1,433,691	90.00
91.00	09100 EMERGENCY		6,077,436	0	6,077,436	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)		1,689,332	0	1,689,332	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER		877,473	0	877,473	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES		69,033	0	69,033	95.00
200.00	Subtotal (see instructions)	0	126,411,414	0	126,411,414	200.00
201.00	Less Observation Beds		1,689,332	0	1,689,332	201.00
202.00	Total (see instructions)	0	124,722,082	0	124,722,082	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVII	Hospital	PPS

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,536,808		39,536,808	30.00
31.00	03100	INTENSIVE CARE UNIT	10,835,087		10,835,087	31.00
41.00	04100	SUBPROVIDER - IRF	5,390,849		5,390,849	41.00
43.00	04300	NURSERY	4,169,880		4,169,880	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,536,435	28,240,608	53,777,043	50.00
51.00	05100	RECOVERY ROOM	2,009,458	2,234,864	4,244,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,002,208	1,532,870	6,535,078	52.00
53.00	05300	ANESTHESIOLOGY	6,190,933	5,070,081	11,261,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,877,641	36,485,597	44,363,238	54.00
56.00	05600	RADIOISOTOPE	2,367,590	2,921,619	5,289,209	56.00
57.00	05700	CT SCAN	10,861,765	28,566,928	39,428,693	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,421,395	13,353,951	24,775,346	59.00
60.00	06000	LABORATORY	35,993,901	28,809,182	64,803,083	60.00
65.00	06500	RESPIRATORY THERAPY	13,623,732	1,617,534	15,241,266	65.00
66.00	06600	PHYSICAL THERAPY	4,856,280	9,583,425	14,439,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,003,060	1,385,548	4,388,608	67.00
68.00	06800	SPEECH PATHOLOGY	1,024,165	1,196,748	2,220,913	68.00
69.00	06900	ELECTROCARDIOLOGY	6,970,443	4,738,690	11,709,133	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,084,731	4,635,159	19,719,890	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,421,212	5,956,584	19,377,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,493,182	11,976,311	36,469,493	73.00
74.00	07400	RENAL DIALYSIS	1,847,230	29,926	1,877,156	74.00
76.00	03020	PAIN MANAGEMENT	44,814	4,692,496	4,737,310	76.00
76.01	03022	OP CARDIO VASC DIAG	20,233	4,649,979	4,670,212	76.01
76.02	03550	ANCILLARY PSYCH	4,239	2,561,472	2,565,711	76.02
76.03	03950	SLEEP LAB	153,581	4,138,997	4,292,578	76.03
76.04	03650	VASCULAR LAB	1,417,007	1,310,062	2,727,069	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	12,656,439	28,338,822	40,995,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	455,369	3,335,477	3,790,846	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	15,142	4,776,502	4,791,644	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	266,284,809	242,139,432	508,424,241	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	266,284,809	242,139,432	508,424,241	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 4:13 pm
Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital PPS
	INPATIENT ROUTINE SERVICE COST CENTERS	11.00		
30.00	03000 ADULTS & PEDIATRICS			30.00
31.00	03100 INTENSIVE CARE UNIT			31.00
41.00	04100 SUBPROVIDER - IRF			41.00
43.00	04300 NURSERY			43.00
	ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0.212871		50.00
51.00	05100 RECOVERY ROOM	0.261701		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.313924		52.00
53.00	05300 ANESTHESIOLOGY	0.034488		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150898		54.00
56.00	05600 RADIOISOTOPE	0.216792		56.00
57.00	05700 CT SCAN	0.046535		57.00
59.00	05900 CARDIAC CATHETERIZATION	0.147766		59.00
60.00	06000 LABORATORY	0.128120		60.00
65.00	06500 RESPIRATORY THERAPY	0.141752		65.00
66.00	06600 PHYSICAL THERAPY	0.351294		66.00
67.00	06700 OCCUPATIONAL THERAPY	0.178491		67.00
68.00	06800 SPEECH PATHOLOGY	0.213198		68.00
69.00	06900 ELECTROCARDIOLOGY	0.085030		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.412047		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.510815		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.256761		73.00
74.00	07400 RENAL DIALYSIS	0.262616		74.00
76.00	03020 PAIN MANAGEMENT	0.111539		76.00
76.01	03022 OP CARDIO VASC DIAG	0.101043		76.01
76.02	03550 ANCILLARY PSYCH	0.153589		76.02
76.03	03950 SLEEP LAB	0.207021		76.03
76.04	03650 VASCULAR LAB	0.176718		76.04
	OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0.000000		90.00
91.00	09100 EMERGENCY	0.148247		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.445635		92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183126		93.00
	OTHER REIMBURSABLE COST CENTERS			
95.00	09500 AMBULANCE SERVICES	0.000000		95.00
200.00	Subtotal (see instructions)			200.00
201.00	Less Observation Beds			201.00
202.00	Total (see instructions)			202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

		Title XIX		Hospital		Cost
Cost Center Description	Total Cost (from Wkst. B, Part I, col. 26)	Therapy Limit Adj.	Costs			
			Total Costs	RCE Disallowance	Total Costs	
	1.00	2.00	3.00	4.00	5.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	27,079,732		27,079,732	0	0 30.00
31.00	03100 INTENSIVE CARE UNIT	7,472,991		7,472,991	0	0 31.00
41.00	04100 SUBPROVIDER - I RF	3,662,191		3,662,191	0	0 41.00
43.00	04300 NURSERY	1,280,671		1,280,671	0	0 43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	11,447,549		11,447,549	0	0 50.00
51.00	05100 RECOVERY ROOM	1,110,744		1,110,744	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,051,517		2,051,517	0	0 52.00
53.00	05300 ANESTHESIOLOGY	388,369		388,369	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,694,312		6,694,312	0	0 54.00
56.00	05600 RADIOISOTOPE	1,146,656		1,146,656	0	0 56.00
57.00	05700 CT SCAN	1,834,815		1,834,815	0	0 57.00
59.00	05900 CARDIAC CATHETERIZATION	3,660,963		3,660,963	0	0 59.00
60.00	06000 LABORATORY	8,302,589		8,302,589	0	0 60.00
65.00	06500 RESPIRATORY THERAPY	2,160,479	0	2,160,479	0	0 65.00
66.00	06600 PHYSICAL THERAPY	5,072,575	0	5,072,575	0	0 66.00
67.00	06700 OCCUPATIONAL THERAPY	783,329	0	783,329	0	0 67.00
68.00	06800 SPEECH PATHOLOGY	473,494	0	473,494	0	0 68.00
69.00	06900 ELECTROCARDIOLOGY	995,629		995,629	0	0 69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	8,125,517		8,125,517	0	0 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,898,473		9,898,473	0	0 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	9,363,958		9,363,958	0	0 73.00
74.00	07400 RENAL DIALYSIS	492,972		492,972	0	0 74.00
76.00	03020 PAIN MANAGEMENT	528,393		528,393	0	0 76.00
76.01	03022 OP CARDIO VASC DIAG	471,892		471,892	0	0 76.01
76.02	03550 ANCILLARY PSYCH	394,064		394,064	0	0 76.02
76.03	03950 SLEEP LAB	888,653		888,653	0	0 76.03
76.04	03650 VASCULAR LAB	481,922		481,922	0	0 76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	1,433,691		1,433,691	0	0 90.00
91.00	09100 EMERGENCY	6,077,436		6,077,436	0	0 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,689,332		1,689,332	0	0 92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	877,473		877,473	0	0 93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500 AMBULANCE SERVICES	69,033		69,033	0	0 95.00
200.00	Subtotal (see instructions)	126,411,414	0	126,411,414	0	0 200.00
201.00	Less Observation Beds	1,689,332		1,689,332		0 201.00
202.00	Total (see instructions)	124,722,082	0	124,722,082	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet C Part I Date/Time Prepared: 11/29/2012 4:13 pm
		Title XIX	Hospital	Cost

Cost Center Description	Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
	Inpatient	Outpatient	Total (col. 6 + col. 7)			
	6.00	7.00	8.00			
9.00	10.00					
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS	39,536,808		39,536,808	30.00
31.00	03100	INTENSIVE CARE UNIT	10,835,087		10,835,087	31.00
41.00	04100	SUBPROVIDER - IRF	5,390,849		5,390,849	41.00
43.00	04300	NURSERY	4,169,880		4,169,880	43.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	25,536,435	28,240,608	53,777,043	50.00
51.00	05100	RECOVERY ROOM	2,009,458	2,234,864	4,244,322	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	5,002,208	1,532,870	6,535,078	52.00
53.00	05300	ANESTHESIOLOGY	6,190,933	5,070,081	11,261,014	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	7,877,641	36,485,597	44,363,238	54.00
56.00	05600	RADIOISOTOPE	2,367,590	2,921,619	5,289,209	56.00
57.00	05700	CT SCAN	10,861,765	28,566,928	39,428,693	57.00
59.00	05900	CARDIAC CATHETERIZATION	11,421,395	13,353,951	24,775,346	59.00
60.00	06000	LABORATORY	35,993,901	28,809,182	64,803,083	60.00
65.00	06500	RESPIRATORY THERAPY	13,623,732	1,617,534	15,241,266	65.00
66.00	06600	PHYSICAL THERAPY	4,856,280	9,583,425	14,439,705	66.00
67.00	06700	OCCUPATIONAL THERAPY	3,003,060	1,385,548	4,388,608	67.00
68.00	06800	SPEECH PATHOLOGY	1,024,165	1,196,748	2,220,913	68.00
69.00	06900	ELECTROCARDIOLOGY	6,970,443	4,738,690	11,709,133	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	15,084,731	4,635,159	19,719,890	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	13,421,212	5,956,584	19,377,796	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	24,493,182	11,976,311	36,469,493	73.00
74.00	07400	RENAL DIALYSIS	1,847,230	29,926	1,877,156	74.00
76.00	03020	PAIN MANAGEMENT	44,814	4,692,496	4,737,310	76.00
76.01	03022	OP CARDIO VASC DIAG	20,233	4,649,979	4,670,212	76.01
76.02	03550	ANCILLARY PSYCH	4,239	2,561,472	2,565,711	76.02
76.03	03950	SLEEP LAB	153,581	4,138,997	4,292,578	76.03
76.04	03650	VASCULAR LAB	1,417,007	1,310,062	2,727,069	76.04
OUTPATIENT SERVICE COST CENTERS						
90.00	09000	CLINIC	0	0	0	90.00
91.00	09100	EMERGENCY	12,656,439	28,338,822	40,995,261	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	455,369	3,335,477	3,790,846	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	15,142	4,776,502	4,791,644	93.00
OTHER REIMBURSABLE COST CENTERS						
95.00	09500	AMBULANCE SERVICES	0	0	0	95.00
200.00		Subtotal (see instructions)	266,284,809	242,139,432	508,424,241	200.00
201.00		Less Observation Beds				201.00
202.00		Total (see instructions)	266,284,809	242,139,432	508,424,241	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.000000			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.000000			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
74.00	07400 RENAL DIALYSIS	0.000000			74.00
76.00	03020 PAIN MANAGEMENT	0.000000			76.00
76.01	03022 OP CARDIO VASC DIAG	0.000000			76.01
76.02	03550 ANCILLARY PSYCH	0.000000			76.02
76.03	03950 SLEEP LAB	0.000000			76.03
76.04	03650 VASCULAR LAB	0.000000			76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.000000			93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	0.000000			95.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

