

Delnor-Community Hospital

Medicare Cost Report

Provider # 14-0211
Fiscal Year Ended 6.30.2012

November 16, 2012

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Healthcare & Family Services
BUREAU OF HEALTH FINANCE



Assurance ■ Tax ■ Consulting

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 Provider CCN: 140211 Period: From 07/01/2011 To 06/30/2012 Worksheet 5 Parts I-III Date/Time Prepared: 11/16/2012 10:34 am

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/16/2012 Time: 10:34 am
 2. Manually submitted cost report
 3. If this is an amended report enter the number of times the provider resubmitted this cost report
 4. Medicare Utilization. Enter "F" for full or "L" for low.

Contractor use only 5. Cost Report Status 6. Date Received:
 (1) As Submitted 7. Contractor No. 10. NPR Date:
 (2) Settled without Audit 8. Initial Report for this Provider CCN 11. Contractor's Vendor Code: 4
 (3) Settled with Audit 9. Final Report for this Provider CCN 12. If line 5, column 1 is 4: Enter number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

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 DELNOR-COMMUNITY 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.

Encryption Information

ECR: Date: 11/16/2012 Time: 10:34 am
 wh65frbudwM9Tie:4SqIDPo:TGRnh0
 1gfgv0abBm6iFrXus7TU0AZahuu9nt
 Rtto0CwFq70d6MjY
 PI: Date: 11/16/2012 Time: 10:34 am
 HVaAuUyxaITVwjPrg1Y4IT8f1Stvc0
 CNjr30YyuISbkgf1QjHYWufzKzNE7
 nU3nMNwPQR0BNESN

(Signed) *Margaret Taus*
 Officer or Administrator of Provider(s)
Vice President, Finance
 Title
 11/19/12
 Date

	Title v	Title XVIII		HIT	Title XIX	
		Part A	Part B			
	1.00	2.00	3.00	4.00	5.00	
PART III - SETTLEMENT SUMMARY						
1.00	Hospital	0	-3,650	106	0	0 1.00
2.00	Subprovider - IPF	0	0	0	0	0 2.00
3.00	Subprovider - IRF	0	0	0	0	0 3.00
4.00	SUBPROVIDER I	0	0	0	0	0 4.00
5.00	Swing bed - SNF	0	0	0	0	0 5.00
6.00	Swing bed - NF	0	0	0	0	0 6.00
7.00	SKILLED NURSING FACILITY	0	0	0	0	0 7.00
8.00	NURSING FACILITY	0	0	0	0	0 8.00
9.00	HOME HEALTH AGENCY I	0	0	0	0	0 9.00
10.00	RURAL HEALTH CLINIC I	0	0	0	0	0 10.00
11.00	FEDERALLY QUALIFIED HEALTH CENTER I	0	0	0	0	0 11.00
12.00	CMHC I	0	0	0	0	0 12.00
200.00	Total	0	-3,650	106	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.

		1.00	2.00	3.00	4.00					
Hospital and Hospital Health Care Complex Address:										
1.00	Street: 300 RANDALL ROAD	PO Box:		Zip Code: 60134		County: KANE			1.00	
2.00	City: GENEVA	State: IL							2.00	
		Component Name	CCN Number	CBSA Number	Provider Type	Date Certified	Payment System (P, T, O, or N)			
							V	XVIII	XIX	
		1.00	2.00	3.00	4.00	5.00	6.00	7.00	8.00	
Hospital and Hospital-Based Component Identification:										
3.00	Hospital	DELNOR-COMMUNITY HOSPITAL	140211	16974	1	07/01/1966	N	P	O	3.00
4.00	Subprovider - IPF									4.00
5.00	Subprovider - IRF									5.00
6.00	Subprovider - (Other)									6.00
7.00	Swing Beds - SNF						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									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)					2		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.					N	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.					1		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 days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	1,784	0	0	0	0	0		24.00	
25.00	If this provider is an IRF, enter the in-state Medicaid paid days in col. 1, the in-state Medicaid eligible 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.	0	0	0	0	0	0		25.00	
						Urban/Rural S	Date of Geogr			
						1.00	2.00			
26.00	Enter your standard geographic classification (not wage) status at the beginning of the cost reporting period. Enter (1) for urban or (2) for rural.					1		26.00		
27.00	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		

		Beginning:	Ending:	
		1.00	2.00	
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

		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.	N			56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "Y" for yes or "N" for no in column 2. If column 2 is "Y", complete Worksheet E-4. If column 2 is "N", complete Worksheet D, Part III & IV and D-2, Part II, if applicable.				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N			58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N			59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N			60.00

		Y/N	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
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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	

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.					
64.00	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	0.00	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

		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	
Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010							
66.00	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)			0.00	0.00	0.000000	66.00
		Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))	
		1.00	2.00	3.00	4.00	5.00	

	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	
					1.00	2.00	3.00
Inpatient Psychiatric Facility PPS							
70.00	Is this facility an Inpatient Psychiatric Facility (IPF), or does it contain an IPF subprovider? Enter "Y" for yes or "N" for no.			N		70.00	
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	71.00	
Inpatient Rehabilitation Facility PPS							
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.			N		75.00	
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)				0	76.00	
					1.00		
Long Term Care Hospital PPS							
80.00	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	N	91.00	
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.				N	92.00	
93.00	Does this facility operate an ICF\MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.			N	N	93.00	

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		V	XIX		
		1.00	2.00		
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N	N		94.00
95.00	If line 94 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		95.00
96.00	Does title V or XIX reduce operating cost? Enter "Y" for yes or "N" for no in the applicable column.	N	N		96.00
97.00	If line 96 is "Y", enter the reduction percentage in the applicable column.	0.00	0.00		97.00
Rural Providers					
105.00	Does this hospital qualify as a Critical Access Hospital (CAH)?	N			105.00
106.00	If this facility qualifies as a CAH, has it elected the all-inclusive method of payment for outpatient services? (see instructions)	N			106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on Worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete Worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)	N			107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N			108.00
		Physical 1.00	Occupational 2.00	Speech 3.00	Respiratory 4.00
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.	N	N	N	N
		1.00	2.00	3.00	
Miscellaneous Cost Reporting Information					
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.			N	0
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.			N	116.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.			N	117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.			1	118.00
		Premiums 1.00	Losses 2.00	Insurance 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.	2,000,000	3,000,000		0
		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	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

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		Y/N	Date	
		1.00	2.00	
General Instruction: Enter Y for all YES responses. Enter N for all NO responses. Enter all dates in the mm/dd/yyyy format.				
COMPLETED BY ALL HOSPITALS				
Provider Organization and Operation				
1.00	Has the provider changed ownership immediately prior to the beginning of the cost reporting period? If yes, enter the date of the change in column 2. (see instructions)	N		1.00
		Y/N	Date	V/I
		1.00	2.00	3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	Y		3.00
		Y/N	Type	Date
		1.00	2.00	3.00
Financial Data and Reports				
4.00	Column 1: Were the financial statements prepared by a Certified Public Accountant? Column 2: If yes, enter "A" for Audited, "C" for Compiled, or "R" for Reviewed. Submit complete copy or enter date available in column 3. (see instructions) If no, see instructions.	Y	A	4.00
5.00	Are the cost report total expenses and total revenues different from those on the filed financial statements? If yes, submit reconciliation.	N		5.00
		Y/N	Legal Oper.	
		1.00	2.00	
Approved Educational Activities				
6.00	Column 1: Are costs claimed for nursing school? Column 2: If yes, is the provider is the legal operator of the program?	N		6.00
7.00	Are costs claimed for Allied Health Programs? If "Y" see instructions.	N		7.00
8.00	Were nursing school and/or allied health programs approved and/or renewed during the cost reporting period? If yes, see instructions.	N		8.00
9.00	Are costs claimed for Intern-Resident programs claimed on the current cost report? If yes, see instructions.	N		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
		Y/N		
		1.00		
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.	N		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
		Y/N		
		1.00		
PS&R Data				
		Y/N	Date	
		1.00	2.00	
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	11/05/2012	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

	Description	Part A			
		Y/N	Date		
	0	1.00	2.00		
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 relifed for Medicare purposes? If yes, see instructions	N			22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.	N			23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions	N			24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.	N			25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.	N			26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.	N			27.00
Interest Expense					
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.	N			28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions	N			29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions.	N			30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.	N			31.00
Purchased Services					
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.	N			32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.				33.00
Provider-Based Physicians					
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.	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.				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.	JENNIFER	STOGENTIN		41.00
42.00	Enter the employer/company name of the cost report preparer.	CADENCE HEALTH			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	630-933-6340	JENNIFER.STOGENTIN@CADENCEHEALTH.ORG		43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	Was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	N		16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	Y	11/05/2012	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.	DIRECTOR OF CORPORATE FINANCE		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

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	139	50,874	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)		139	50,874	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	20	7,320	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					13.00
14.00 Total (see instructions)		159	58,194	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
26.00 RURAL HEALTH CLINIC					26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER					26.25
27.00 Total (sum of lines 14-26)		159			27.00
28.00 Observation Bed Days					28.00
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

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	12,088	1,551	24,276	1.00
2.00 HMO		2	0		2.00
3.00 HMO IPF		0	0		3.00
4.00 HMO IRF		0	0		4.00
5.00 Hospital Adults & Peds. Swing Bed SNF	0	0	0	0	5.00
6.00 Hospital Adults & Peds. Swing Bed NF	0		0	0	6.00
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	12,088	1,551	24,276	7.00
8.00 INTENSIVE CARE UNIT	0	2,165	233	4,197	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY					13.00
14.00 Total (see instructions)	0	14,253	1,784	28,473	14.00
15.00 CAH visits	0	0	0	0	15.00
16.00 SUBPROVIDER - IPF					16.00
17.00 SUBPROVIDER - IRF					17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY					19.00
20.00 NURSING FACILITY					20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY					22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC					25.00
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	3,455	28.00
29.00 Ambulance Trips		0			29.00
30.00 Employee discount days (see instruction)				0	30.00
31.00 Employee discount days - IRF				0	31.00
32.00 Labor & delivery days (see instructions)			0	0	32.00
33.00 LTCH non-covered days		0			33.00

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	3,489	1.00
2.00 HMO					1	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)	0.00	939.91	0.00	0	3,489	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF						16.00
17.00 SUBPROVIDER - IRF						17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY						19.00
20.00 NURSING FACILITY						20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY						22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC						25.00
26.00 RURAL HEALTH CLINIC						26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER						26.25
27.00 Total (sum of lines 14-26)	0.00	939.91	0.00			27.00
28.00 Observation Bed Days						28.00
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

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)	529	8,079	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)	529	8,079	14.00
15.00 CAH visits			15.00
16.00 SUBPROVIDER - IPF			16.00
17.00 SUBPROVIDER - IRF			17.00
18.00 SUBPROVIDER			18.00
19.00 SKILLED NURSING FACILITY			19.00
20.00 NURSING FACILITY			20.00
21.00 OTHER LONG TERM CARE			21.00
22.00 HOME HEALTH AGENCY			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)			23.00
24.00 HOSPICE			24.00
25.00 CMHC - CMHC			25.00
26.00 RURAL HEALTH CLINIC			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER			26.25
27.00 Total (sum of lines 14-26)			27.00
28.00 Observation Bed Days			28.00
29.00 Ambulance Trips			29.00
30.00 Employee discount days (see instruction)			30.00
31.00 Employee discount days - IRF			31.00
32.00 Labor & delivery days (see instructions)			32.00
33.00 LTCH non-covered days			33.00