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

Provider CCN: 140187

Period: From 07/01/2011 To 06/30/2012

Worksheet C Part II Date/Time Prepared: 11/29/2012 4:13 pm

Cost Center Description		Title XIX			Hospital		Cost	
		Total Cost (Wkst. B, Part I, col. 26)	Capital Cost (Wkst. B, Part II col. 26)	Operating Cost Net of Capital Cost (col. 1 - col. 2)	Capital Reduction	Operating Cost Reduction Amount		
		1.00	2.00	3.00	4.00	5.00		
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	11,447,549	1,804,212	9,643,337	180,421	559,314	50.00
51.00	05100	RECOVERY ROOM	1,110,744	113,432	997,312	11,343	57,844	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	2,051,517	83,918	1,967,599	8,392	114,121	52.00
53.00	05300	ANESTHESIOLOGY	388,369	150,621	237,748	15,062	13,789	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	6,694,312	1,442,548	5,251,764	144,255	304,602	54.00
56.00	05600	RADIOISOTOPE	1,146,656	139,013	1,007,643	13,901	58,443	56.00
57.00	05700	CT SCAN	1,834,815	278,454	1,556,361	27,845	90,269	57.00
59.00	05900	CARDIAC CATHETERIZATION	3,660,963	803,507	2,857,456	80,351	165,732	59.00
60.00	06000	LABORATORY	8,302,589	512,788	7,789,801	51,279	451,808	60.00
65.00	06500	RESPIRATORY THERAPY	2,160,479	200,892	1,959,587	20,089	113,656	65.00
66.00	06600	PHYSICAL THERAPY	5,072,575	457,966	4,614,609	45,797	267,647	66.00
67.00	06700	OCCUPATIONAL THERAPY	783,329	44,954	738,375	4,495	42,826	67.00
68.00	06800	SPEECH PATHOLOGY	473,494	38,827	434,667	3,883	25,211	68.00
69.00	06900	ELECTROCARDIOLOGY	995,629	87,523	908,106	8,752	52,670	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	8,125,517	303,082	7,822,435	30,308	453,701	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	9,898,473	368,658	9,529,815	36,866	552,729	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	9,363,958	414,813	8,949,145	41,481	519,050	73.00
74.00	07400	RENAL DIALYSIS	492,972	29,242	463,730	2,924	26,896	74.00
76.00	03020	PAIN MANAGEMENT	528,393	50,300	478,093	5,030	27,729	76.00
76.01	03022	OP CARDIO VASC DIAG	471,892	61,089	410,803	6,109	23,827	76.01
76.02	03550	ANCILLARY PSYCH	394,064	48,364	345,700	4,836	20,051	76.02
76.03	03950	SLEEP LAB	888,653	146,767	741,886	14,677	43,029	76.03
76.04	03650	VASCULAR LAB	481,922	81,559	400,363	8,156	23,221	76.04
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	1,433,691	476,927	956,764	47,693	55,492	90.00
91.00	09100	EMERGENCY	6,077,436	449,684	5,627,752	44,968	326,410	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,689,332	161,983	1,527,349	16,198	88,586	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	877,473	40,282	837,191	4,028	48,557	93.00
OTHER REIMBURSABLE COST CENTERS								
95.00	09500	AMBULANCE SERVICES	69,033	2,605	66,428	261	3,853	95.00
200.00		Subtotal (sum of lines 50 thru 199)	86,915,829	8,794,010	78,121,819	879,400	4,531,063	200.00
201.00		Less Observation Beds	1,689,332	161,983	1,527,349	16,198	88,586	201.00
202.00		Total (line 200 minus line 201)	85,226,497	8,632,027	76,594,470	863,202	4,442,477	202.00