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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	64,620,862	0	64,620,862	1,965,823.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00
3.00	Non-physician anesthetist Part B		1,670,351	0	1,670,351	18,012.00
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		133,054	0	133,054	3,002.00
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)		0	0	0	0.00
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)		549,746	0	549,746	6,549.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,335,360	0	1,335,360	21,993.00
12.00	Contract management and administrative services		0	0	0	0.00
13.00	Contract labor: Physician-Part A - Administrative		523,590	0	523,590	4,178.00
14.00	Home office salaries & wage-related costs		0	0	0	0.00
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		17,784,805	0	17,784,805	17.00
18.00	Wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	18.00
19.00	Excluded areas		95,737	0	95,737	19.00
20.00	Non-physician anesthetist Part A		0	0	0	20.00
21.00	Non-physician anesthetist Part B		201,636	0	201,636	21.00
22.00	Physician Part A - Administrative		0	0	0	22.00
22.01	Physician Part A - Teaching		0	0	0	22.01
23.00	Physician Part B		33,606	0	33,606	23.00
24.00	Wage-related costs (RHC/FQHC)		0	0	0	24.00
25.00	Interns & residents (in an approved program)		0	0	0	25.00
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	3,407,908	0	3,407,908	38,949.00
27.00	Administrative & General	5.00	12,749,464	0	12,749,464	367,473.00
28.00	Administrative & General under contract (see inst.)		1,123,125	0	1,123,125	15,060.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00
30.00	Operation of Plant	7.00	525,704	0	525,704	18,647.00
31.00	Laundry & Linen Service	8.00	14,518	0	14,518	1,286.00
32.00	Housekeeping	9.00	1,090,677	0	1,090,677	81,021.00
33.00	Housekeeping under contract (see instructions)		1,396,345	0	1,396,345	32,665.00
34.00	Dietary	10.00	1,016,881	-712,855	304,026	20,807.00
35.00	Dietary under contract (see instructions)		373,754	0	373,754	5,951.00
36.00	Cafeteria	11.00	0	712,855	712,855	48,788.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00
38.00	Nursing Administration	13.00	1,543,585	0	1,543,585	42,581.00
39.00	Central Services and Supply	14.00	0	0	0	0.00
40.00	Pharmacy	15.00	1,841,695	0	1,841,695	44,093.00
41.00	Medical Records & Medical Records Library	16.00	1,251,588	0	1,251,588	61,460.00
42.00	Social Service	17.00	0	0	0	0.00
43.00	Other General Service	18.00	0	0	0	0.00

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	32.87	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	92.74	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	44.32	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)	0.00	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)	83.94	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	60.72	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	125.32	13.00
14.00	Home office salaries & wage-related costs	0.00	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	87.50	26.00
27.00	Administrative & General	34.69	27.00
28.00	Administrative & General under contract (see inst.)	74.58	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	28.19	30.00
31.00	Laundry & Linen Service	11.29	31.00
32.00	Housekeeping	13.46	32.00
33.00	Housekeeping under contract (see instructions)	42.75	33.00
34.00	Dietary	14.61	34.00
35.00	Dietary under contract (see instructions)	62.81	35.00
36.00	Cafeteria	14.61	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	36.25	38.00
39.00	Central Services and Supply	0.00	39.00
40.00	Pharmacy	41.77	40.00
41.00	Medical Records & Medical Records Library	20.36	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

	Worksheet A Line Number	Amount Reported	Reclassificat ion 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)	65,710,681	0	65,710,681	1,998,485.00	1.00
2.00	Excluded area salaries (see instructions)	549,746	0	549,746	6,549.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	65,160,935	0	65,160,935	1,991,936.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	1,858,950	0	1,858,950	26,171.00	4.00
5.00	Subtotal wage-related costs (see inst.)	17,784,805	0	17,784,805	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	84,804,690	0	84,804,690	2,018,107.00	6.00
7.00	Total overhead cost (see instructions)	26,335,244	0	26,335,244	778,781.00	7.00

		Average Hourly Wage (col. 4 ÷ col. 5)	
		6.00	
PART III - HOSPITAL WAGE INDEX SUMMARY			
1.00	Net salaries (see instructions)	32.88	1.00
2.00	Excluded area salaries (see instructions)	83.94	2.00
3.00	Subtotal salaries (line 1 minus line 2)	32.71	3.00
4.00	Subtotal other wages & related costs (see inst.)	71.03	4.00
5.00	Subtotal wage-related costs (see inst.)	27.29	5.00
6.00	Total (sum of lines 3 thru 5)	42.02	6.00
7.00	Total overhead cost (see instructions)	33.82	7.00

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401k Employer Contributions	445,860	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	1,552,640	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	9,618,479	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	443,575	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	77,025	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)	344,166	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'Workers' Compensation Insurance	0	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	4,197,802	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	731,297	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	441,450	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	17,852,294	24.00
Part B - Other than Core Related Cost			
25.00	OTHER WAGE RELATED COSTS (SPECIFY)	0	25.00

HOSPITAL CONTRACT LABOR AND BENEFIT COST

Provider CCN: 140211

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

Worksheet S-3
Part V
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	2,458,486	0	1.00
2.00	Hospital	2,458,486	0	2.00
3.00	Subprovider - IPF			3.00
4.00	Subprovider - IRF			4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF			8.00
9.00	Hospital-Based NF			9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA			11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC			14.00
15.00	Hospital-Based Health Clinic FQHC			15.00
16.00	Hospital-Based-CMHC			16.00
17.00	Renal Dialysis			17.00
18.00	Other	0	0	18.00

		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)	0.239695	1.00		
Medicaid (see instructions for each line)					
2.00	Net revenue from Medicaid	7,403,106	2.00		
3.00	Did you receive DSH or supplemental payments from Medicaid?	N	3.00		
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?		4.00		
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	0	5.00		
6.00	Medicaid charges	43,532,944	6.00		
7.00	Medicaid cost (line 1 times line 6)	10,434,629	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)	3,031,523	8.00		
State Children's Health Insurance Program (SCHIP) (see instructions for each line)					
9.00	Net revenue from stand-alone SCHIP	132,938	9.00		
10.00	Stand-alone SCHIP charges	1,623,592	10.00		
11.00	Stand-alone SCHIP cost (line 1 times line 10)	389,167	11.00		
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	256,229	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)	3,287,752	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	7,628,213	25,318,626	32,946,839	20.00
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	1,828,445	6,068,748	7,897,193	21.00
22.00	Partial payment by patients approved for charity care	61,340	572,463	633,803	22.00
23.00	Cost of charity care (line 21 minus line 22)	1,767,105	5,496,285	7,263,390	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)			12,883,541	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)			0	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)			12,883,541	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)			3,088,120	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)			10,351,510	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)			13,639,262	31.00

Cost Center Description		Salaries	Other	Total (col. 1 + col. 2)	Reclassifications (See A-6)	Reclassified Trial Balance (col. 3 + col. 4)	
		1.00	2.00	3.00	4.00	5.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT		13,576,269	13,576,269	0	13,576,269	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP		6,185,597	6,185,597	0	6,185,597	2.00
4.00	00400 EMPLOYEE BENEFITS	3,407,908	17,836,900	21,244,808	49,665	21,294,473	4.00
5.01	00510 NONPATIENT TELEPHONES	337,023	239,186	576,209	0	576,209	5.01
5.02	00511 IS	488,658	2,922,162	3,410,820	0	3,410,820	5.02
5.03	00512 PURCHASING	454,794	134,228	589,022	0	589,022	5.03
5.04	00513 PT REG	2,180,199	161,028	2,341,227	126,649	2,467,876	5.04
5.05	00514 PT ACCTS	1,040,733	1,833,806	2,874,539	153,173	3,027,712	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	8,248,057	19,368,046	27,616,103	-1,489,491	26,126,612	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	525,704	7,893,423	8,419,127	0	8,419,127	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	14,518	515,249	529,767	0	529,767	8.00
9.00	00900 HOUSEKEEPING	1,090,677	391,756	1,482,433	0	1,482,433	9.00
10.00	01000 DIETARY	1,016,881	1,137,807	2,154,688	-1,510,736	643,952	10.00
11.00	01100 CAFETERIA	0	0	0	1,510,736	1,510,736	11.00
13.00	01300 NURSING ADMINISTRATION	1,543,585	64,849	1,608,434	0	1,608,434	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	1,841,695	71,574	1,913,269	0	1,913,269	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	1,251,588	768,004	2,019,592	0	2,019,592	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	12,426,612	2,410,564	14,837,176	0	14,837,176	30.00
31.00	03100 INTENSIVE CARE UNIT	2,937,557	163,516	3,101,073	0	3,101,073	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	2,633,828	3,133,867	5,767,695	0	5,767,695	50.00
51.00	05100 RECOVERY ROOM	737,721	44,482	782,203	0	782,203	51.00
53.00	05300 ANESTHESIOLOGY	1,707,964	182,939	1,890,903	0	1,890,903	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,541,900	459,258	3,001,158	317,208	3,318,366	54.00
54.01	03630 ULTRA SOUND	664,966	13,334	678,300	0	678,300	54.01
54.02	03480 NUCLEAR ONCOLOGY	201,494	229,898	431,392	0	431,392	54.02
56.00	05600 RADIOISOTOPE	267,416	445,368	712,784	0	712,784	56.00
57.00	05700 CT SCAN	687,801	106,425	794,226	0	794,226	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	442,046	51,746	493,792	0	493,792	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,428,986	433,608	1,862,594	0	1,862,594	59.00
60.00	06000 LABORATORY	2,218,233	3,946,078	6,164,311	93,596	6,257,907	60.00
64.00	06400 INTRAVENOUS THERAPY	1,327,377	100,322	1,427,699	0	1,427,699	64.00
65.00	06500 RESPIRATORY THERAPY	1,012,707	50,035	1,062,742	0	1,062,742	65.00
66.00	06600 PHYSICAL THERAPY	2,922,974	129,382	3,052,356	297,390	3,349,746	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	755,057	1,528,931	2,283,988	0	2,283,988	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,456,142	7,456,142	0	7,456,142	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,593,699	4,593,699	0	4,593,699	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,602,331	8,602,331	0	8,602,331	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1,402,812	171,155	1,573,967	0	1,573,967	75.00
75.01	07501 LITHOTRIPSY	0	292,026	292,026	0	292,026	75.01
76.97	07697 CARDIAC REHABILITATION	293,519	7,589	301,108	271,743	572,851	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.03	04950 GENETIC TESTING	62,666	3,995	66,661	0	66,661	90.03
90.04	04951 CHRONIC PAIN CLINIC	155,932	12,947	168,879	119,503	288,382	90.04
90.05	04952 DIABETES EDUCATION	244,043	3,918	247,961	38,650	286,611	90.05
90.06	04953 WOUND CARE	296,434	21,500	317,934	21,914	339,848	90.06
90.07	04954 SLEEP LAB	0	620,406	620,406	0	620,406	90.07
91.00	09100 EMERGENCY	3,259,051	1,210,706	4,469,757	0	4,469,757	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400 UTILIZATION REVIEW - SNF	0	0	0	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	64,071,116	109,526,051	173,597,167	0	173,597,167	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	118,588	151,430	270,018	0	270,018	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	431,158	32,068	463,226	0	463,226	192.00
192.01	19201 HOME HEALTH AGENCY	0	15,273	15,273	0	15,273	192.01
200.00	TOTAL (SUM OF LINES 118-199)	64,620,862	109,724,822	174,345,684	0	174,345,684	200.00

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	-6,434,011	7,142,258	1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP	0	6,185,597	2.00
4.00	00400 EMPLOYEE BENEFITS	-479,142	20,815,331	4.00
5.01	00510 NONPATIENT TELEPHONES	-288,980	287,229	5.01
5.02	00511 IS	0	3,410,820	5.02
5.03	00512 PURCHASING	0	589,022	5.03
5.04	00513 PT REG	0	2,467,876	5.04
5.05	00514 PT ACCTS	-200	3,027,512	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	-6,559,590	19,567,022	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	6.00
7.00	00700 OPERATION OF PLANT	-293,734	8,125,393	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	529,767	8.00
9.00	00900 HOUSEKEEPING	0	1,482,433	9.00
10.00	01000 DIETARY	-590,002	53,950	10.00
11.00	01100 CAFETERIA	0	1,510,736	11.00
13.00	01300 NURSING ADMINISTRATION	-55,834	1,552,600	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	14.00
15.00	01500 PHARMACY	-1,045	1,912,224	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-380,433	1,639,159	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-1,490,012	13,347,164	30.00
31.00	03100 INTENSIVE CARE UNIT	0	3,101,073	31.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	5,767,695	50.00
51.00	05100 RECOVERY ROOM	0	782,203	51.00
53.00	05300 ANESTHESIOLOGY	-1,670,351	220,552	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	3,318,366	54.00
54.01	03630 ULTRA SOUND	0	678,300	54.01
54.02	03480 NUCLEAR ONCOLOGY	-47,658	383,734	54.02
56.00	05600 RADIOISOTOPE	0	712,784	56.00
57.00	05700 CT SCAN	0	794,226	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	493,792	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	1,862,594	59.00
60.00	06000 LABORATORY	-238,244	6,019,663	60.00
64.00	06400 INTRAVENOUS THERAPY	0	1,427,699	64.00
65.00	06500 RESPIRATORY THERAPY	0	1,062,742	65.00
66.00	06600 PHYSICAL THERAPY	-27,817	3,321,929	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	-1,470,140	813,848	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	7,456,142	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	4,593,699	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	8,602,331	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	1,573,967	75.00
75.01	07501 LITHOTRIPSY	0	292,026	75.01
76.97	07697 CARDIAC REHABILITATION	79,981	652,832	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00	09000 CLINIC	0	0	90.00
90.03	04950 GENETIC TESTING	0	66,661	90.03
90.04	04951 CHRONIC PAIN CLINIC	0	288,382	90.04
90.05	04952 DIABETES EDUCATION	-23,934	262,677	90.05
90.06	04953 WOUND CARE	0	339,848	90.06
90.07	04954 SLEEP LAB	0	620,406	90.07
91.00	09100 EMERGENCY	-1,013,220	3,456,537	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	92.00
SPECIAL PURPOSE COST CENTERS				
114.00	11400 UTILIZATION REVIEW - SNF	0	0	114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	-20,984,366	152,612,801	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	270,018	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	463,226	192.00
192.01	19201 HOME HEALTH AGENCY	0	15,273	192.01
200.00	TOTAL (SUM OF LINES 118-199)	-20,984,366	153,361,318	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - SHARED DIETARY COSTS					
1.00	CAFETERIA	11.00	712,855	797,881	1.00
	TOTALS		712,855	797,881	
B - EMPLOYEE MAMMOGRAM EXPENSE					
1.00	EMPLOYEE BENEFITS	4.00	0	49,665	1.00
	TOTALS		0	49,665	
C - SPACE RENTAL ALLOCATION					
1.00	LABORATORY	60.00	0	93,596	1.00
2.00	WOUND CARE	90.06	0	21,914	2.00
3.00	RADIOLOGY-DIAGNOSTIC	54.00	0	366,873	3.00
4.00	PHYSICAL THERAPY	66.00	0	297,390	4.00
5.00	CARDIAC REHABILITATION	76.97	0	271,743	5.00
6.00	PT REG	5.04	0	126,649	6.00
7.00	PT ACCTS	5.05	0	153,173	7.00
8.00	DIABETES EDUCATION	90.05	0	38,650	8.00
9.00	CHRONIC PAIN CLINIC	90.04	0	119,503	9.00
	TOTALS		0	1,489,491	
500.00	Grand Total: Increases		712,855	2,337,037	500.00

		Decreases					
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
	A - SHARED DIETARY COSTS						
1.00	DIETARY	10.00	712,855	797,881	0		1.00
	TOTALS		712,855	797,881			
	B - EMPLOYEE MAMMOGRAM EXPENSE						
1.00	RADIOLOGY-DIAGNOSTIC	54.00	0	49,665	0		1.00
	TOTALS		0	49,665			
	C - SPACE RENTAL ALLOCATION						
1.00	OTHER ADMINISTRATIVE AND GENERAL	5.06	0	1,489,491	0		1.00
2.00		0.00	0	0	0		2.00
3.00		0.00	0	0	0		3.00
4.00		0.00	0	0	0		4.00
5.00		0.00	0	0	0		5.00
6.00		0.00	0	0	0		6.00
7.00		0.00	0	0	0		7.00
8.00		0.00	0	0	0		8.00
9.00		0.00	0	0	0		9.00
	TOTALS		0	1,489,491			
500.00	Grand Total: Decreases		712,855	2,337,037			500.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140211

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/16/2012 9:51 am

	Beginning Balances	Acquisitions			Disposals and Retirements		
		Purchases	Donation	Total			
		1.00	2.00	3.00			4.00
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	461,057	0	0	0	0	1.00
2.00	Land Improvements	10,804,341	17,866	0	17,866	0	2.00
3.00	Buildings and Fixtures	159,871,183	0	0	0	268,477	3.00
4.00	Building Improvements	0	0	0	0	0	4.00
5.00	Fixed Equipment	1,667,674	0	0	0	6,225	5.00
6.00	Movable Equipment	71,246,977	16,628,326	0	16,628,326	0	6.00
7.00	HIT designated Assets	0	0	0	0	0	7.00
8.00	Subtotal (sum of lines 1-7)	244,051,232	16,646,192	0	16,646,192	274,702	8.00
9.00	Reconciling Items	0	0	0	0	0	9.00
10.00	Total (line 8 minus line 9)	244,051,232	16,646,192	0	16,646,192	274,702	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	7,142,258	0	6,434,011	0	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	6,185,597	0	0	0	0	2.00
3.00	Total (sum of lines 1-2)	13,327,855	0	6,434,011	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	172,547,419	0	172,547,419	0.662567	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	87,875,303	0	87,875,303	0.337433	0	2.00
3.00	Total (sum of lines 1-2)	260,422,722	0	260,422,722	1.000000	0	3.00

		Ending Balance	Fully Depreciated Assets				
		6.00	7.00				
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES							
1.00	Land	461,057	0		1.00		
2.00	Land Improvements	10,822,207	0		2.00		
3.00	Buildings and Fixtures	159,602,706	0		3.00		
4.00	Building Improvements	0	0		4.00		
5.00	Fixed Equipment	1,661,449	0		5.00		
6.00	Movable Equipment	87,875,303	0		6.00		
7.00	HIT designated Assets	0	0		7.00		
8.00	Subtotal (sum of lines 1-7)	260,422,722	0		8.00		
9.00	Reconciling Items	0	0		9.00		
10.00	Total (line 8 minus line 9)	260,422,722	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	0	13,576,269		1.00		
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	6,185,597		2.00		
3.00	Total (sum of lines 1-2)	0	19,761,866		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	7,142,258	0	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	6,185,597	0	2.00
3.00	Total (sum of lines 1-2)	0	0	0	13,327,855	0	3.00

Cost Center Description	SUMMARY OF CAPITAL					Total (2) (sum of cols. 9 through 14)	
	Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Relat ed Costs (see instructions)			
	11.00	12.00	13.00	14.00	15.00		
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	NEW CAP REL COSTS-BLDG & FIXT	0	0	0	0	7,142,258	1.00
2.00	NEW CAP REL COSTS-MVBLE EQUIP	0	0	0	0	6,185,597	2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	13,327,855	3.00

1.00	Cost Center Description	Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted	
				Cost Center	Line #
				3.00	4.00
1.00	Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)			NEW CAP REL COSTS-BLDG & FIXT	1.00 1.00
2.00	Investment income - NEW CAP REL COSTS-MVBLE EQUIP (chapter 2)			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)		0		0.00 4.00
5.00	Refunds and rebates of expenses (chapter 8)		0		0.00 5.00
6.00	Rental of provider space by suppliers (chapter 8)		0		0.00 6.00
7.00	Telephone services (pay stations excluded) (chapter 21)	A	-144,094	NONPATIENT TELEPHONES	5.01 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	-6,082,770		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	-49,603		12.00
13.00	Laundry and linen service		0		0.00 13.00
14.00	Cafeteria-employees and guests	B	-579,127	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	-1,045	PHARMACY	15.00 17.00
18.00	Sale of medical records and abstracts	B	-3,223	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	-10,875	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	UTILIZATION REVIEW - SNF	114.00 25.00
26.00	Depreciation - NEW CAP REL COSTS-BLDG & FIXT			NEW CAP REL COSTS-BLDG & FIXT	1.00 26.00
27.00	Depreciation - NEW CAP REL COSTS-MVBLE EQUIP			NEW CAP REL COSTS-MVBLE EQUIP	2.00 27.00
28.00	Non-physician Anesthetist		0	NONPHYSICIAN ANESTHETISTS	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	POOL THERAPY	B	-1,959	PHYSICAL THERAPY	66.00 33.00
33.01	OB CLASSES	B	-37,179	ADULTS & PEDIATRICS	30.00 33.01
33.02	MISC INCOME	B	-14,556	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.02
33.03	MISC INCOME	B	-96,228	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.03
33.04	MISC INCOME	B	-33,915	NURSING ADMINISTRATION	13.00 33.04
33.05	MISC INCOME	B	-200	PT ACCTS	5.05 33.05
33.06	MISC INCOME	B	-377,210	MEDICAL RECORDS & LIBRARY	16.00 33.06
33.07	MISC INCOME	B	-113,604	NONPATIENT TELEPHONES	5.01 33.07
33.08	RENTAL INCOME	B	-21,919	NURSING ADMINISTRATION	13.00 33.08
33.09	RENTAL INCOME	B	-82,497	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.09
33.10	ADVERT PRINT & PROMOS	A	-1,504	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.10
33.11	INTEREST INCOME	B	-6,434,011	NEW CAP REL COSTS-BLDG & FIXT	1.00 33.11

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
33.12 CARDIAC REHAB MISC INCOME	B	-1,025	CARDIAC REHABILITATION	76.97 33.12
33.13 CRNA BENEFITS A/E 5	A	-356,870	EMPLOYEE BENEFITS	4.00 33.13
33.14 LOBBYING DUES	A	-33,394	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.14
33.15 COMMUNITY ED	A	-171	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.15
33.16 PHYSICIAN FINDERS	A	-31,282	NONPATIENT TELEPHONES	5.01 33.16
33.17 PHYSICIAN FINDERS PR TAXES	A	-2,393	EMPLOYEE BENEFITS	4.00 33.17
33.18 MISC COSTS NRPC	A	-22,543	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.18
33.19 OTHER REVENUE	B	-279,134	OPERATION OF PLANT	7.00 33.19
33.20 OTHER REVENUE	B	-14,600	OPERATION OF PLANT	7.00 33.20
33.21 OTHER REVENUE	B	-102,038	EMPLOYEE BENEFITS	4.00 33.21
33.22 OTHER REVENUE	B	-8,033	EMPLOYEE BENEFITS	4.00 33.22
33.23 PROVIDER TAX GL 9300.9222	A	-3,685,307	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.23
33.24 HEALTH RIDE	A	-118,993	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.24
33.25 PHYS LOAN FORGIVENESS GL 9883.9769	A	-1,845,430	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.25
33.26 FEDERAL INCOME TAX	A	-189,364	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.26
33.27 ER TRAUMA	B	-167,360	EMERGENCY	91.00 33.27
33.28 MISC ACTIVITY INCOME	B	-5,155	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.28
33.29 TELEPHONE EMPLOYEE BENEFIT	A	-3,222	EMPLOYEE BENEFITS	4.00 33.29
33.30 TRAUMA SERVICES - CONTRIBUTIONS, GRA	A	-32,710	EMERGENCY	91.00 33.30
33.31 ADMINISTRATION MISC INCOME	B	177	OTHER ADMINISTRATIVE AND GENERAL	5.06 33.31
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-20,984,366		50.00