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

Provider CCN: 140187

Period: From 07/01/2011 To 06/30/2012

Worksheet C Part II Date/Time Prepared: 11/29/2012 4:13 pm

Cost Center Description		Cost Net of Capital and Operating Cost Reduction	Total Charges (Worksheet C, Part I, column 8)	Outpatient Cost to Charge Ratio (col. 6 / col. 7)	Hospital Cost
		6.00	7.00	8.00	
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	10,707,814	53,777,043	0.199115	50.00
51.00	05100 RECOVERY ROOM	1,041,557	4,244,322	0.245400	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	1,929,004	6,535,078	0.295177	52.00
53.00	05300 ANESTHESIOLOGY	359,518	11,261,014	0.031926	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	6,245,455	44,363,238	0.140780	54.00
56.00	05600 RADIOISOTOPE	1,074,312	5,289,209	0.203114	56.00
57.00	05700 CT SCAN	1,716,701	39,428,693	0.043539	57.00
59.00	05900 CARDIAC CATHETERIZATION	3,414,880	24,775,346	0.137834	59.00
60.00	06000 LABORATORY	7,799,502	64,803,083	0.120357	60.00
65.00	06500 RESPIRATORY THERAPY	2,026,734	15,241,266	0.132977	65.00
66.00	06600 PHYSICAL THERAPY	4,759,131	14,439,705	0.329586	66.00
67.00	06700 OCCUPATIONAL THERAPY	736,008	4,388,608	0.167709	67.00
68.00	06800 SPEECH PATHOLOGY	444,400	2,220,913	0.200098	68.00
69.00	06900 ELECTROCARDIOLOGY	934,207	11,709,133	0.079784	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	7,641,508	19,719,890	0.387503	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	9,308,878	19,377,796	0.480389	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	8,803,427	36,469,493	0.241392	73.00
74.00	07400 RENAL DIALYSIS	463,152	1,877,156	0.246731	74.00
76.00	03020 PAIN MANAGEMENT	495,634	4,737,310	0.104624	76.00
76.01	03022 OP CARDIO VASC DIAG	441,956	4,670,212	0.094633	76.01
76.02	03550 ANCILLARY PSYCH	369,177	2,565,711	0.143889	76.02
76.03	03950 SLEEP LAB	830,947	4,292,578	0.193578	76.03
76.04	03650 VASCULAR LAB	450,545	2,727,069	0.165212	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	1,330,506	0	0.000000	90.00
91.00	09100 EMERGENCY	5,706,058	40,995,261	0.139188	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	1,584,548	3,790,846	0.417993	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	824,888	4,791,644	0.172151	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES	64,919	0	0.000000	95.00
200.00	Subtotal (sum of lines 50 thru 199)	81,505,366	448,491,617		200.00
201.00	Less Observation Beds	1,584,548	0		201.00
202.00	Total (line 200 minus line 201)	79,920,818	448,491,617		202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part I Date/Time Prepared: 11/29/2012 4:13 pm		
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)	PPS	
		1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	2,596,567	0	2,596,567	37,061	70.06	30.00
31.00	03100	INTENSIVE CARE UNIT	571,358		571,358	5,637	101.36	31.00
41.00	04100	SUBPROVIDER - IRF	334,627	0	334,627	5,590	59.86	41.00
43.00	04300	NURSERY	52,314		52,314	3,454	15.15	43.00
200.00		Total (lines 30-199)	3,554,866		3,554,866	51,742		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part I Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	14,663	1,027,290	30.00
31.00	03100 INTENSIVE CARE UNIT	2,578	261,306	31.00
41.00	04100 SUBPROVIDER - IRF	3,652	218,609	41.00
43.00	04300 NURSERY	0	0	43.00
200.00	Total (lines 30-199)	20,893	1,507,205	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/29/2012 4:13 pm
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Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,804,212	53,777,043	0.033550	10,743,616	360,448	50.00
51.00	05100 RECOVERY ROOM	113,432	4,244,322	0.026726	800,479	21,394	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	83,918	6,535,078	0.012841	29,165	375	52.00
53.00	05300 ANESTHESIOLOGY	150,621	11,261,014	0.013375	2,517,791	33,675	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,442,548	44,363,238	0.032517	3,793,000	123,337	54.00
56.00	05600 RADIOISOTOPE	139,013	5,289,209	0.026282	1,207,372	31,732	56.00
57.00	05700 CT SCAN	278,454	39,428,693	0.007062	5,495,201	38,807	57.00
59.00	05900 CARDIAC CATHETERIZATION	803,507	24,775,346	0.032432	4,851,517	157,344	59.00
60.00	06000 LABORATORY	512,788	64,803,083	0.007913	16,866,900	133,468	60.00
65.00	06500 RESPIRATORY THERAPY	200,892	15,241,266	0.013181	6,888,268	90,794	65.00
66.00	06600 PHYSICAL THERAPY	457,966	14,439,705	0.031716	1,433,625	45,469	66.00
67.00	06700 OCCUPATIONAL THERAPY	44,954	4,388,608	0.010243	220,304	2,257	67.00
68.00	06800 SPEECH PATHOLOGY	38,827	2,220,913	0.017482	125,675	2,197	68.00
69.00	06900 ELECTROCARDIOLOGY	87,523	11,709,133	0.007475	3,719,385	27,802	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	303,082	19,719,890	0.015369	6,986,706	107,379	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	368,658	19,377,796	0.019025	5,363,981	102,050	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	414,813	36,469,493	0.011374	10,520,042	119,655	73.00
74.00	07400 RENAL DIALYSIS	29,242	1,877,156	0.015578	965,376	15,039	74.00
76.00	03020 PAIN MANAGEMENT	50,300	4,737,310	0.010618	30,403	323	76.00
76.01	03022 OP CARDIO VASC DIAG	61,089	4,670,212	0.013081	0	0	76.01
76.02	03550 ANCILLARY PSYCH	48,364	2,565,711	0.018850	2,004	38	76.02
76.03	03950 SLEEP LAB	146,767	4,292,578	0.034191	64,415	2,202	76.03
76.04	03650 VASCULAR LAB	81,559	2,727,069	0.029907	759,285	22,708	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	476,927	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	449,684	40,995,261	0.010969	4,863,318	53,346	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	161,983	3,790,846	0.042730	248,435	10,616	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	40,282	4,791,644	0.008407	3,371	28	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	8,791,405	448,491,617		88,499,634	1,502,483	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/29/2012 4:13 pm	
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
41.00	04100	SUBPROVIDER - IRF	0	0	0	0	0	41.00
43.00	04300	NURSERY	0	0	0	0	0	43.00
200.00		Total (lines 30-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS			Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/29/2012 4:13 pm	
Cost Center Description			Total Patient Days	Per Diem (col. 5 ÷ col. 6)	Inpatient Program Days	Inpatient Program Pass-Through Cost (col. 7 x col. 8)	PSA Adj. Nursing School	PPS
			6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	37,061	0.00	14,663	0	0	30.00
31.00	03100	INTENSIVE CARE UNIT	5,637	0.00	2,578	0	0	31.00
41.00	04100	SUBPROVIDER - IRF	5,590	0.00	3,652	0	0	41.00
43.00	04300	NURSERY	3,454	0.00	0	0	0	43.00
200.00		Total (lines 30-199)	51,742		20,893	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS		Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part III Date/Time Prepared: 11/29/2012 4:13 pm	
Cost Center Description		PSA Adj . Allied Health Cost	PSA Adj . All Other Medical Education Cost	Title XVIII	Hospital	PPS	
		12.00	13.00				
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	0	0			30.00
31.00	03100	INTENSIVE CARE UNIT	0	0			31.00
41.00	04100	SUBPROVIDER - I RF	0	0			41.00
43.00	04300	NURSERY	0	0			43.00
200.00		Total (lines 30-199)	0	0			200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 4:13 pm
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Cost Center Description		Title XVIII				Hospital	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col 4)	PPS
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
57.00	05700	CT SCAN	0	0	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	0	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	136,096	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
76.00	03020	PAIN MANAGEMENT	0	0	0	0	76.00
76.01	03022	OP CARDIO VASC DIAG	0	0	0	0	76.01
76.02	03550	ANCILLARY PSYCH	0	0	0	0	76.02
76.03	03950	SLEEP LAB	0	0	0	0	76.03
76.04	03650	VASCULAR LAB	0	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0	90.00
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0	0	136,096	0	95.00
200.00		Total (Lines 50-199)	0	0	136,096	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 4:13 pm
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Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	53,777,043	0.000000	0.000000	10,743,616	50.00
51.00	05100 RECOVERY ROOM	0	4,244,322	0.000000	0.000000	800,479	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,535,078	0.000000	0.000000	29,165	52.00
53.00	05300 ANESTHESIOLOGY	0	11,261,014	0.000000	0.000000	2,517,791	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	44,363,238	0.000000	0.000000	3,793,000	54.00
56.00	05600 RADIOISOTOPE	0	5,289,209	0.000000	0.000000	1,207,372	56.00
57.00	05700 CT SCAN	0	39,428,693	0.000000	0.000000	5,495,201	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	24,775,346	0.000000	0.000000	4,851,517	59.00
60.00	06000 LABORATORY	0	64,803,083	0.000000	0.000000	16,866,900	60.00
65.00	06500 RESPIRATORY THERAPY	0	15,241,266	0.000000	0.000000	6,888,268	65.00
66.00	06600 PHYSICAL THERAPY	0	14,439,705	0.000000	0.000000	1,433,625	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,388,608	0.000000	0.000000	220,304	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,220,913	0.000000	0.000000	125,675	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,709,133	0.000000	0.000000	3,719,385	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,719,890	0.000000	0.000000	6,986,706	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	19,377,796	0.000000	0.000000	5,363,981	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	136,096	36,469,493	0.003732	0.003732	10,520,042	73.00
74.00	07400 RENAL DIALYSIS	0	1,877,156	0.000000	0.000000	965,376	74.00
76.00	03020 PAIN MANAGEMENT	0	4,737,310	0.000000	0.000000	30,403	76.00
76.01	03022 OP CARDIO VASC DIAG	0	4,670,212	0.000000	0.000000	0	76.01
76.02	03550 ANCILLARY PSYCH	0	2,565,711	0.000000	0.000000	2,004	76.02
76.03	03950 SLEEP LAB	0	4,292,578	0.000000	0.000000	64,415	76.03
76.04	03650 VASCULAR LAB	0	2,727,069	0.000000	0.000000	759,285	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	40,995,261	0.000000	0.000000	4,863,318	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,790,846	0.000000	0.000000	248,435	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	4,791,644	0.000000	0.000000	3,371	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	136,096	448,491,617			88,499,634	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		Title XVIII			Hospital		PPS
		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	8,119,632	0	0	0	50.00
51.00	05100 RECOVERY ROOM	0	411,793	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	1,499	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	1,061,040	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	5,785,132	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	1,069,399	0	0	0	56.00
57.00	05700 CT SCAN	0	7,212,952	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	5,754,836	0	0	0	59.00
60.00	06000 LABORATORY	0	556,968	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	231,240	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	403,811	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	15,018	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	1,302,132	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	1,386,109	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	2,675,752	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	39,261	2,941,291	10,977	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	28,508	0	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0	1,528,125	0	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	1,656,851	0	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	472,958	0	0	0	76.02
76.03	03950 SLEEP LAB	0	825,602	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	325,541	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
91.00	09100 EMERGENCY	0	4,194,743	0	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	908,761	0	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	367,206	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (Lines 50-199)	39,261	49,236,899	10,977	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 4:13 pm
	Title XVIII	Hospital	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . All Other Medical Education Cost		
	23.00	24.00		
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0		56.00
57.00 05700 CT SCAN	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00 06000 LABORATORY	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0		74.00
76.00 03020 PAIN MANAGEMENT	0	0		76.00
76.01 03022 OP CARDIO VASC DIAG	0	0		76.01
76.02 03550 ANCILLARY PSYCH	0	0		76.02
76.03 03950 SLEEP LAB	0	0		76.03
76.04 03650 VASCULAR LAB	0	0		76.04
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
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0		93.00
OTHER REIMBURSABLE COST CENTERS				
95.00 09500 AMBULANCE SERVICES				95.00
200.00 Total (Lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			PPS		
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.212871	8,119,632	0	0	50.00
51.00	05100	RECOVERY ROOM	0.261701	411,793	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.313924	1,499	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.034488	1,061,040	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150898	5,785,132	0	0	54.00
56.00	05600	RADIOISOTOPE	0.216792	1,069,399	0	0	56.00
57.00	05700	CT SCAN	0.046535	7,212,952	0	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.147766	5,754,836	0	0	59.00
60.00	06000	LABORATORY	0.128120	556,968	0	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.141752	231,240	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.351294	403,811	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.178491	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.213198	15,018	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085030	1,302,132	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.412047	1,386,109	568	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.510815	2,675,752	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.256761	2,941,291	78,525	0	73.00
74.00	07400	RENAL DIALYSIS	0.262616	28,508	0	0	74.00
76.00	03020	PAIN MANAGEMENT	0.111539	1,528,125	0	0	76.00
76.01	03022	OP CARDIO VASC DIAG	0.101043	1,656,851	0	0	76.01
76.02	03550	ANCILLARY PSYCH	0.153589	472,958	0	0	76.02
76.03	03950	SLEEP LAB	0.207021	825,602	0	0	76.03
76.04	03650	VASCULAR LAB	0.176718	325,541	0	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.148247	4,194,743	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.445635	908,761	0	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.183126	367,206	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000		0		95.00
200.00		Subtotal (see instructions)		49,236,899	79,093	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		49,236,899	79,093	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Hospital	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	1,728,434	0	0	50.00
51.00	05100 RECOVERY ROOM	107,767	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	471	0	0	52.00
53.00	05300 ANESTHESIOLOGY	36,593	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	872,965	0	0	54.00
56.00	05600 RADIOISOTOPE	231,837	0	0	56.00
57.00	05700 CT SCAN	335,655	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	850,369	0	0	59.00
60.00	06000 LABORATORY	71,359	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	32,779	0	0	65.00
66.00	06600 PHYSICAL THERAPY	141,856	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	3,202	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	110,720	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	571,142	234	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	1,366,814	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	755,209	20,162	0	73.00
74.00	07400 RENAL DIALYSIS	7,487	0	0	74.00
76.00	03020 PAIN MANAGEMENT	170,446	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	167,413	0	0	76.01
76.02	03550 ANCILLARY PSYCH	72,641	0	0	76.02
76.03	03950 SLEEP LAB	170,917	0	0	76.03
76.04	03650 VASCULAR LAB	57,529	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0	0	90.00
91.00	09100 EMERGENCY	621,858	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	404,976	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	67,245	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES		0		95.00
200.00	Subtotal (see instructions)	8,957,684	20,396	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	8,957,684	20,396	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS		Provider CCN: 140187 Component CCN: 14T187		Period: From 07/01/2011 To 06/30/2012		Worksheet D Part II Date/Time Prepared: 11/29/2012 4:13 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 + col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,804,212	53,777,043	0.033550	59,330	1,991	50.00
51.00	05100 RECOVERY ROOM	113,432	4,244,322	0.026726	3,916	105	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	83,918	6,535,078	0.012841	0	0	52.00
53.00	05300 ANESTHESIOLOGY	150,621	11,261,014	0.013375	8,651	116	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,442,548	44,363,238	0.032517	111,043	3,611	54.00
56.00	05600 RADIOISOTOPE	139,013	5,289,209	0.026282	10,359	272	56.00
57.00	05700 CT SCAN	278,454	39,428,693	0.007062	113,196	799	57.00
59.00	05900 CARDIAC CATHETERIZATION	803,507	24,775,346	0.032432	7,064	229	59.00
60.00	06000 LABORATORY	512,788	64,803,083	0.007913	821,077	6,497	60.00
65.00	06500 RESPIRATORY THERAPY	200,892	15,241,266	0.013181	305,649	4,029	65.00
66.00	06600 PHYSICAL THERAPY	457,966	14,439,705	0.031716	1,730,431	54,882	66.00
67.00	06700 OCCUPATIONAL THERAPY	44,954	4,388,608	0.010243	1,513,406	15,502	67.00
68.00	06800 SPEECH PATHOLOGY	38,827	2,220,913	0.017482	468,481	8,190	68.00
69.00	06900 ELECTROCARDIOLOGY	87,523	11,709,133	0.007475	47,532	355	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	303,082	19,719,890	0.015369	590,047	9,068	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	368,658	19,377,796	0.019025	8,438	161	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	414,813	36,469,493	0.011374	876,407	9,968	73.00
74.00	07400 RENAL DIALYSIS	29,242	1,877,156	0.015578	169,276	2,637	74.00
76.00	03020 PAIN MANAGEMENT	50,300	4,737,310	0.010618	321	3	76.00
76.01	03022 OP CARDIO VASC DIAG	61,089	4,670,212	0.013081	0	0	76.01
76.02	03550 ANCILLARY PSYCH	48,364	2,565,711	0.018850	75	1	76.02
76.03	03950 SLEEP LAB	146,767	4,292,578	0.034191	1,857	63	76.03
76.04	03650 VASCULAR LAB	81,559	2,727,069	0.029907	41,052	1,228	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	476,927	0	0.000000	0	0	90.00
91.00	09100 EMERGENCY	449,684	40,995,261	0.010969	10,510	115	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	161,983	3,790,846	0.042730	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	40,282	4,791,644	0.008407	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	8,791,405	448,491,617		6,898,118	119,822	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 4:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
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
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	0	0	0	0	69.00
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	136,096	0	136,096	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	0	0	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	0	0	76.04
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
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES	0	0	136,096	0	136,096	95.00
200.00	Total (lines 50-199)	0	0	136,096	0	136,096	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 4:13 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	53,777,043	0.000000	0.000000	59,330	50.00
51.00	05100 RECOVERY ROOM	0	4,244,322	0.000000	0.000000	3,916	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	6,535,078	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	11,261,014	0.000000	0.000000	8,651	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	44,363,238	0.000000	0.000000	111,043	54.00
56.00	05600 RADIOISOTOPE	0	5,289,209	0.000000	0.000000	10,359	56.00
57.00	05700 CT SCAN	0	39,428,693	0.000000	0.000000	113,196	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	24,775,346	0.000000	0.000000	7,064	59.00
60.00	06000 LABORATORY	0	64,803,083	0.000000	0.000000	821,077	60.00
65.00	06500 RESPIRATORY THERAPY	0	15,241,266	0.000000	0.000000	305,649	65.00
66.00	06600 PHYSICAL THERAPY	0	14,439,705	0.000000	0.000000	1,730,431	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	4,388,608	0.000000	0.000000	1,513,406	67.00
68.00	06800 SPEECH PATHOLOGY	0	2,220,913	0.000000	0.000000	468,481	68.00
69.00	06900 ELECTROCARDIOLOGY	0	11,709,133	0.000000	0.000000	47,532	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	19,719,890	0.000000	0.000000	590,047	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0	19,377,796	0.000000	0.000000	8,438	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	136,096	36,469,493	0.003732	0.003732	876,407	73.00
74.00	07400 RENAL DIALYSIS	0	1,877,156	0.000000	0.000000	169,276	74.00
76.00	03020 PAIN MANAGEMENT	0	4,737,310	0.000000	0.000000	321	76.00
76.01	03022 OP CARDIO VASC DIAG	0	4,670,212	0.000000	0.000000	0	76.01
76.02	03550 ANCILLARY PSYCH	0	2,565,711	0.000000	0.000000	75	76.02
76.03	03950 SLEEP LAB	0	4,292,578	0.000000	0.000000	1,857	76.03
76.04	03650 VASCULAR LAB	0	2,727,069	0.000000	0.000000	41,052	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
91.00	09100 EMERGENCY	0	40,995,261	0.000000	0.000000	10,510	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	3,790,846	0.000000	0.000000	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	4,791,644	0.000000	0.000000	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	136,096	448,491,617			6,898,118	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 4:13 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
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
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00	05700 CT SCAN	0	0	0	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
65.00	06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00	06600 PHYSICAL THERAPY	0	8,130	0	0	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	873	0	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	671	0	0	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	25	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	3,271	872	3	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
76.00	03020 PAIN MANAGEMENT	0	0	0	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0	0	0	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0	0	0	0	0	76.02
76.03	03950 SLEEP LAB	0	0	0	0	0	76.03
76.04	03650 VASCULAR LAB	0	0	0	0	0	76.04
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
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500 AMBULANCE SERVICES						95.00
200.00	Total (lines 50-199)	3,271	10,571	3	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part IV Date/Time Prepared: 11/29/2012 4:13 pm
Title XVIII		Subprovider - IRF	PPS

Cost Center Description	PSA Adj . Allied Health	PSA Adj . AI I Other Medical Education Cost	
	23.00	24.00	
ANCILLARY SERVICE COST CENTERS			
50.00 05000 OPERATING ROOM	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	56.00
57.00 05700 CT SCAN	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00 06000 LABORATORY	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	74.00
76.00 03020 PAIN MANAGEMENT	0	0	76.00
76.01 03022 OP CARDIO VASC DIAG	0	0	76.01
76.02 03550 ANCILLARY PSYCH	0	0	76.02
76.03 03950 SLEEP LAB	0	0	76.03
76.04 03650 VASCULAR LAB	0	0	76.04
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
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	93.00
OTHER REIMBURSABLE COST CENTERS			
95.00 09500 AMBULANCE SERVICES			95.00
200.00 Total (lines 50-199)	0	0	200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 4:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
			1.00	2.00	
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.212871	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0.261701	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.313924	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.034488	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.150898	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0.216792	0	0	0	56.00
57.00 05700 CT SCAN	0.046535	0	0	0	57.00
59.00 05900 CARDIAC CATHETERIZATION	0.147766	0	0	0	59.00
60.00 06000 LABORATORY	0.128120	0	0	0	60.00
65.00 06500 RESPIRATORY THERAPY	0.141752	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.351294	8,130	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.178491	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.213198	873	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.085030	671	0	0	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.412047	25	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0.510815	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.256761	872	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.262616	0	0	0	74.00
76.00 03020 PAIN MANAGEMENT	0.111539	0	0	0	76.00
76.01 03022 OP CARDIO VASC DIAG	0.101043	0	0	0	76.01
76.02 03550 ANCILLARY PSYCH	0.153589	0	0	0	76.02
76.03 03950 SLEEP LAB	0.207021	0	0	0	76.03
76.04 03650 VASCULAR LAB	0.176718	0	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0.000000	0	0	0	90.00
91.00 09100 EMERGENCY	0.148247	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.445635	0	0	0	92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183126	0	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES	0.000000		0		95.00
200.00	Subtotal (see instructions)		10,571	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges			0	201.00
202.00	Net Charges (line 200 +/- line 201)		10,571	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 4:13 pm
	Title XVIII	Subprovider - IRF	PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
57.00 05700 CT SCAN	0	0	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	0	0	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	2,856	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	186	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	57	0	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	10	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	224	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
76.00 03020 PAIN MANAGEMENT	0	0	0		76.00
76.01 03022 OP CARDIO VASC DIAG	0	0	0		76.01
76.02 03550 ANCILLARY PSYCH	0	0	0		76.02
76.03 03950 SLEEP LAB	0	0	0		76.03
76.04 03650 VASCULAR LAB	0	0	0		76.04
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0		90.00
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0		92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	0	0		93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES		0			95.00
200.00	Subtotal (see instructions)	3,333	0	0	200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00	Net Charges (line 200 +/- line 201)	3,333	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 4:13 pm
		Title XIX	Hospital	Cost