Cost Center Description	Wkst. A-7		
	Ref. 5.00		
1.00 Investment income - NEW CAP REL COSTS-BLDG & FIXT (chapter 2)	0		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 POOL THERAPY	0		33.00
33.01 OB CLASSES	0		33.01
33.02 MISC INCOME	0		33.02
33.03 MISC INCOME	0		33.03
33.04 MISC INCOME	0		33.04
33.05 MISC INCOME	0		33.05
33.06 MISC INCOME	0		33.06
33.07 MISC INCOME	0		33.07
33.08 RENTAL INCOME	0		33.08
33.09 RENTAL INCOME	0		33.09
33.10 ADVERT PRINT & PROMOS	0		33.10
33.11 INTEREST INCOME	11		33.11
33.12 CARDIAC REHAB MISC INCOME	0		33.12
33.13 CRNA BENEFITS AJE 5	0		33.13
33.14 LOBBYING DUES	0		33.14
33.15 COMMUNITY ED	0		33.15
33.16 PHYSICIAN FINDERS	0		33.16
33.17 PHYSICIAN FINDERS PR TAXES	0		33.17
33.18 MISC COSTS NRPC	0		33.18
33.19 OTHER REVENUE	0		33.19
33.20 OTHER REVENUE	0		33.20
33.21 OTHER REVENUE	0		33.21
33.22 OTHER REVENUE	0		33.22
33.23 PROVIDER TAX GL 9300.9222	0		33.23
33.24 HEALTH RIDE	0		33.24
33.25 PHYS LOAN FORGIVENESS GL 9883.9769	0		33.25

Cost Center Description		Wkst. A-7 Ref.	
		5.00	
33.26	FEDERAL INCOME TAX	0	33.26
33.27	ER TRAUMA	0	33.27
33.28	MISC ACTIVITY INCOME	0	33.28
33.29	TELEPHONE EMPLOYEE BENEFIT	0	33.29
33.30	TRAUMA SERVICES - CONTRIBUTIONS, GRA	0	33.30
33.31	ADMINISTRATION MISC INCOME	0	33.31
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to Worksheet A, column 6, line 200.)		50.00

	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		66.00 PHYSICAL THERAPY	RENTAL SPACE	1.00
2.00		76.97 CARDIAC REHABILITATION	RENTAL SPACE	2.00
3.00		5.06 OTHER ADMINISTRATIVE AND GENERAL	RENTAL SPACE-COMM ED	3.00
4.00		66.00 PHYSICAL THERAPY	RENTAL SPACE	4.00
4.01		90.05 DIABETES EDUCATION	RENTAL SPACE	4.01
4.02		5.06 OTHER ADMINISTRATIVE AND GENERAL	HOME OFFICE	4.02
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	B	DELCOM	100.00	6.00
7.00	B	CADENCE HEALTH	100.00	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.

	Amount of Allowable Cost	Amount Included in Wks. A, column 5	Net Adjustments (col. 4 minus col. 5)*	Wkst. A-7 Ref.	
	4.00	5.00	6.00	7.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:					
1.00	198,905	187,729	11,176	0	1.00
2.00	81,006	0	81,006	0	2.00
3.00	29,397	121,472	-92,075	0	3.00
4.00	18,395	44,171	-25,776	0	4.00
4.01	14,716	38,650	-23,934	0	4.01
4.02	5,710,806	5,710,806	0	0	4.02
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	6,053,225	6,102,828	-49,603	5.00

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

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

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

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

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

6.00	SYSTEM	100.00	SYSTEM	6.00
7.00	CADENCE HEALTH	100.00	HOME OFFICE	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.

	Wkst. A Line #	Cost Center/Physician Identifier	Total Remuneration	Professional Component	
	1.00	2.00	3.00	4.00	
1.00	4.00	EMPLOYEE BENEFITS	18,513	0	1.00
2.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	430,165	27,025	2.00
3.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	229,614	229,614	3.00
4.00	5.06	OTHER ADMINISTRATIVE AND GENERAL	13,500	13,500	4.00
5.00	30.00	ADULTS & PEDIATRICS	609,500	609,500	5.00
6.00	30.00	ADULTS & PEDIATRICS	843,333	843,333	6.00
7.00	54.02	NUCLEAR ONCOLOGY	72,193	255	7.00
8.00	91.00	EMERGENCY	813,150	813,150	8.00
9.00	60.00	LABORATORY	238,244	238,244	9.00
10.00	69.00	ELECTROCARDIOLOGY	1,470,140	1,470,140	10.00
11.00	66.00	PHYSICAL THERAPY	30,000	0	11.00
12.00	53.00	ANESTHESIOLOGY	1,670,351	1,670,351	12.00
200.00			6,438,703	5,915,112	200.00

	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	18,513	177,200	140	11,927	596	1.00
2.00	403,140	177,200	3,530	300,729	15,036	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	71,938	177,200	288	24,535	1,227	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	30,000	177,200	220	18,742	937	11.00
12.00	0	0	0	0	0	12.00
200.00	523,591		4,178	355,933	17,796	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140211

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

Worksheet A-8-2

Date/Time Prepared:
11/16/2012 9:51 am

	Cost of Memberships & Continuing Education 12.00	Provider Component Share of col. 12 13.00	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 14 15.00	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	11,927	1.00
2.00	0	0	0	0	300,729	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	24,535	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	18,742	11.00
12.00	0	0	0	0	0	12.00
200.00	0	0	0	0	355,933	200.00

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	6,586	6,586	1.00
2.00	102,411	129,436	2.00
3.00	0	229,614	3.00
4.00	0	13,500	4.00
5.00	0	609,500	5.00
6.00	0	843,333	6.00
7.00	47,403	47,658	7.00
8.00	0	813,150	8.00
9.00	0	238,244	9.00
10.00	0	1,470,140	10.00
11.00	11,258	11,258	11.00
12.00	0	1,670,351	12.00
200.00	167,658	6,082,770	200.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN:140211

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

Worksheet B
Part I
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	NONPATIENT TELEPHONES	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	7,142,258	7,142,258			1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP	6,185,597		6,185,597		2.00
4.00 00400	EMPLOYEE BENEFITS	20,815,331	35,128	1,494	20,851,953	4.00
5.01 00510	NONPATIENT TELEPHONES	287,229	8,540	0	118,026	5.01
5.02 00511	IS	3,410,820	162,238	1,271,183	171,129	5.02
5.03 00512	PURCHASING	589,022	200,027	10,356	159,270	5.03
5.04 00513	PT REG	2,467,876	45,894	5,016	763,510	5.04
5.05 00514	PT ACCTS	3,027,512	23,153	422,841	364,467	5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	19,567,022	395,457	0	2,888,486	5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	6.00
7.00 00700	OPERATION OF PLANT	8,125,393	201,866	106,684	184,103	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	529,767	45,434	0	5,084	8.00
9.00 00900	HOUSEKEEPING	1,482,433	83,490	1,950	381,957	9.00
10.00 01000	DIETARY	53,950	209,075	8,739	106,471	10.00
11.00 01100	CAFETERIA	1,510,736	0	0	249,643	11.00
13.00 01300	NURSING ADMINISTRATION	1,552,600	44,491	79,840	540,567	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	14.00
15.00 01500	PHARMACY	1,912,224	62,394	272,759	644,965	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,639,159	66,240	43,196	438,309	16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	13,347,164	2,531,570	744,726	4,351,839	30.00
31.00 03100	INTENSIVE CARE UNIT	3,101,073	353,725	88,726	1,028,738	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	5,767,695	548,599	710,632	922,372	50.00
51.00 05100	RECOVERY ROOM	782,203	43,523	142,769	258,351	51.00
53.00 05300	ANESTHESIOLOGY	220,552	25,886	99,066	13,172	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	3,318,366	287,170	318,786	890,178	54.00
54.01 03630	ULTRA SOUND	678,300	6,435	38,113	232,872	54.01
54.02 03480	NUCLEAR ONCOLOGY	383,734	0	0	70,564	54.02
56.00 05600	RADIOISOTOPE	712,784	20,467	67,950	93,650	56.00
57.00 05700	CT SCAN	794,226	28,257	115,785	240,869	57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	493,792	43,547	26,531	154,805	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,862,594	410,360	393,512	500,434	59.00
60.00 06000	LABORATORY	6,019,663	219,648	459,779	776,830	60.00
64.00 06400	INTRAVENOUS THERAPY	1,427,699	79,740	195,565	464,850	64.00
65.00 06500	RESPIRATORY THERAPY	1,062,742	64,305	37,688	354,652	65.00
66.00 06600	PHYSICAL THERAPY	3,321,929	34,935	27,998	1,023,631	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	813,848	96,554	205,479	264,422	69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	7,456,142	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	4,593,699	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	8,602,331	0	0	0	73.00
75.00 07500	ASC (NON-DISTINCT PART)	1,573,967	182,197	155,069	491,268	75.00
75.01 07501	LITHOTRIPSY	292,026	4,645	219	0	75.01
76.97 07697	CARDIAC REHABILITATION	652,832	0	0	102,791	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	90.00
90.03 04950	GENETIC TESTING	66,661	0	0	21,946	90.03
90.04 04951	CHRONIC PAIN CLINIC	288,382	0	24,113	54,608	90.04
90.05 04952	DIABETES EDUCATION	262,677	0	156	85,464	90.05
90.06 04953	WOUND CARE	339,848	0	1,949	103,812	90.06
90.07 04954	SLEEP LAB	620,406	31,548	12,594	0	90.07
91.00 09100	EMERGENCY	3,456,537	495,592	39,060	1,141,326	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	152,612,801	7,092,130	6,130,323	20,659,431	405,466 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	270,018	40,451	0	41,530	379 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	463,226	9,677	48,751	150,992	2,082 192.00
192.01 19201	HOME HEALTH AGENCY	15,273	0	6,523	0	5,868 192.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers		0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	153,361,318	7,142,258	6,185,597	20,851,953	413,795 202.00

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Cost Center Description		IS	PURCHASING	PT REG	PT ACCTS	Subtotal	
		5.02	5.03	5.04	5.05	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 NONPATIENT TELEPHONES						5.01
5.02	00511 IS	5,030,892					5.02
5.03	00512 PURCHASING	70	965,370				5.03
5.04	00513 PT REG	0	1,422	3,299,808			5.04
5.05	00514 PT ACCTS	0	224	0	3,851,069		5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	0	5,848	0	0	22,903,379	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	0	2,028	0	0	8,634,650	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	2,755	0	0	583,229	8.00
9.00	00900 HOUSEKEEPING	0	8,840	0	0	1,961,320	9.00
10.00	01000 DIETARY	0	2,165	0	0	382,672	10.00
11.00	01100 CAFETERIA	0	0	0	0	1,760,379	11.00
13.00	01300 NURSING ADMINISTRATION	6,974	330	0	0	2,233,131	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	0	1,547	0	0	2,898,621	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	289	667	0	0	2,223,258	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	171,852	28,080	367,874	429,356	22,043,066	30.00
31.00	03100 INTENSIVE CARE UNIT	9,267	4,755	89,213	104,123	4,788,327	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	114,819	63,536	225,008	262,613	8,628,903	50.00
51.00	05100 RECOVERY ROOM	43,082	1,425	31,806	37,122	1,342,174	51.00
53.00	05300 ANESTHESIOLOGY	744,396	6,042	11,645	13,591	1,136,811	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	140,372	2,746	139,617	162,950	5,280,818	54.00
54.01	03630 ULTRA SOUND	18,291	397	73,201	85,435	1,133,801	54.01
54.02	03480 NUCLEAR ONCOLOGY	6,317	357	22,318	26,048	509,338	54.02
56.00	05600 RADIOISOTOPE	13,865	10,348	41,088	47,955	1,009,811	56.00
57.00	05700 CT SCAN	696,226	3,505	268,865	313,800	2,462,290	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	11,630	1,413	129,550	151,201	1,013,794	58.00
59.00	05900 CARDIAC CATHETERIZATION	59,514	4,357	68,305	79,721	3,390,344	59.00
60.00	06000 LABORATORY	764,687	90,479	456,299	532,332	9,336,943	60.00
64.00	06400 INTRAVENOUS THERAPY	201,790	3,277	31,250	36,473	2,446,701	64.00
65.00	06500 RESPIRATORY THERAPY	143,198	1,434	62,121	72,503	1,803,186	65.00
66.00	06600 PHYSICAL THERAPY	241,035	1,561	116,238	135,664	4,917,756	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	75,567	788	153,463	179,111	1,797,939	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	229,705	125,582	146,570	7,957,999	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	161,049	95,110	111,006	4,960,864	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,367,832	303,043	352,105	410,952	11,036,263	73.00
75.00	07500 ASC (NON-DISTINCT PART)	32,013	5,550	78,933	92,124	2,624,939	75.00
75.01	07501 LITHOTRIPSY	635	7	6,240	7,283	311,434	75.01
76.97	07697 CARDIAC REHABILITATION	27,055	193	10,939	12,767	812,067	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.03	04950 GENETIC TESTING	267	23	219	256	89,751	90.03
90.04	04951 CHRONIC PAIN CLINIC	3,376	397	6,241	7,284	390,080	90.04
90.05	04952 DIABETES EDUCATION	11,362	55	3,727	4,349	369,115	90.05
90.06	04953 WOUND CARE	16,218	730	7,704	8,992	481,146	90.06
90.07	04954 SLEEP LAB	1,138	25	21,680	25,303	713,073	90.07
91.00	09100 EMERGENCY	107,755	9,526	303,467	354,185	5,932,435	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)					0	92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400 UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	5,030,892	960,629	3,299,808	3,851,069	152,301,807	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	4,600	0	0	356,978	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	141	0	0	674,869	192.00
192.01	19201 HOME HEALTH AGENCY	0	0	0	0	27,664	192.01
200.00	Cross Foot Adjustments					0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	5,030,892	965,370	3,299,808	3,851,069	153,361,318	202.00

Cost Center Description		OTHER ADMINISTRATIVE AND GENERAL 5.06	MAINTENANCE & REPAIRS 6.00	OPERATION OF PLANT 7.00	LAUNDRY & LINEN SERVICE 8.00	HOUSEKEEPING 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 NONPATIENT TELEPHONES						5.01
5.02	00511 IS						5.02
5.03	00512 PURCHASING						5.03
5.04	00513 PT REG						5.04
5.05	00514 PT ACCTS						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	22,903,379					5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	1,515,908	0	10,150,558			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	102,392	0	75,978	761,599		8.00
9.00	00900 HOUSEKEEPING	344,331	0	139,617	0	2,445,268	9.00
10.00	01000 DIETARY	67,182	0	349,629	0	86,060	10.00
11.00	01100 CAFETERIA	309,054	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	392,051	0	74,400	0	18,322	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	508,885	0	104,338	0	25,687	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	390,317	0	110,771	0	27,247	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	3,869,958	0	4,233,450	357,929	1,041,935	30.00
31.00	03100 INTENSIVE CARE UNIT	840,643	0	591,520	52,024	145,598	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,514,899	0	917,401	2,574	225,780	50.00
51.00	05100 RECOVERY ROOM	235,633	0	72,782	36,920	17,923	51.00
53.00	05300 ANESTHESIOLOGY	199,580	0	43,289	0	10,667	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	927,106	0	480,224	48,746	118,205	54.00
54.01	03630 ULTRA SOUND	199,051	0	10,762	21,464	2,649	54.01
54.02	03480 NUCLEAR ONCOLOGY	89,420	0	0	0	0	54.02
56.00	05600 RADIOISOTOPE	177,283	0	34,227	4,505	8,417	56.00
57.00	05700 CT SCAN	432,282	0	47,254	25,574	11,646	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	177,983	0	72,822	10,142	17,923	58.00
59.00	05900 CARDIAC CATHETERIZATION	595,212	0	686,230	23,814	168,891	59.00
60.00	06000 LABORATORY	1,639,203	0	367,308	0	90,414	60.00
64.00	06400 INTRAVENOUS THERAPY	429,545	0	133,346	0	32,835	64.00
65.00	06500 RESPIRATORY THERAPY	316,569	0	107,534	0	26,449	65.00
66.00	06600 PHYSICAL THERAPY	863,366	0	58,420	0	14,367	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	315,648	0	161,464	22,649	39,728	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	1,397,114	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	870,934	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,937,537	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	460,837	0	304,681	65,401	74,994	75.00
75.01	07501 LITHOTRIPSY	54,676	0	7,768	0	1,923	75.01
76.97	07697 CARDIAC REHABILITATION	142,567	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.03	04950 GENETIC TESTING	15,757	0	0	0	0	90.03
90.04	04951 CHRONIC PAIN CLINIC	68,483	0	0	0	0	90.04
90.05	04952 DIABETES EDUCATION	64,802	0	0	0	0	90.05
90.06	04953 WOUND CARE	84,470	0	0	0	0	90.06
90.07	04954 SLEEP LAB	125,188	0	52,756	0	12,989	90.07
91.00	09100 EMERGENCY	1,041,504	0	828,760	89,857	203,975	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400 UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	22,717,370	0	10,066,731	761,599	2,424,624	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	62,671	0	67,644	0	16,653	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	118,481	0	16,183	0	3,991	192.00
192.01	19201 HOME HEALTH AGENCY	4,857	0	0	0	0	192.01
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)	22,903,379	0	10,150,558	761,599	2,445,268	202.00

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	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	885,543					10.00
11.00	01100	0	2,069,433				11.00
13.00	01300	0	63,451	2,781,355			13.00
14.00	01400	0	0	0	0		14.00
15.00	01500	0	65,704	113,224		3,716,459	15.00
16.00	01600	0	91,576	0	0	0	16.00
19.00	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	755,011	610,426	1,051,976	0	0	30.00
31.00	03100	130,532	125,027	215,475	0	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	143,520	247,341	0	0	50.00
51.00	05100	0	27,591	47,549	0	0	51.00
53.00	05300	0	29,537	50,900	0	0	53.00
54.00	05400	0	117,056	201,732	0	0	54.00
54.01	03630	0	23,973	41,322	0	0	54.01
54.02	03480	0	8,612	0	0	0	54.02
56.00	05600	0	9,596	16,545	0	0	56.00
57.00	05700	0	27,271	46,996	0	0	57.00
58.00	05800	0	15,717	27,083	0	0	58.00
59.00	05900	0	48,338	83,311	0	0	59.00
60.00	06000	0	132,085	0	0	0	60.00
64.00	06400	0	56,096	96,666	0	0	64.00
65.00	06500	0	50,011	86,194	0	0	65.00
66.00	06600	0	124,280	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	33,202	57,209	0	0	69.00
71.00	07100	0	0	0	0	27,338	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	3,689,121	73.00
75.00	07500	0	62,478	107,674	0	0	75.00
75.01	07501	0	0	0	0	0	75.01
76.97	07697	0	13,582	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.03	04950	0	2,811	0	0	0	90.03
90.04	04951	0	6,560	11,301	0	0	90.04
90.05	04952	0	9,359	0	0	0	90.05
90.06	04953	0	12,621	21,755	0	0	90.06
90.07	04954	0	0	0	0	0	90.07
91.00	09100	0	149,190	257,102	0	0	91.00
92.00	09200	0	0	0	0	0	92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400	0	0	0	0	0	114.00
118.00		885,543	2,059,670	2,781,355	0	3,716,459	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	9,763	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
200.00		0	0	0	0	0	200.00
201.00		0	0	0	0	0	201.00
202.00		885,543	2,069,433	2,781,355	0	3,716,459	202.00

Cost Center Description		MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		16.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS							
1.00	00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00	00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00	00400 EMPLOYEE BENEFITS						4.00
5.01	00510 NONPATIENT TELEPHONES						5.01
5.02	00511 IS						5.02
5.03	00512 PURCHASING						5.03
5.04	00513 PT REG						5.04
5.05	00514 PT ACCTS						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	2,843,169					16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	77,764	0	34,041,515	0	34,041,515	30.00
31.00	03100 INTENSIVE CARE UNIT	6,760	0	6,895,906	0	6,895,906	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	94,094	0	11,774,512	0	11,774,512	50.00
51.00	05100 RECOVERY ROOM	33,815	0	1,814,387	0	1,814,387	51.00
53.00	05300 ANESTHESIOLOGY	575,412	0	2,046,196	0	2,046,196	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	86,412	0	7,260,299	0	7,260,299	54.00
54.01	03630 ULTRA SOUND	12,465	0	1,445,487	0	1,445,487	54.01
54.02	03480 NUCLEAR ONCOLOGY	0	0	607,370	0	607,370	54.02
56.00	05600 RADIOISOTOPE	10,859	0	1,271,243	0	1,271,243	56.00
57.00	05700 CT SCAN	577,012	0	3,630,325	0	3,630,325	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	48,193	0	1,383,657	0	1,383,657	58.00
59.00	05900 CARDIAC CATHETERIZATION	136,486	0	5,132,626	0	5,132,626	59.00
60.00	06000 LABORATORY	547,456	0	12,113,409	0	12,113,409	60.00
64.00	06400 INTRAVENOUS THERAPY	170,950	0	3,366,139	0	3,366,139	64.00
65.00	06500 RESPIRATORY THERAPY	91,343	0	2,481,286	0	2,481,286	65.00
66.00	06600 PHYSICAL THERAPY	150,965	0	6,129,154	0	6,129,154	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	71,523	0	2,499,362	0	2,499,362	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	9,382,451	0	9,382,451	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	5,831,798	0	5,831,798	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	16,662,921	0	16,662,921	73.00
75.00	07500 ASC (NON-DISTINCT PART)	29,272	0	3,730,276	0	3,730,276	75.00
75.01	07501 LITHOTRIPSY	543	0	376,344	0	376,344	75.01
76.97	07697 CARDIAC REHABILITATION	32,188	0	1,000,404	0	1,000,404	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.03	04950 GENETIC TESTING	212	0	108,531	0	108,531	90.03
90.04	04951 CHRONIC PAIN CLINIC	2,391	0	478,815	0	478,815	90.04
90.05	04952 DIABETES EDUCATION	6,631	0	449,907	0	449,907	90.05
90.06	04953 WOUND CARE	8,229	0	608,221	0	608,221	90.06
90.07	04954 SLEEP LAB	558	0	904,564	0	904,564	90.07
91.00	09100 EMERGENCY	71,515	0	8,574,338	0	8,574,338	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400 UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,843,048	0	152,001,443	0	152,001,443	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	513,709	0	513,709	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	121	0	813,645	0	813,645	192.00
192.01	19201 HOME HEALTH AGENCY	0	0	32,521	0	32,521	192.01
200.00	Cross Foot Adjustments		0	0	0	0	200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	2,843,169	0	153,361,318	0	153,361,318	202.00