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges				
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.199115	0	2,596,943	0	50.00
51.00	05100	RECOVERY ROOM	0.245400	0	290,043	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.295177	0	696,069	0	52.00
53.00	05300	ANESTHESIOLOGY	0.031926	0	915,113	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.140780	0	6,754,039	0	54.00
56.00	05600	RADIOISOTOPE	0.203114	0	242,796	0	56.00
57.00	05700	CT SCAN	0.043539	0	4,984,477	0	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.137834	0	372,857	0	59.00
60.00	06000	LABORATORY	0.120357	0	5,115,973	0	60.00
65.00	06500	RESPIRATORY THERAPY	0.132977	0	282,419	0	65.00
66.00	06600	PHYSICAL THERAPY	0.329586	0	1,188,289	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.167709	0	311,167	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.200098	0	343,637	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.079784	0	581,962	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.387503	0	802,690	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.480389	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.241392	0	1,088,448	0	73.00
74.00	07400	RENAL DIALYSIS	0.246731	0	0	0	74.00
76.00	03020	PAIN MANAGEMENT	0.104624	0	1,231,413	0	76.00
76.01	03022	OP CARDIO VASC DIAG	0.094633	0	205,305	0	76.01
76.02	03550	ANCILLARY PSYCH	0.143889	0	0	0	76.02
76.03	03950	SLEEP LAB	0.193578	0	455,675	0	76.03
76.04	03650	VASCULAR LAB	0.165212	0	103,442	0	76.04
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
91.00	09100	EMERGENCY	0.139188	0	7,342,822	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.417993	0	1,053,087	0	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.172151	0	1,296,783	0	93.00
OTHER REIMBURSABLE COST CENTERS							
95.00	09500	AMBULANCE SERVICES	0.000000	0	0	0	95.00
200.00		Subtotal (see instructions)		0	38,255,449	0	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		0	38,255,449	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST	Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part V Date/Time Prepared: 11/29/2012 4:13 pm
	Title XIX	Hospital	Cost

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	517,090	0		50.00
51.00 05100 RECOVERY ROOM	0	71,177	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	205,464	0		52.00
53.00 05300 ANESTHESIOLOGY	0	29,216	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	950,834	0		54.00
56.00 05600 RADIOISOTOPE	0	49,315	0		56.00
57.00 05700 CT SCAN	0	217,019	0		57.00
59.00 05900 CARDIAC CATHETERIZATION	0	51,392	0		59.00
60.00 06000 LABORATORY	0	615,743	0		60.00
65.00 06500 RESPIRATORY THERAPY	0	37,555	0		65.00
66.00 06600 PHYSICAL THERAPY	0	391,643	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	52,186	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	68,761	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0	46,431	0		69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	311,045	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENT	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	262,743	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
76.00 03020 PAIN MANAGEMENT	0	128,835	0		76.00
76.01 03022 OP CARDIO VASC DIAG	0	19,429	0		76.01
76.02 03550 ANCILLARY PSYCH	0	0	0		76.02
76.03 03950 SLEEP LAB	0	88,209	0		76.03
76.04 03650 VASCULAR LAB	0	17,090	0		76.04
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0	0	0		90.00
91.00 09100 EMERGENCY	0	1,022,033	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	440,183	0		92.00
93.00 04950 OTHER OUTPATIENT SERVICE COST CENTER	0	223,242	0		93.00
OTHER REIMBURSABLE COST CENTERS					
95.00 09500 AMBULANCE SERVICES		0			95.00
200.00 Subtotal (see instructions)	0	5,816,635	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	0	5,816,635	0		202.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 4:13 pm
Cost Center Description		Title XVIII	Hospital	PPS
		1.00		
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,061	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,061	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)		34,749	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)		14,663	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)		27,079,732	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)		27,079,732	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		48,953,583	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		48,953,583	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.553172	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,408.78	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)		27,079,732	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)		730.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		10,713,961	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)		10,713,961	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 4:13 pm		
Cost Center Description			Title XVIII		Hospital	PPS	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00	NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,472,991	5,637	1,325.70	2,578	3,417,655	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					17,979,631	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					32,111,247	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)					1,288,596	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					1,541,744	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					2,830,340	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					29,280,907	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,312	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					730.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,689,332	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 4:13 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	2,596,567	27,079,732	0.095886	1,689,332	161,983	90.00
91.00	Nursing School cost	0	27,079,732	0.000000	1,689,332	0	91.00
92.00	Allied health cost	0	27,079,732	0.000000	1,689,332	0	92.00
93.00	All other Medical Education	0	27,079,732	0.000000	1,689,332	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Component CCN: 14T187		Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Subprovider - IRF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		5,590	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		5,590	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)		5,590	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)		3,652	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)		3,662,191	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		3,662,191	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		5,443,810	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		5,443,810	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.672726	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)		973.85	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		3,662,191	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)		655.13	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,392,535	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,392,535	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1	
		Component CCN: 14T187				Date/Time Prepared: 11/29/2012 4:13 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
	1.00	2.00	3.00	4.00	5.00		
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0		42.00
Intensive Care Type Inpatient Hospital Units							
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0		43.00
44.00 CORONARY CARE UNIT							44.00
45.00 BURN INTENSIVE CARE UNIT							45.00
46.00 SURGICAL INTENSIVE CARE UNIT							46.00
47.00 OTHER SPECIAL CARE (SPECIFY)							47.00
Cost Center Description					1.00		
48.00 Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					1,695,893		48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					4,088,428		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)					218,609		50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					123,093		51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					341,702		52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					3,746,726		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: 140187 Component CCN: 14T187		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 4:13 pm	
		Title XVIII		Subprovider - IRF		PPS	
Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)		
	1.00	2.00	3.00	4.00	5.00		
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	334,627	3,662,191	0.091373	0	0	90.00
91.00	Nursing School cost	0	3,662,191	0.000000	0	0	91.00
92.00	Allied health cost	0	3,662,191	0.000000	0	0	92.00
93.00	All other Medical Education	0	3,662,191	0.000000	0	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Title XIX	Hospital	Date/Time Prepared: 11/29/2012 4:13 pm
Cost Center Description			Cost	
			1.00	
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		37,061	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		37,061	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)		34,749	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)		4,070	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)		3,454	15.00
16.00	Nursery days (title V or XIX only)		178	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)		27,079,732	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)		27,079,732	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)		27,079,732	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)		730.68	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,973,868	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,973,868	41.00