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		NEW BLDG & FIXT	NEW MVBLE EQUIP			
		1.00	2.00			
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	35,128	1,494	36,622	36,622	4.00
5.01 00510 NONPATIENT TELEPHONES	30,841	8,540	0	39,381	207	5.01
5.02 00511 IS	92,537	162,238	1,271,183	1,525,958	301	5.02
5.03 00512 PURCHASING	0	200,027	10,356	210,383	280	5.03
5.04 00513 PT REG	0	45,894	5,016	50,910	1,341	5.04
5.05 00514 PT ACCTS	54	23,153	422,841	446,048	640	5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	2,337,676	395,457	0	2,733,133	5,073	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	0	201,866	106,684	308,550	323	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	45,434	0	45,434	9	8.00
9.00 00900 HOUSEKEEPING	0	83,490	1,950	85,440	671	9.00
10.00 01000 DIETARY	741	209,075	8,739	218,555	187	10.00
11.00 01100 CAFETERIA	0	0	0	0	438	11.00
13.00 01300 NURSING ADMINISTRATION	0	44,491	79,840	124,331	949	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 01500 PHARMACY	0	62,394	272,759	335,153	1,133	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	66,240	43,196	109,436	770	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	41,542	2,531,570	744,726	3,317,838	7,644	30.00
31.00 03100 INTENSIVE CARE UNIT	11,492	353,725	88,726	453,943	1,807	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	219,445	548,599	710,632	1,478,676	1,620	50.00
51.00 05100 RECOVERY ROOM	0	43,523	142,769	186,292	454	51.00
53.00 05300 ANESTHESIOLOGY	0	25,886	99,066	124,952	23	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	166,480	287,170	318,786	772,436	1,563	54.00
54.01 03630 ULTRA SOUND	0	6,435	38,113	44,548	409	54.01
54.02 03480 NUCLEAR ONCOLOGY	36,485	0	0	36,485	124	54.02
56.00 05600 RADIOISOTOPE	0	20,467	67,950	88,417	164	56.00
57.00 05700 CT SCAN	0	28,257	115,785	144,042	423	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	43,547	26,531	70,078	272	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	410,360	393,512	803,872	879	59.00
60.00 06000 LABORATORY	0	219,648	459,779	679,427	1,364	60.00
64.00 06400 INTRAVENOUS THERAPY	0	79,740	195,565	275,305	816	64.00
65.00 06500 RESPIRATORY THERAPY	126	64,305	37,688	102,119	623	65.00
66.00 06600 PHYSICAL THERAPY	0	34,935	27,998	62,933	1,798	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	96,554	205,479	302,033	464	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	182,197	155,069	337,266	863	75.00
75.01 07501 LITHOTRIPSY	0	4,645	219	4,864	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	181	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 04950 GENETIC TESTING	0	0	0	0	39	90.03
90.04 04951 CHRONIC PAIN CLINIC	0	0	24,113	24,113	96	90.04
90.05 04952 DIABETES EDUCATION	0	0	156	156	150	90.05
90.06 04953 WOUND CARE	0	0	1,949	1,949	182	90.06
90.07 04954 SLEEP LAB	0	31,548	12,594	44,142	0	90.07
91.00 09100 EMERGENCY	0	495,592	39,060	534,652	2,004	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
114.00 11400 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	2,937,419	7,092,130	6,130,323	16,159,872	36,284	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	42	40,451	0	40,493	73	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	9,677	48,751	58,428	265	192.00
192.01 19201 HOME HEALTH AGENCY	0	0	6,523	6,523	0	192.01
200.00 Cross Foot Adjustments				0		200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	2,937,461	7,142,258	6,185,597	16,265,316	36,622	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

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

Worksheet 8
Part II
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		NONPATIENT TELEPHONES	IS	PURCHASING	PT REG	PT ACCTS	
		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 NONPATIENT TELEPHONES	39,588					5.01
5.02	00511 IS	1,485	1,527,744				5.02
5.03	00512 PURCHASING	634	21	211,318			5.03
5.04	00513 PT REG	1,539	0	311	54,101		5.04
5.05	00514 PT ACCTS	1,231	0	49	0	447,968	5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	4,455	0	1,280	0	0	5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00	00700 OPERATION OF PLANT	1,394	0	444	0	0	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	18	0	603	0	0	8.00
9.00	00900 HOUSEKEEPING	254	0	1,935	0	0	9.00
10.00	01000 DIETARY	217	0	474	0	0	10.00
11.00	01100 CAFETERIA	0	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	797	2,118	72	0	0	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	453	0	339	0	0	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	3,387	88	146	0	0	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	6,757	52,187	6,146	6,032	49,927	30.00
31.00	03100 INTENSIVE CARE UNIT	833	2,814	1,041	1,463	12,108	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,304	34,867	13,907	3,689	30,537	50.00
51.00	05100 RECOVERY ROOM	181	13,083	312	522	4,317	51.00
53.00	05300 ANESTHESIOLOGY	235	226,053	1,323	191	1,580	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,974	42,627	601	2,289	18,948	54.00
54.01	03630 ULTRA SOUND	72	5,554	87	1,200	9,935	54.01
54.02	03480 NUCLEAR ONCOLOGY	0	1,918	78	366	3,029	54.02
56.00	05600 RADIOISOTOPE	163	4,211	2,265	674	5,576	56.00
57.00	05700 CT SCAN	72	211,425	767	4,408	36,490	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	127	3,532	309	2,124	17,582	58.00
59.00	05900 CARDIAC CATHETERIZATION	1,105	18,073	954	1,120	9,270	59.00
60.00	06000 LABORATORY	1,648	232,215	19,804	7,480	62,053	60.00
64.00	06400 INTRAVENOUS THERAPY	580	61,278	717	512	4,241	64.00
65.00	06500 RESPIRATORY THERAPY	435	43,485	314	1,019	8,431	65.00
66.00	06600 PHYSICAL THERAPY	1,413	73,196	342	1,906	15,775	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	833	22,948	172	2,516	20,828	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	50,278	2,059	17,044	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	35,251	1,559	12,908	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	415,372	66,346	5,773	47,787	73.00
75.00	07500 ASC (NON-DISTINCT PART)	1,322	9,721	1,215	1,294	10,713	75.00
75.01	07501 LITHOTRIPSY	36	193	1	102	847	75.01
76.97	07697 CARDIAC REHABILITATION	525	8,216	42	179	1,485	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.03	04950 GENETIC TESTING	36	81	5	4	30	90.03
90.04	04951 CHRONIC PAIN CLINIC	543	1,025	87	102	847	90.04
90.05	04952 DIABETES EDUCATION	127	3,450	12	61	506	90.05
90.06	04953 WOUND CARE	181	4,925	160	126	1,046	90.06
90.07	04954 SLEEP LAB	36	346	6	355	2,942	90.07
91.00	09100 EMERGENCY	2,390	32,722	2,085	4,976	41,186	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400 UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	38,792	1,527,744	210,280	54,101	447,968	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	36	0	1,007	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	199	0	31	0	0	192.00
192.01	19201 HOME HEALTH AGENCY	561	0	0	0	0	192.01
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)	39,588	1,527,744	211,318	54,101	447,968	202.00

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 NONPATIENT TELEPHONES						5.01
5.02	00511 IS						5.02
5.03	00512 PURCHASING						5.03
5.04	00513 PT REG						5.04
5.05	00514 PT ACCTS						5.05
5.06	00560 OTHER ADMINISTRATIVE AND GENERAL	2,743,941					5.06
6.00	00600 MAINTENANCE & REPAIRS	0	0				6.00
7.00	00700 OPERATION OF PLANT	181,613	0	492,324			7.00
8.00	00800 LAUNDRY & LINEN SERVICE	12,267	0	3,685	62,016		8.00
9.00	00900 HOUSEKEEPING	41,252	0	6,772	0	136,324	9.00
10.00	01000 DIETARY	8,049	0	16,958	0	4,798	10.00
11.00	01100 CAFETERIA	37,026	0	0	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	46,969	0	3,609	0	1,021	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00	01500 PHARMACY	60,967	0	5,061	0	1,432	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	46,762	0	5,373	0	1,519	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	463,651	0	205,328	29,147	58,088	30.00
31.00	03100 INTENSIVE CARE UNIT	100,713	0	28,690	4,236	8,117	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	181,492	0	44,496	210	12,587	50.00
51.00	05100 RECOVERY ROOM	28,230	0	3,530	3,006	999	51.00
53.00	05300 ANESTHESIOLOGY	23,911	0	2,100	0	595	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	111,071	0	23,292	3,969	6,590	54.00
54.01	03630 ULTRA SOUND	23,847	0	522	1,748	148	54.01
54.02	03480 NUCLEAR ONCOLOGY	10,713	0	0	0	0	54.02
56.00	05600 RADIOISOTOPE	21,239	0	1,660	367	469	56.00
57.00	05700 CT SCAN	51,789	0	2,292	2,082	649	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	21,323	0	3,532	826	999	58.00
59.00	05900 CARDIAC CATHETERIZATION	71,309	0	33,284	1,939	9,416	59.00
60.00	06000 LABORATORY	196,384	0	17,815	0	5,041	60.00
64.00	06400 INTRAVENOUS THERAPY	51,461	0	6,468	0	1,831	64.00
65.00	06500 RESPIRATORY THERAPY	37,926	0	5,216	0	1,475	65.00
66.00	06600 PHYSICAL THERAPY	103,435	0	2,833	0	801	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	37,816	0	7,831	1,844	2,215	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	167,381	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	104,342	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	232,126	0	0	0	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	55,210	0	14,778	5,325	4,181	75.00
75.01	07501 LITHOTRIPSY	6,550	0	377	0	107	75.01
76.97	07697 CARDIAC REHABILITATION	17,080	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.03	04950 GENETIC TESTING	1,888	0	0	0	0	90.03
90.04	04951 CHRONIC PAIN CLINIC	8,205	0	0	0	0	90.04
90.05	04952 DIABETES EDUCATION	7,764	0	0	0	0	90.05
90.06	04953 WOUND CARE	10,120	0	0	0	0	90.06
90.07	04954 SLEEP LAB	14,998	0	2,559	0	724	90.07
91.00	09100 EMERGENCY	124,777	0	40,197	7,317	11,372	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400 UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	2,721,656	0	488,258	62,016	135,174	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	7,508	0	3,281	0	928	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	14,195	0	785	0	222	192.00
192.01	19201 HOME HEALTH AGENCY	582	0	0	0	0	192.01
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)	2,743,941	0	492,324	62,016	136,324	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140211

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

Worksheet B
Part II
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		DIETARY	CAFETERIA	NURSING ADMINISTRATIO N	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						10.00
11.00	01100	249,238					11.00
13.00	01300	0	37,464				13.00
14.00	01400	0	1,149	181,015			14.00
15.00	01500	0	0	0	0		15.00
16.00	01600	0	1,189	7,369	0	413,096	16.00
19.00	01900	0	1,658	0	0	0	19.00
		0	0	0	0	0	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	212,500	11,051	68,463	0	0	30.00
31.00	03100	36,738	2,263	14,023	0	0	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	0	2,598	16,097	0	0	50.00
51.00	05100	0	499	3,095	0	0	51.00
53.00	05300	0	535	3,313	0	0	53.00
54.00	05400	0	2,119	13,129	0	0	54.00
54.01	03630	0	434	2,689	0	0	54.01
54.02	03480	0	156	0	0	0	54.02
56.00	05600	0	174	1,077	0	0	56.00
57.00	05700	0	494	3,059	0	0	57.00
58.00	05800	0	285	1,763	0	0	58.00
59.00	05900	0	875	5,422	0	0	59.00
60.00	06000	0	2,391	0	0	0	60.00
64.00	06400	0	1,016	6,291	0	0	64.00
65.00	06500	0	905	5,610	0	0	65.00
66.00	06600	0	2,250	0	0	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	0	601	3,723	0	0	69.00
71.00	07100	0	0	0	0	3,039	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	410,057	73.00
75.00	07500	0	1,131	7,008	0	0	75.00
75.01	07501	0	0	0	0	0	75.01
76.97	07697	0	246	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.03	04950	0	51	0	0	0	90.03
90.04	04951	0	119	735	0	0	90.04
90.05	04952	0	169	0	0	0	90.05
90.06	04953	0	228	1,416	0	0	90.06
90.07	04954	0	0	0	0	0	90.07
91.00	09100	0	2,701	16,733	0	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400						114.00
118.00		249,238	37,287	181,015	0	413,096	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	177	0	0	0	190.00
192.00	19200	0	0	0	0	0	192.00
192.01	19201	0	0	0	0	0	192.01
200.00							200.00
201.00		0	0	0	0	0	201.00
202.00		249,238	37,464	181,015	0	413,096	202.00

Cost Center Description	MEDICAL RECORDS & LIBRARY	NONPHYSICIAN ANESTHETISTS	Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	16.00	19.00	24.00	25.00	26.00	
GENERAL SERVICE COST CENTERS						
1.00 00100 NEW CAP REL COSTS-BLDG & FIXT						1.00
2.00 00200 NEW CAP REL COSTS-MVBLE EQUIP						2.00
4.00 00400 EMPLOYEE BENEFITS						4.00
5.01 00510 NONPATIENT TELEPHONES						5.01
5.02 00511 IS						5.02
5.03 00512 PURCHASING						5.03
5.04 00513 PT REG						5.04
5.05 00514 PT ACCTS						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	169,139					16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0				19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	4,626		4,499,385	0	4,499,385	30.00
31.00 03100 INTENSIVE CARE UNIT	402		669,191	0	669,191	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	5,598		1,827,678	0	1,827,678	50.00
51.00 05100 RECOVERY ROOM	2,012		246,532	0	246,532	51.00
53.00 05300 ANESTHESIOLOGY	34,231		419,042	0	419,042	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	5,141		1,005,749	0	1,005,749	54.00
54.01 03630 ULTRA SOUND	742		91,935	0	91,935	54.01
54.02 03480 NUCLEAR ONCOLOGY	0		52,869	0	52,869	54.02
56.00 05600 RADIOISOTOPE	646		127,102	0	127,102	56.00
57.00 05700 CT SCAN	34,326		492,318	0	492,318	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	2,867		125,619	0	125,619	58.00
59.00 05900 CARDIAC CATHETERIZATION	8,119		965,637	0	965,637	59.00
60.00 06000 LABORATORY	32,568		1,258,190	0	1,258,190	60.00
64.00 06400 INTRAVENOUS THERAPY	10,170		420,686	0	420,686	64.00
65.00 06500 RESPIRATORY THERAPY	5,434		212,992	0	212,992	65.00
66.00 06600 PHYSICAL THERAPY	8,981		275,663	0	275,663	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	4,255		408,079	0	408,079	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0		239,801	0	239,801	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0		154,060	0	154,060	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0		1,177,461	0	1,177,461	73.00
75.00 07500 ASC (NON-DISTINCT PART)	1,741		451,768	0	451,768	75.00
75.01 07501 LITHOTRIPSY	32		13,109	0	13,109	75.01
76.97 07697 CARDIAC REHABILITATION	1,915		29,869	0	29,869	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0		0	0	0	90.00
90.03 04950 GENETIC TESTING	13		2,147	0	2,147	90.03
90.04 04951 CHRONIC PAIN CLINIC	142		36,014	0	36,014	90.04
90.05 04952 DIABETES EDUCATION	394		12,789	0	12,789	90.05
90.06 04953 WOUND CARE	490		20,823	0	20,823	90.06
90.07 04954 SLEEP LAB	33		66,141	0	66,141	90.07
91.00 09100 EMERGENCY	4,254		827,366	0	827,366	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)				0		92.00
SPECIAL PURPOSE COST CENTERS						
114.00 11400 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	169,132	0	16,130,015	0	16,130,015	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0		53,503	0	53,503	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	7		74,132	0	74,132	192.00
192.01 19201 HOME HEALTH AGENCY	0		7,666	0	7,666	192.01
200.00 Cross Foot Adjustments		0	0	0	0	200.00
201.00 Negative Cost Centers	0	0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	169,139	0	16,265,316	0	16,265,316	202.00

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Cost Center Description	CAPITAL RELATED COSTS					IS (DATA PRODUCED)
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (NEW MME DE PT)	EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT TE)		
	1.00	2.00	4.00	5.01	5.02	
GENERAL SERVICE COST CENTERS						
1.00 00100	NEW CAP REL COSTS-BLDG & FIXT	295,221				1.00
2.00 00200	NEW CAP REL COSTS-MVBLE EQUIP		6,185,597			2.00
4.00 00400	EMPLOYEE BENEFITS	1,452	1,494	59,542,603		4.00
5.01 00510	NONPATIENT TELEPHONES	353			2,186	5.01
5.02 00511	IS	6,706	1,271,183	488,658	82	3,810,503 5.02
5.03 00512	PURCHASING	8,268	10,356	454,794	35	53 5.03
5.04 00513	PT REG	1,897	5,016	2,180,199	85	0 5.04
5.05 00514	PT ACCTS	957	422,841	1,040,733	68	0 5.05
5.06 00560	OTHER ADMINISTRATIVE AND GENERAL	16,346		8,248,057	246	0 5.06
6.00 00600	MAINTENANCE & REPAIRS	0	0	0	0	0 6.00
7.00 00700	OPERATION OF PLANT	8,344	106,684	525,704	77	0 7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,878	0	14,518	1	0 8.00
9.00 00900	HOUSEKEEPING	3,451	1,950	1,090,677	14	0 9.00
10.00 01000	DIETARY	8,642	8,739	304,026	12	0 10.00
11.00 01100	CAFETERIA	0	0	712,855	0	0 11.00
13.00 01300	NURSING ADMINISTRATION	1,839	79,840	1,543,585	44	5,282 13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	0	0	0	0	0 14.00
15.00 01500	PHARMACY	2,579	272,759	1,841,695	25	0 15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	2,738	43,196	1,251,588	187	219 16.00
19.00 01900	NONPHYSICIAN ANESTHETISTS	0	0	0	0	0 19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	104,641	744,726	12,426,612	373	130,164 30.00
31.00 03100	INTENSIVE CARE UNIT	14,621	88,726	2,937,557	46	7,019 31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	22,676	710,632	2,633,828	72	86,966 50.00
51.00 05100	RECOVERY ROOM	1,799	142,769	737,721	10	32,631 51.00
53.00 05300	ANESTHESIOLOGY	1,070	99,066	37,613	13	563,821 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	11,870	318,786	2,541,900	109	106,321 54.00
54.01 03630	ULTRA SOUND	266	38,113	664,966	4	13,854 54.01
54.02 03480	NUCLEAR ONCOLOGY	0	0	201,494	0	4,785 54.02
56.00 05600	RADIOISOTOPE	846	67,950	267,416	9	10,502 56.00
57.00 05700	CT SCAN	1,168	115,785	687,801	4	527,336 57.00
58.00 05800	MAGNETIC RESONANCE IMAGING (MRI)	1,800	26,531	442,046	7	8,809 58.00
59.00 05900	CARDIAC CATHETERIZATION	16,962	393,512	1,428,986	61	45,077 59.00
60.00 06000	LABORATORY	9,079	459,779	2,218,233	91	579,190 60.00
64.00 06400	INTRAVENOUS THERAPY	3,296	195,565	1,327,377	32	152,840 64.00
65.00 06500	RESPIRATORY THERAPY	2,658	37,688	1,012,707	24	108,461 65.00
66.00 06600	PHYSICAL THERAPY	1,444	27,998	2,922,974	78	182,565 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	0	0	0 68.00
69.00 06900	ELECTROCARDIOLOGY	3,991	205,479	755,057	46	57,236 69.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	0	0	0 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	1,036,025 73.00
75.00 07500	ASC (NON-DISTINCT PART)	7,531	155,069	1,402,812	73	24,247 75.00
75.01 07501	LITHOTRIPSY	192	219	0	2	481 75.01
76.97 07697	CARDIAC REHABILITATION	0	0	293,519	29	20,492 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.03 04950	GENETIC TESTING	0	0	62,666	2	202 90.03
90.04 04951	CHRONIC PAIN CLINIC	0	24,113	155,932	30	2,557 90.04
90.05 04952	DIABETES EDUCATION	0	156	244,043	7	8,606 90.05
90.06 04953	WOUND CARE	0	1,949	296,434	10	12,284 90.06
90.07 04954	SLEEP LAB	1,304	12,594	0	2	862 90.07
91.00 09100	EMERGENCY	20,485	39,060	3,259,051	132	81,616 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART)					92.00
SPECIAL PURPOSE COST CENTERS						
114.00 11400	UTILIZATION REVIEW - SNF					114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	293,149	6,130,323	58,992,857	2,142	3,810,503 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	1,672	0	118,588	2	0 190.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	400	48,751	431,158	11	0 192.00
192.01 19201	HOME HEALTH AGENCY	0	6,523	0	31	0 192.01
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per wkst. B, Part I)	7,142,258	6,185,597	20,851,953	413,795	5,030,892 202.00
203.00	Unit cost multiplier (wkst. B, Part I)	24.192920	1.000000	0.350202	189.293230	1.320270 203.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

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

Worksheet B-1

Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	NONPATIENT TELEPHONES (NON PATIENT TE)	IS (DATA PRODUCED)	
	NEW BLDG & FIXT (SQUARE FEET)	NEW MVBLE EQUIP (NEW MME DE PT)				
	1.00	2.00				
204.00	Cost to be allocated (per wkst. B, Part II)		36,622	39,588	1,527,744	204.00
205.00	Unit cost multiplier (wkst. B, Part II)		0.000615	18.109790	0.400930	205.00

Cost Center Description	PURCHASING (PURCHASING)	PT REG (GROSS CHARGES)	PT ACCTS (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 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 NONPATIENT TELEPHONES						5.01
5.02 00511 IS						5.02
5.03 00512 PURCHASING	27,403,010					5.03
5.04 00513 PT REG	40,378	651,838,380				5.04
5.05 00514 PT ACCTS	6,366	0	651,838,380			5.05
5.06 00560 OTHER ADMINISTRATIVE AND GENERAL	165,988	0	0	-22,903,379	130,457,939	5.06
6.00 00600 MAINTENANCE & REPAIRS	0	0	0	0	0	6.00
7.00 00700 OPERATION OF PLANT	57,558	0	0	0	8,634,650	7.00
8.00 00800 LAUNDRY & LINEN SERVICE	78,194	0	0	0	583,229	8.00
9.00 00900 HOUSEKEEPING	250,943	0	0	0	1,961,320	9.00
10.00 01000 DIETARY	61,466	0	0	0	382,672	10.00
11.00 01100 CAFETERIA	0	0	0	0	1,760,379	11.00
13.00 01300 NURSING ADMINISTRATION	9,373	0	0	0	2,233,131	13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	0	0	0	0	14.00
15.00 01500 PHARMACY	43,917	0	0	0	2,898,621	15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	18,934	0	0	0	2,223,258	16.00
19.00 01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	797,074	72,673,647	72,673,647	0	22,043,066	30.00
31.00 03100 INTENSIVE CARE UNIT	134,979	17,624,115	17,624,115	0	4,788,327	31.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	1,803,510	44,450,340	44,450,340	0	8,628,903	50.00
51.00 05100 RECOVERY ROOM	40,446	6,283,313	6,283,313	0	1,342,174	51.00
53.00 05300 ANESTHESIOLOGY	171,511	2,300,507	2,300,507	0	1,136,811	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	77,948	27,581,292	27,581,292	0	5,280,818	54.00
54.01 03630 ULTRA SOUND	11,263	14,460,923	14,460,923	0	1,133,801	54.01
54.02 03480 NUCLEAR ONCOLOGY	10,137	4,408,899	4,408,899	0	509,338	54.02
56.00 05600 RADIOISOTOPE	293,742	8,116,916	8,116,916	0	1,009,811	56.00
57.00 05700 CT SCAN	99,490	53,114,375	53,114,375	0	2,462,290	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	40,120	25,592,572	25,592,572	0	1,013,794	58.00
59.00 05900 CARDIAC CATHETERIZATION	123,677	13,493,759	13,493,759	0	3,390,344	59.00
60.00 06000 LABORATORY	2,568,297	90,102,319	90,102,319	0	9,336,943	60.00
64.00 06400 INTRAVENOUS THERAPY	93,024	6,173,512	6,173,512	0	2,446,701	64.00
65.00 06500 RESPIRATORY THERAPY	40,706	12,271,951	12,271,951	0	1,803,186	65.00
66.00 06600 PHYSICAL THERAPY	44,297	22,962,765	22,962,765	0	4,917,756	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	22,368	30,316,765	30,316,765	0	1,797,939	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	6,520,341	24,808,674	24,808,674	0	7,957,999	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	4,571,489	18,789,109	18,789,109	0	4,960,864	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	8,602,331	69,558,547	69,558,547	0	11,036,263	73.00
75.00 07500 ASC (NON-DISTINCT PART)	157,546	15,593,171	15,593,171	0	2,624,939	75.00
75.01 07501 LITHOTRIPSY	186	1,232,726	1,232,726	0	311,434	75.01
76.97 07697 CARDIAC REHABILITATION	5,487	2,160,936	2,160,936	0	812,067	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 04950 GENETIC TESTING	651	43,332	43,332	0	89,751	90.03
90.04 04951 CHRONIC PAIN CLINIC	11,270	1,232,874	1,232,874	0	390,080	90.04
90.05 04952 DIABETES EDUCATION	1,575	736,191	736,191	0	369,115	90.05
90.06 04953 WOUND CARE	20,719	1,521,969	1,521,969	0	481,146	90.06
90.07 04954 SLEEP LAB	720	4,282,831	4,282,831	0	713,073	90.07
91.00 09100 EMERGENCY	270,408	59,950,050	59,950,050	0	5,932,435	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS						
114.00 11400 UTILIZATION REVIEW - SNF						114.00
118.00 SUBTOTALS (SUM OF LINES 1-117)	27,268,429	651,838,380	651,838,380	-22,903,379	129,398,428	118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	130,583	0	0	0	356,978	190.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	3,998	0	0	0	674,869	192.00
192.01 19201 HOME HEALTH AGENCY	0	0	0	0	27,664	192.01
200.00 Cross Foot Adjustments						200.00
201.00 Negative Cost Centers						201.00
202.00 Cost to be allocated (per wkst. B, Part I)	965,370	3,299,808	3,851,069		22,903,379	202.00
203.00 Unit cost multiplier (Wkst. B, Part I)	0.035229	0.005062	0.005908		0.175561	203.00
204.00 Cost to be allocated (per wkst. B, Part II)	211,318	54,101	447,968		2,743,941	204.00