COMPUTATION OF INPATIENT OPERATING COST			Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1 Date/Time Prepared: 11/29/2012 4:13 pm		
Cost Center Description			Title XIX		Hospital	Cost	
	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)		
42.00	NURSERY (title V & XIX only)	1,280,671	3,454	370.78	178	65,999	42.00
Intensive Care Type Inpatient Hospital Units							
43.00	INTENSIVE CARE UNIT	7,472,991	5,637	1,325.70	367	486,532	43.00
44.00	CORONARY CARE UNIT						44.00
45.00	BURN INTENSIVE CARE UNIT						45.00
46.00	SURGICAL INTENSIVE CARE UNIT						46.00
47.00	OTHER SPECIAL CARE (SPECIFY)						47.00
Cost Center Description							
						1.00	
48.00	Program inpatient ancillary service cost (Wkst. D-3, col. 3, line 200)					3,350,931	48.00
49.00	Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					6,877,330	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)					0	50.00
51.00	Pass through costs applicable to Program inpatient ancillary services (from Wkst. D, sum of Parts II and IV)					0	51.00
52.00	Total Program excludable cost (sum of lines 50 and 51)					0	52.00
53.00	Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					0	53.00
TARGET AMOUNT AND LIMIT COMPUTATION							
54.00	Program discharges					0	54.00
55.00	Target amount per discharge					0.00	55.00
56.00	Target amount (line 54 x line 55)					0	56.00
57.00	Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00	Bonus payment (see instructions)					0	58.00
59.00	Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00	Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00	If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00	Relief payment (see instructions)					0	62.00
63.00	Allowable Inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST							
64.00	Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00	Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00	Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00	Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00	Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00	Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY							
70.00	Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00	Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00	Program routine service cost (line 9 x line 71)						72.00
73.00	Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00	Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00	Capital-related cost allocated to inpatient routine service costs (from Worksheet B, Part II, column 26, line 45)						75.00
76.00	Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00	Program capital-related costs (line 9 x line 76)						77.00
78.00	Inpatient routine service cost (line 74 minus line 77)						78.00
79.00	Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00	Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00	Inpatient routine service cost per diem limitation						81.00
82.00	Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00	Reasonable inpatient routine service costs (see instructions)						83.00
84.00	Program inpatient ancillary services (see instructions)						84.00
85.00	Utilization review - physician compensation (see instructions)						85.00
86.00	Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
87.00	Total observation bed days (see instructions)					2,312	87.00
88.00	Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					730.68	88.00
89.00	Observation bed cost (line 87 x line 88) (see instructions)					1,689,332	89.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140187		Period: From 07/01/2011 To 06/30/2012		Worksheet D-1 Date/Time Prepared: 11/29/2012 4:13 pm	
Cost Center Description		Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
		1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST							
90.00	Capital-related cost	0	0	0.000000	0	0	90.00
91.00	Nursing School cost	0	0	0.000000	0	0	91.00
92.00	Allied health cost	0	0	0.000000	0	0	92.00
93.00	All other Medical Education	0	0	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 4:13 pm	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS		17,804,098	30.00
31.00	03100	INTENSIVE CARE UNIT		5,159,950	31.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY			43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.212871	10,743,616	50.00
51.00	05100	RECOVERY ROOM	0.261701	800,479	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.313924	29,165	52.00
53.00	05300	ANESTHESIOLOGY	0.034488	2,517,791	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.150898	3,793,000	54.00
56.00	05600	RADIOISOTOPE	0.216792	1,207,372	56.00
57.00	05700	CT SCAN	0.046535	5,495,201	57.00
59.00	05900	CARDIAC CATHETERIZATION	0.147766	4,851,517	59.00
60.00	06000	LABORATORY	0.128120	16,866,900	60.00
65.00	06500	RESPIRATORY THERAPY	0.141752	6,888,268	65.00
66.00	06600	PHYSICAL THERAPY	0.351294	1,433,625	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.178491	220,304	67.00
68.00	06800	SPEECH PATHOLOGY	0.213198	125,675	68.00
69.00	06900	ELECTROCARDIOLOGY	0.085030	3,719,385	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.412047	6,986,706	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENT	0.510815	5,363,981	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.256761	10,520,042	73.00
74.00	07400	RENAL DIALYSIS	0.262616	965,376	74.00
76.00	03020	PAIN MANAGEMENT	0.111539	30,403	76.00
76.01	03022	OP CARDIO VASC DIAG	0.101043	0	76.01
76.02	03550	ANCILLARY PSYCH	0.153589	2,004	76.02
76.03	03950	SLEEP LAB	0.207021	64,415	76.03
76.04	03650	VASCULAR LAB	0.176718	759,285	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000	CLINIC	0.000000	0	90.00
91.00	09100	EMERGENCY	0.148247	4,863,318	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.445635	248,435	92.00
93.00	04950	OTHER OUTPATIENT SERVICE COST CENTER	0.183126	3,371	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500	AMBULANCE SERVICES			95.00
200.00		Total (sum of lines 50-94 and 96-98)		88,499,634	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)		88,499,634	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 14T187		Date/Time Prepared: 11/29/2012 4:13 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		3,524,831		41.00
43.00	04300 NURSERY				43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212871	59,330	12,630	50.00
51.00	05100 RECOVERY ROOM	0.261701	3,916	1,025	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.313924	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034488	8,651	298	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150898	111,043	16,756	54.00
56.00	05600 RADIOISOTOPE	0.216792	10,359	2,246	56.00
57.00	05700 CT SCAN	0.046535	113,196	5,268	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.147766	7,064	1,044	59.00
60.00	06000 LABORATORY	0.128120	821,077	105,196	60.00
65.00	06500 RESPIRATORY THERAPY	0.141752	305,649	43,326	65.00
66.00	06600 PHYSICAL THERAPY	0.351294	1,730,431	607,890	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.178491	1,513,406	270,129	67.00
68.00	06800 SPEECH PATHOLOGY	0.213198	468,481	99,879	68.00
69.00	06900 ELECTROCARDIOLOGY	0.085030	47,532	4,042	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.412047	590,047	243,127	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.510815	8,438	4,310	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.256761	876,407	225,027	73.00
74.00	07400 RENAL DIALYSIS	0.262616	169,276	44,455	74.00
76.00	03020 PAIN MANAGEMENT	0.111539	321	36	76.00
76.01	03022 OP CARDIO VASC DIAG	0.101043	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.153589	75	12	76.02
76.03	03950 SLEEP LAB	0.207021	1,857	384	76.03
76.04	03650 VASCULAR LAB	0.176718	41,052	7,255	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.148247	10,510	1,558	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.445635	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183126	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		6,898,118	1,695,893	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)		6,898,118		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 4:13 pm
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Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	Cost
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212871	1,896,590	403,729	50.00
51.00	05100 RECOVERY ROOM	0.261701	368,776	96,509	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.313924	1,268,270	398,140	52.00
53.00	05300 ANESTHESIOLOGY	0.034488	524,125	18,076	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150898	882,715	133,200	54.00
56.00	05600 RADIOISOTOPE	0.216792	147,379	31,951	56.00
57.00	05700 CT SCAN	0.046535	980,467	45,626	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.147766	434,584	64,217	59.00
60.00	06000 LABORATORY	0.128120	3,726,436	477,431	60.00
65.00	06500 RESPIRATORY THERAPY	0.141752	720,752	102,168	65.00
66.00	06600 PHYSICAL THERAPY	0.351294	120,953	42,490	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.178491	18,793	3,354	67.00
68.00	06800 SPEECH PATHOLOGY	0.213198	51,345	10,947	68.00
69.00	06900 ELECTROCARDIOLOGY	0.085030	432,537	36,779	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.412047	2,126,804	876,343	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.510815	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.256761	2,222,620	570,682	73.00
74.00	07400 RENAL DIALYSIS	0.262616	100,560	26,409	74.00
76.00	03020 PAIN MANAGEMENT	0.111539	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0.101043	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.153589	0	0	76.02
76.03	03950 SLEEP LAB	0.207021	0	0	76.03
76.04	03650 VASCULAR LAB	0.176718	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.148247	79,517	11,788	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.445635	2,450	1,092	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183126	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		16,105,673	3,350,931	200.00
201.00	Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	0	201.00
202.00	Net Charges (line 200 minus line 201)		16,105,673		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Component CCN: 14T187		Date/Time Prepared: 11/29/2012 4:13 pm	
		Title XIX	Subprovider - IRF	Cost	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS		0		30.00
31.00	03100 INTENSIVE CARE UNIT		0		31.00
41.00	04100 SUBPROVIDER - IRF		0		41.00
43.00	04300 NURSERY		0		43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.212871	0	0	50.00
51.00	05100 RECOVERY ROOM	0.261701	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.313924	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0.034488	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.150898	8,289	1,251	54.00
56.00	05600 RADIOISOTOPE	0.216792	0	0	56.00
57.00	05700 CT SCAN	0.046535	0	0	57.00
59.00	05900 CARDIAC CATHETERIZATION	0.147766	0	0	59.00
60.00	06000 LABORATORY	0.128120	60,162	7,708	60.00
65.00	06500 RESPIRATORY THERAPY	0.141752	24,378	3,456	65.00
66.00	06600 PHYSICAL THERAPY	0.351294	155,919	54,773	66.00
67.00	06700 OCCUPATIONAL THERAPY	0.178491	136,767	24,412	67.00
68.00	06800 SPEECH PATHOLOGY	0.213198	19,502	4,158	68.00
69.00	06900 ELECTROCARDIOLOGY	0.085030	4,402	374	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.412047	80,556	33,193	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENT	0.510815	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.256761	98,493	25,289	73.00
74.00	07400 RENAL DIALYSIS	0.262616	3,352	880	74.00
76.00	03020 PAIN MANAGEMENT	0.111539	0	0	76.00
76.01	03022 OP CARDIO VASC DIAG	0.101043	0	0	76.01
76.02	03550 ANCILLARY PSYCH	0.153589	0	0	76.02
76.03	03950 SLEEP LAB	0.207021	0	0	76.03
76.04	03650 VASCULAR LAB	0.176718	0	0	76.04
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000	0	0	90.00
91.00	09100 EMERGENCY	0.148247	0	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.445635	0	0	92.00
93.00	04950 OTHER OUTPATIENT SERVICE COST CENTER	0.183126	0	0	93.00
OTHER REIMBURSABLE COST CENTERS					
95.00	09500 AMBULANCE SERVICES				95.00
200.00	Total (sum of lines 50-94 and 96-98)		591,820	155,494	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)		591,820		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
PART A - INPATIENT HOSPITAL SERVICES UNDER PPS				
1.00	DRG Amounts Other than Outlier Payments		29,695,511	1.00
2.00	Outlier payments for discharges. (see instructions)		258,124	2.00
2.01	For inpatient PPS services rendered during the cost reporting period enter the operating outlier reconciliation amount for operating expenses from line 92.		0	2.01
3.00	Managed Care Simulated Payments		4,363,422	3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)		190.71	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)		8.67	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)		8.67	9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records		14.30	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)		8.67	12.00
13.00	Total allowable FTE count for the prior year.		8.67	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.		8.67	14.00
15.00	Sum of lines 12 through 14 divided by 3.		8.67	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		8.67	18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).		0.045462	19.00
20.00	Prior year resident to bed ratio (see instructions)		0.039086	20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)		0.039086	21.00
22.00	IME payment adjustment (see instructions)		719,529	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)		5.63	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)		719,529	29.00
Disproportionate Share Adjustment				
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)		5.26	30.00
31.00	Percentage of Medicaid patient days to total days reported on Worksheet S-2, Part I, line 24. (see instructions)		20.30	31.00
32.00	Sum of lines 30 and 31		25.56	32.00
33.00	Allowable disproportionate share percentage (see instructions)		10.30	33.00
34.00	Disproportionate share adjustment (see instructions)		3,058,638	34.00
Additional payment for high percentage of ESRD beneficiary discharges				
40.00	Total Medicare discharges on Worksheet S-3, Part I excluding discharges for MS-DRGs 652, 682, 683, 684 and 685 (see instructions)		0	40.00
41.00	Total ESRD Medicare discharges excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	41.00
42.00	Divide line 41 by line 40 (if less than 10%, you do not qualify for adjustment)		0.00	42.00
43.00	Total Medicare ESRD inpatient days excluding MS-DRGs 652, 682, 683, 684 and 685. (see instructions)		0	43.00
44.00	Ratio of average length of stay to one week (line 43 divided by line 41 divided by 7 days)		0.000000	44.00
45.00	Average weekly cost for dialysis treatments (see instructions)		0.00	45.00
46.00	Total additional payment (line 45 times line 44 times line 41)		0	46.00
47.00	Subtotal (see instructions)		33,731,802	47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
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)		33,731,802	49.00
50.00	Payment for inpatient program capital (from Worksheet L, Parts I, II, as applicable)		2,587,315	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).		481,703	52.00
53.00	Nursing and Allied Health Managed Care payment		0	53.00
54.00	Special add-on payments for new technologies		0	54.00
55.00	Net organ acquisition cost (Worksheet D-4 Part III, col. 1, line 69)		0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)		0	56.00
57.00	Routine service other pass through costs		0	57.00
58.00	Ancillary service other pass through costs Worksheet D, Part IV, col. 11 line 200)		39,261	58.00
59.00	Total (sum of amounts on lines 49 through 58)		36,840,081	59.00
60.00	Primary payer payments		24,717	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		36,815,364	61.00
62.00	Deductibles billed to program beneficiaries		2,982,909	62.00
63.00	Coinurance billed to program beneficiaries		111,996	63.00
64.00	Allowable bad debts (see instructions)		653,914	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		457,740	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		653,914	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		34,178,199	67.00
68.00	Credits received from manufacturers for replaced devices applicable to MS-DRG (see instructions)		0	68.00
69.00	Enter the time value of money for operating expenses, the capital outlier reconciliation amount and time value of money for capital related expenses by entering the sum of lines 93, 95 and 96. For SCH, if the hospital specific payment amount on line 48, is greater than the federal specific payment amount on line 47, do not complete this line.		0	69.00
70.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	70.00
70.95	Recovery of Accelerated Depreciation		0	70.95
70.96	Low Volume Payment-1		0	70.96
70.97	Low Volume Payment-2		0	70.97
70.98	Low Volume Payment-3		0	70.98
71.00	Amount due provider (line 67 minus lines 68 plus/minus lines 69 & 70)		34,178,199	71.00
72.00	Interim payments		33,620,520	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)		557,679	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		397,920	75.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Operating outlier amount from Worksheet E, Part A line 2		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: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVII	Hospital	PPS
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		20,396	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		8,946,707	2.00
3.00	PPS payments		9,595,727	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		10,977	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		20,396	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		79,093	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)		79,093	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)		79,093	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		58,697	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)		20,396	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)		9,606,704	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		114	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,075,621	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)		7,551,365	27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 50)		119,529	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)		7,670,894	30.00
31.00	Primary payer payments		7,225	31.00
32.00	Subtotal (line 30 minus line 31)		7,663,669	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)		468,396	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		327,877	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		468,396	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		7,991,546	37.00
38.00	MSP-LCC reconciliation amount from PS&R		291	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		7,991,255	40.00
41.00	Interim payments		7,848,633	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)		142,622	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Hospital
			PPS Overrides
WORKSHEET OVERRIDE VALUES			1.00
112.00	Override of Ancillary service charges (line 12)		0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 4:13 pm
		Component CCN: 14T187	Title XVIII	Subprovider - IRF
		PPS		
		1.00		
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		3,330	2.00
3.00	PPS payments		2,722	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		3	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from Worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
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)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,725	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		550	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	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)		2,175	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)		2,175	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		2,175	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)		0	34.00
35.00	Adjusted reimbursable bad debts (see instructions)		0	35.00
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		0	36.00
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)		2,175	37.00
38.00	MSP-LCC reconciliation amount from PS&R		0	38.00
39.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	39.00
39.99	RECOVERY OF ACCELERATED DEPRECIATION		0	39.99
40.00	Subtotal (line 37 plus or minus lines 39 minus 38)		2,175	40.00
41.00	Interim payments		2,172	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)		3	43.00
44.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2		0	44.00
TO BE COMPLETED BY CONTRACTOR				
90.00	Original outlier amount (see instructions)		0	90.00
91.00	Outlier reconciliation adjustment amount (see instructions)		0	91.00
92.00	The rate used to calculate the Time Value of Money		0.00	92.00
93.00	Time Value of Money (see instructions)		0	93.00
94.00	Total (sum of lines 91 and 93)		0	94.00

CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 4:13 pm
	Title XVIII	Subprovider - IRF	PPS
			Overrides 1.00
WORKSHEET OVERRIDE VALUES			
112.00	Override of Ancillary service charges (line 12)		0112.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2012 4:13 pm

		Title XVIII		Hospital		PPS	
		Inpatient Part A		Part B			
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount		
		1.00	2.00	3.00	4.00		
1.00	Total interim payments paid to provider		32,986,390		7,873,285	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	03/23/2012	372,773	06/29/2012	1,670	3.01	
3.02		06/29/2012	261,357		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	03/23/2012	26,322	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)		634,130		-24,652	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)		33,620,520		7,848,633	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		557,679		142,622	6.01	
6.02	SETTLEMENT TO PROGRAM		0		0	6.02	
7.00	Total Medicare program liability (see instructions)		34,178,199		7,991,255	7.00	
				Contractor Number	Date (Mo/Day/Yr)		
		0		1.00	2.00		
8.00	Name of Contractor					8.00	

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140187
Component CCN: 14T187

Period:
From 07/01/2011
To 06/30/2012

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2012 4:13 pm
PPS

Title XVIII

Subprovider -
IRF

		Inpatient Part A		Part B		
		mm/dd/yyyy	Amount	mm/dd/yyyy	Amount	
		1.00	2.00	3.00	4.00	
1.00	Total interim payments paid to provider					1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		4,306,155		2,172	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)		0		0	3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER	03/23/2012	10,903		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)		10,903		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)		4,317,058		2,172	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		48,927		3	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		4,365,985		2,175	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part III Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Subprovider - IRF	PPS
				1.00
PART III - MEDICARE PART A SERVICES - IRF PPS				
1.00	Net Federal PPS Payment (see instructions)			4,101,114 1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)			0.0376 2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)			271,133 3.00
4.00	Outlier Payments			36,449 4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)			0.00 5.00
6.00	New Teaching program adjustment. (see instructions)			0.00 6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)			0.00 7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)			0.00 8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)			0.00 9.00
10.00	Average Daily Census (see instructions)			15.273224 10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.			0.000000 11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).			0 12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)			4,408,696 13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)			0 14.00
15.00	Organ acquisition			0 15.00
16.00	Cost of teaching physicians (from Worksheet D-5, Part II, column 3, line 20) (see instructions)			0 16.00
17.00	Subtotal (see instructions)			4,408,696 17.00
18.00	Primary payer payments			8,868 18.00
19.00	Subtotal (line 17 less line 18).			4,399,828 19.00
20.00	Deductibles			30,756 20.00
21.00	Subtotal (line 19 minus line 20)			4,369,072 21.00
22.00	Coinsurance			6,358 22.00
23.00	Subtotal (line 21 minus line 22)			4,362,714 23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)			0 24.00
25.00	Adjusted reimbursable bad debts (see instructions)			0 25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			0 26.00
27.00	Subtotal (sum of lines 23 and 25)			4,362,714 27.00
28.00	Direct graduate medical education payments (from Worksheet E-4, line 49)			0 28.00
29.00	Other pass through costs (see instructions)			3,271 29.00
30.00	Outlier payments reconciliation			0 30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 31.00
31.99	Recovery of Accelerated Depreciation			0 31.99
32.00	Total amount payable to the provider (see instructions)			4,365,985 32.00
33.00	Interim payments			4,317,058 33.00
34.00	Tentative settlement (for contractor use only)			0 34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)			48,927 35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2			0 36.00
TO BE COMPLETED BY CONTRACTOR				
50.00	Original outlier amount from Worksheet E-3, Part III, line 4			0 50.00
51.00	Outlier reconciliation adjustment amount (see instructions)			0 51.00
52.00	The rate used to calculate the Time Value of Money			0.00 52.00
53.00	Time Value of Money (see instructions)			0 53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2012 4:13 pm
		Title XIX	Hospital	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		6,877,330	1.00
2.00	Medical and other services		5,816,635	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		12,693,965	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		12,693,965	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		54,361,122	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		54,361,122	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		54,361,122	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		41,667,157	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		12,693,965	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		12,693,965	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		12,693,965	31.00
32.00	Deductibles		0	32.00
33.00	Coinsurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		12,693,965	36.00
37.00	ZERO OUT MEDICAID SETTLEMENT		-12,693,965	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140187 Component CCN: 14T187	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2012 4:13 pm
		Title XIX	Subprovider - IRF	Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services		0	1.00
2.00	Medical and other services		0	2.00
3.00	Organ acquisition (certified transplant centers only)		0	3.00
4.00	Subtotal (sum of lines 1, 2 and 3)		0	4.00
5.00	Inpatient primary payer payments		0	5.00
6.00	Outpatient primary payer payments		0	6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)		0	7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges		0	8.00
9.00	Ancillary service charges		591,820	9.00
10.00	Organ acquisition charges, net of revenue		0	10.00
11.00	Incentive from target amount computation		0	11.00
12.00	Total reasonable charges (sum of lines 8 through 11)		591,820	12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis		0	13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)		591,820	16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)		591,820	17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)		0	18.00
19.00	Interns and Residents (see instructions)		0	19.00
20.00	Cost of Teaching Physicians (see instructions)		0	20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)		0	21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments		0	22.00
23.00	Outlier payments		0	23.00
24.00	Program capital payments		0	24.00
25.00	Capital exception payments (see instructions)		0	25.00
26.00	Routine and Ancillary service other pass through costs		0	26.00
27.00	Subtotal (sum of lines 22 through 26)		0	27.00
28.00	Customary charges (title V or XIX PPS covered services only)		0	28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.		0	29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)		0	30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)		0	31.00
32.00	Deductibles		0	32.00
33.00	Coinurance		0	33.00
34.00	Allowable bad debts (see instructions)		0	34.00
35.00	Utilization review		0	35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)		0	36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)		0	37.00
38.00	Subtotal (line 36 ± line 37)		0	38.00
39.00	Direct graduate medical education payments (from Wkst. E-4)		0	39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)		0	40.00
41.00	Interim payments		0	41.00
42.00	Balance due provider/program (line 40 minus 41)		0	42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2		0	43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/29/2012 4:13 pm	
		Title XVII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			14.41	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			14.41	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			14.30	6.00
7.00	Enter the lesser of line 5 or line 6			14.30	7.00
		Primary Care	Other	Total	
		1.00	2.00	3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	14.30	0.00	14.30	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	14.30	0.00	14.30	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	14.30	0.00		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	14.41	0.00		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	14.38	0.00		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	14.36	0.00		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	14.36	0.00		17.00
18.00	Per resident amount	82,976.94	82,976.94		18.00
19.00	Approved amount for resident costs	1,191,549	0	1,191,549	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			82,976.94	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			1,191,549	25.00
		Inpatient Part A	Managed care		
		1.00	2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	20,893	2,685		26.00
27.00	Total Inpatient Days	45,976	45,976		27.00
28.00	Ratio of inpatient days to total inpatient days	0.454433	0.058400		28.00
29.00	Program direct GME amount	541,479	69,586		29.00
30.00	Reduction for direct GME payments for Medicare managed care		9,833		30.00
31.00	Net Program direct GME amount			601,232	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet E-4 Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Hospital	PPS
				1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)				
32.00	Renal dialysis direct medical education costs (from Worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)			0 32.00
33.00	Renal dialysis and home dialysis total charges (Worksheet C, Part I, column 8, sum of lines 74 and 94)			1,877,156 33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)			0.000000 34.00
35.00	Medicare outpatient ESRD charges (see instructions)			0 35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)			0 36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY				
Part A Reasonable Cost				
37.00	Reasonable cost (see instructions)			36,199,675 37.00
38.00	Organ acquisition costs (Worksheet D-4, Part III, column 1, line 69)			0 38.00
39.00	Cost of teaching physicians (Worksheet D-5, Part II, column 3, line 20)			0 39.00
40.00	Primary payer payments (see instructions)			33,585 40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)			36,166,090 41.00
Part B Reasonable Cost				
42.00	Reasonable cost (see instructions)			8,981,413 42.00
43.00	Primary payer payments (see instructions)			7,225 43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)			8,974,188 44.00
45.00	Total reasonable cost (sum of lines 41 and 44)			45,140,278 45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)			0.801193 46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)			0.198807 47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B				
48.00	Total program GME payment (line 31)			601,232 48.00
49.00	Part A Medicare GME payment (line 46 x 48) (Title XVIII only) (see instructions)			481,703 49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)			119,529 50.00

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

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet G

Date/Time Prepared:
11/29/2012 4:13 pm

		General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
		1.00	2.00	3.00	4.00	
CURRENT ASSETS						
1.00	Cash on hand in banks	-4,023,147	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	120,742,239	0	0	0	4.00
5.00	Other receivable	0	0	0	0	5.00
6.00	Allowances for uncollectible notes and accounts receivable	-90,646,434	0	0	0	6.00
7.00	Inventory	2,566,403	0	0	0	7.00
8.00	Prepaid expenses	5,829,623	0	0	0	8.00
9.00	Other current assets	2,429,126	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)	36,897,810	0	0	0	11.00
FIXED ASSETS						
12.00	Land	3,630,755	0	0	0	12.00
13.00	Land improvements	5,947,914	0	0	0	13.00
14.00	Accumulated depreciation	-5,412,053	0	0	0	14.00
15.00	Buildings	119,503,264	0	0	0	15.00
16.00	Accumulated depreciation	-29,536,930	0	0	0	16.00
17.00	Leasehold improvements	0	0	0	0	17.00
18.00	Accumulated depreciation	0	0	0	0	18.00
19.00	Fixed equipment	0	0	0	0	19.00
20.00	Accumulated depreciation	0	0	0	0	20.00
21.00	Automobiles and trucks	0	0	0	0	21.00
22.00	Accumulated depreciation	0	0	0	0	22.00
23.00	Major movable equipment	76,654,558	0	0	0	23.00
24.00	Accumulated depreciation	-108,537,384	0	0	0	24.00
25.00	Minor equipment depreciable	0	0	0	0	25.00
26.00	Accumulated depreciation	0	0	0	0	26.00
27.00	HIT designated Assets	0	0	0	0	27.00
28.00	Accumulated depreciation	0	0	0	0	28.00
29.00	Minor equipment-nondepreciable	0	0	0	0	29.00
30.00	Total fixed assets (sum of lines 12-29)	62,250,124	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	23,467,404	0	0	0	34.00
35.00	Total other assets (sum of lines 31-34)	23,467,404	0	0	0	35.00
36.00	Total assets (sum of lines 11, 30, and 35)	122,615,338	0	0	0	36.00
CURRENT LIABILITIES						
37.00	Accounts payable	329,855	0	0	0	37.00
38.00	Salaries, wages, and fees payable	6,422,836	0	0	0	38.00
39.00	Payroll taxes payable	0	0	0	0	39.00
40.00	Notes and loans payable (short term)	29,700,000	0	0	0	40.00
41.00	Deferred income	0	0	0	0	41.00
42.00	Accelerated payments	0	0	0	0	42.00
43.00	Due to other funds	0	0	0	0	43.00
44.00	Other current liabilities	0	0	0	0	44.00
45.00	Total current liabilities (sum of lines 37 thru 44)	36,452,691	0	0	0	45.00
LONG TERM LIABILITIES						
46.00	Mortgage payable	0	0	0	0	46.00
47.00	Notes payable	38,793,575	0	0	0	47.00
48.00	Unsecured loans	0	0	0	0	48.00
49.00	Other long term liabilities	52,396,117	0	0	0	49.00
50.00	Total long term liabilities (sum of lines 46 thru 49)	91,189,692	0	0	0	50.00
51.00	Total liabilities (sum of lines 45 and 50)	127,642,383	0	0	0	51.00
CAPITAL ACCOUNTS						
52.00	General fund balance	-5,027,045	0	0	0	52.00
53.00	Specific purpose fund	0	0	0	0	53.00
54.00	Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00	Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00	Governing body created - endowment fund balance	0	0	0	0	56.00
57.00	Plant fund balance - invested in plant	0	0	0	0	57.00
58.00	Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00	Total fund balances (sum of lines 52 thru 58)	-5,027,045	0	0	0	59.00
60.00	Total liabilities and fund balances (sum of lines 51 and 59)	122,615,338	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/29/2012 4:13 pm

		General Fund		Special Purpose Fund		
		1.00	2.00	3.00	4.00	
		1.00	Fund balances at beginning of period		10,534,302	
2.00	Net income (loss) (From Wkst. G-3, line 29)		-15,561,347			2.00
3.00	Total (sum of line 1 and line 2)		-5,027,045		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)		-5,027,045		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)		-5,027,045		0	19.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-1

Date/Time Prepared:
11/29/2012 4:13 pm

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2012 4:13 pm

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	46,329,703		46,329,703	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF	5,443,810		5,443,810	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)	51,773,513		51,773,513	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	11,617,915		11,617,915	11.00
12.00	CORONARY CARE UNIT				12.00
13.00	BURN INTENSIVE CARE UNIT				13.00
14.00	SURGICAL INTENSIVE CARE UNIT				14.00
15.00	OTHER SPECIAL CARE (SPECIFY)				15.00
16.00	Total intensive care type inpatient hospital services (sum of lines 11-15)	11,617,915		11,617,915	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	63,391,428		63,391,428	17.00
18.00	Ancillary services	193,109,385	207,132,725	400,242,110	18.00
19.00	Outpatient services	12,766,589	33,478,592	46,245,181	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES	0	0	0	23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER	5,172,763	92,022	5,264,785	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to Wkst. G-3, line 1)	274,440,165	240,703,339	515,143,504	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per Wkst. A, column 3, line 200)		163,387,697		29.00
30.00	EXPENSES NOT INCLUDED ON WKST A	19,388,603			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)		19,388,603		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)		182,776,300		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140187

Period:
From 07/01/2011
To 06/30/2012

Worksheet G-3

Date/Time Prepared:
11/29/2012 4:13 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	515,143,504	1.00
2.00	Less contractual allowances and discounts on patients' accounts	349,306,215	2.00
3.00	Net patient revenues (line 1 minus line 2)	165,837,289	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	182,776,300	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-16,939,011	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	-47,507	6.00
7.00	Income from investments	-2,907,881	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	444,036	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	17,731	13.00
14.00	Revenue from meals sold to employees and guests	47,165	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	4,481	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	6,392	21.00
22.00	Rental of hospital space	1,462,862	22.00
23.00	Governmental appropriations	0	23.00
24.00	IDENTIFIED ON TRIAL BALANCE	2,350,385	24.00
25.00	Total other income (sum of lines 6-24)	1,377,664	25.00
26.00	Total (line 5 plus line 25)	-15,561,347	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)	-15,561,347	29.00

CALCULATION OF REIMBURSABLE BAD DEBTS - TITLE XVIII - PART B		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet I-5 Date/Time Prepared: 11/29/2012 4:13 pm
				1.00
1.00	Total expenses related to care of program beneficiaries (see instructions)		0	1.00
2.00	Total payment (from Worksheet I-4, column 6, line 11)		0	2.00
3.00	Deductibles billed to Medicare (Part B) patients		0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients		0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries		0	5.00
6.00				6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)		0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)		0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)		0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)		0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to Worksheet E, Part B, line 33)		0	11.00

CALCULATION OF CAPITAL PAYMENT		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/29/2012 4:13 pm
		Title XVIII	Hospital	PPS
				1.00
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		2,386,466	1.00
2.00	Capital DRG outlier payments		20,671	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		110.34	3.00
4.00	Number of interns & residents (see instructions)		8.67	4.00
5.00	Indirect medical education percentage (see instructions)		2.24	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		53,457	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (Worksheet E, part A line 30) (see instructions)		5.26	7.00
8.00	Percentage of Medicaid patient days to total days reported on Worksheet S-3, Part I (see instructions)		20.30	8.00
9.00	Sum of lines 7 and 8		25.56	9.00
10.00	Allowable disproportionate share percentage (see instructions)		5.31	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		126,721	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,587,315	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

ALL INCLUSIVE RATE DATA - METHOD E		Provider CCN: 140187	Period: From 07/01/2011 To 06/30/2012	AIR Worksheet Not a CMS Worksheet Date/Time Prepared: 11/29/2012 4:13 pm
			1.00	
1.00	Total general inpatient routine service cost.		27,079,732	1.00
2.00	Total inpatient days.		43,840	2.00
3.00	Cost per day.		617.69	3.00
4.00	Percentage (93% = Short Term; 98% = Long Term).		0	4.00
5.00	Reduced cost per day.		0.00	5.00
6.00	Ancillary percentage.		0	6.00
7.00	Ancillary cost per day.		0.00	7.00
8.00	Inpatient Part B days.		0	8.00
9.00	Total Part B ancillary cost.		0	9.00