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COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

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

Worksheet B-1
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		PURCHASING (PURCHASING)	PT REG (GROSS CHARGES)	PT ACCTS (GROSS CHARGES)	Reconciliatio n	OTHER ADMINISTRATIV E AND GENERAL (ACCUM. COST)	
		5.03	5.04	5.05	5A.06	5.06	
205.00	Unit cost multiplier (wkst. B, Part II)	0.007711	0.000083	0.000687		0.021033	205.00

Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	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						6.00
7.00	00700	259,242					7.00
8.00	00800	8,344	250,898				8.00
9.00	00900	1,878	1,878	160,097			9.00
10.00	01000	3,451	3,451	0	67,397		10.00
11.00	01100	8,642	8,642	0	2,372	85,419	11.00
13.00	01300	0	0	0	0	0	13.00
14.00	01400	1,839	1,839	0	505	0	14.00
15.00	01500	0	0	0	0	0	15.00
16.00	01600	2,579	2,579	0	708	0	16.00
19.00	01900	2,738	2,738	0	751	0	19.00
	01900	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	104,641	104,641	75,241	28,718	72,828	30.00
31.00	03100	14,621	14,621	10,936	4,013	12,591	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	22,676	22,676	541	6,223	0	50.00
51.00	05100	1,799	1,799	7,761	494	0	51.00
53.00	05300	1,070	1,070	0	294	0	53.00
54.00	05400	11,870	11,870	10,247	3,258	0	54.00
54.01	03630	266	266	4,512	73	0	54.01
54.02	03480	0	0	0	0	0	54.02
56.00	05600	846	846	947	232	0	56.00
57.00	05700	1,168	1,168	5,376	321	0	57.00
58.00	05800	1,800	1,800	2,132	494	0	58.00
59.00	05900	16,962	16,962	5,006	4,655	0	59.00
60.00	06000	9,079	9,079	0	2,492	0	60.00
64.00	06400	3,296	3,296	0	905	0	64.00
65.00	06500	2,658	2,658	0	729	0	65.00
66.00	06600	1,444	1,444	0	396	0	66.00
67.00	06700	0	0	0	0	0	67.00
68.00	06800	0	0	0	0	0	68.00
69.00	06900	3,991	3,991	4,761	1,095	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	0	73.00
75.00	07500	7,531	7,531	13,748	2,067	0	75.00
75.01	07501	192	192	0	53	0	75.01
76.97	07697	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	0	0	0	0	0	90.00
90.03	04950	0	0	0	0	0	90.03
90.04	04951	0	0	0	0	0	90.04
90.05	04952	0	0	0	0	0	90.05
90.06	04953	0	0	0	0	0	90.06
90.07	04954	1,304	1,304	0	358	0	90.07
91.00	09100	20,485	20,485	18,889	5,622	0	91.00
92.00	09200						92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400						114.00
118.00		257,170	248,826	160,097	66,828	85,419	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	1,672	1,672	0	459	0	190.00
192.00	19200	400	400	0	110	0	192.00
192.01	19201	0	0	0	0	0	192.01
200.00							200.00
201.00							201.00
202.00		0	10,150,558	761,599	2,445,268	885,543	202.00
203.00		0.000000	40.456911	4.757110	36.281556	10.367049	203.00
204.00		0	492,324	62,016	136,324	249,238	204.00

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Cost Center Description		MAINTENANCE & REPAIRS (SQUARE FEET)	OPERATION OF PLANT (SQUARE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (HOURS OF SERVICE)	DIETARY (MEALS SERVED)	
		6.00	7.00	8.00	9.00	10.00	
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	1.962248	0.387365	2.022701	2.917829	205.00

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140211

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

Worksheet B-1

Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		CAFETERIA (MEALS SERV ED)	NURSING ADMINISTRATIO N (HOURS OF SERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COST)	PHARMACY (PHARMACY STAT)	MEDICAL RECORDS & LIBRARY (DATA PRODUCED)	
		11.00	13.00	14.00	15.00	16.00	
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 NONPATIENT TELEPHONES						5.01
5.02	00511 IS						5.02
5.03	00512 PURCHASING						5.03
5.04	00513 PT REG						5.04
5.05	00514 PT ACCTS						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	174,457					11.00
13.00	01300 NURSING ADMINISTRATION	5,349	1,083,152				13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	0	0	10,260,077			14.00
15.00	01500 PHARMACY	5,539	44,093	39,893	8,653,215		15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	7,720	0	16,932	0	3,065,147	16.00
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	0	0	0	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000 ADULTS & PEDIATRICS	51,460	409,675	764,823	0	83,835	30.00
31.00	03100 INTENSIVE CARE UNIT	10,540	83,913	133,328	0	7,288	31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	12,099	96,323	1,250,215	0	101,440	50.00
51.00	05100 RECOVERY ROOM	2,326	18,517	40,036	0	36,455	51.00
53.00	05300 ANESTHESIOLOGY	2,490	19,822	163,274	0	620,337	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	9,868	78,561	67,707	0	93,159	54.00
54.01	03630 ULTRA SOUND	2,021	16,092	9,583	0	13,438	54.01
54.02	03480 NUCLEAR ONCOLOGY	726	0	8,675	0	0	54.02
56.00	05600 RADIOISOTOPE	809	6,443	2,929	0	11,707	56.00
57.00	05700 CT SCAN	2,299	18,302	79,762	0	622,062	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,325	10,547	21,228	0	51,956	58.00
59.00	05900 CARDIAC CATHETERIZATION	4,075	32,444	108,077	0	147,142	59.00
60.00	06000 LABORATORY	11,135	0	473,892	0	590,198	60.00
64.00	06400 INTRAVENOUS THERAPY	4,729	37,645	92,704	0	184,297	64.00
65.00	06500 RESPIRATORY THERAPY	4,216	33,567	38,576	0	98,474	65.00
66.00	06600 PHYSICAL THERAPY	10,477	0	34,858	0	162,751	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	2,799	22,279	12,528	0	77,107	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	0	6,456,689	63,652	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	8,589,563	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	5,267	41,932	140,307	0	31,557	75.00
75.01	07501 LITHOTRIPSY	0	0	227	0	585	75.01
76.97	07697 CARDIAC REHABILITATION	1,145	0	5,139	0	34,701	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.03	04950 GENETIC TESTING	237	0	0	0	229	90.03
90.04	04951 CHRONIC PAIN CLINIC	553	4,401	10,653	0	2,578	90.04
90.05	04952 DIABETES EDUCATION	789	0	1,549	0	7,149	90.05
90.06	04953 WOUND CARE	1,064	8,472	20,429	0	8,872	90.06
90.07	04954 SLEEP LAB	0	0	720	0	602	90.07
91.00	09100 EMERGENCY	12,577	100,124	260,038	0	77,098	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)						92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400 UTILIZATION REVIEW - SNF						114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	173,634	1,083,152	10,254,771	8,653,215	3,065,017	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	823	0	1,308	0	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	3,998	0	130	192.00
192.01	19201 HOME HEALTH AGENCY	0	0	0	0	0	192.01
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers						201.00
202.00	Cost to be allocated (per Wkst. B, Part I)	2,069,433	2,781,355	0	3,716,459	2,843,169	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	11.862138	2.567834	0.000000	0.429489	0.927580	203.00
204.00	Cost to be allocated (per Wkst. B, Part II)	37,464	181,015	0	413,096	169,139	204.00

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Cost Center Description		CAFETERIA (MEALS SERV ED)	NURSING ADMINISTRATIO N (HOURS OF S ERVICE)	CENTRAL SERVICES & SUPPLY (SUPPLY COS T)	PHARMACY (PHARMACY S TAT)	MEDICAL RECORDS & LIBRARY (DATA PRODUCED)	
		11.00	13.00	14.00	15.00	16.00	
205.00	Unit cost multiplier (wkst. B, Part II)	0.214746	0.167119	0.000000	0.047739	0.055181	205.00

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME)	
		19.00	
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 NONPATIENT TELEPHONES		5.01
5.02	00511 IS		5.02
5.03	00512 PURCHASING		5.03
5.04	00513 PT REG		5.04
5.05	00514 PT ACCTS		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
19.00	01900 NONPHYSICIAN ANESTHETISTS	0	19.00
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00	03000 ADULTS & PEDIATRICS		30.00
31.00	03100 INTENSIVE CARE UNIT		31.00
ANCILLARY SERVICE COST CENTERS			
50.00	05000 OPERATING ROOM	0	50.00
51.00	05100 RECOVERY ROOM	0	51.00
53.00	05300 ANESTHESIOLOGY	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	54.00
54.01	03630 ULTRA SOUND	0	54.01
54.02	03480 NUCLEAR ONCOLOGY	0	54.02
56.00	05600 RADIOISOTOPE	0	56.00
57.00	05700 CT SCAN	0	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	59.00
60.00	06000 LABORATORY	0	60.00
64.00	06400 INTRAVENOUS THERAPY	0	64.00
65.00	06500 RESPIRATORY THERAPY	0	65.00
66.00	06600 PHYSICAL THERAPY	0	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	68.00
69.00	06900 ELECTROCARDIOLOGY	0	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	75.00
75.01	07501 LITHOTRIPSY	0	75.01
76.97	07697 CARDIAC REHABILITATION	0	76.97
OUTPATIENT SERVICE COST CENTERS			
90.00	09000 CLINIC	0	90.00
90.03	04950 GENETIC TESTING	0	90.03
90.04	04951 CHRONIC PAIN CLINIC	0	90.04
90.05	04952 DIABETES EDUCATION	0	90.05
90.06	04953 WOUND CARE	0	90.06
90.07	04954 SLEEP LAB	0	90.07
91.00	09100 EMERGENCY	0	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	92.00
SPECIAL PURPOSE COST CENTERS			
114.00	11400 UTILIZATION REVIEW - SNF		114.00
118.00	SUBTOTALS (SUM OF LINES 1-117)	0	118.00
NONREIMBURSABLE COST CENTERS			
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	192.00
192.01	19201 HOME HEALTH AGENCY	0	192.01
200.00	Cross Foot Adjustments		200.00
201.00	Negative Cost Centers		201.00
202.00	Cost to be allocated (per wkst. B, Part I)	0	202.00
203.00	Unit cost multiplier (Wkst. B, Part I)	0.000000	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	0	204.00

Cost Center Description		NONPHYSICIAN ANESTHETISTS (ASSIGNED TIME) 19.00	
205.00	Unit cost multiplier (wkst. B, Part II)	0.000000	205.00

Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Title XVIII		Hospital		PPS
				Total Costs	RCE Disallowance	Total Costs	Total Costs	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000 ADULTS & PEDIATRICS	34,041,515		34,041,515	0	34,041,515		30.00
31.00	03100 INTENSIVE CARE UNIT	6,895,906		6,895,906	0	6,895,906		31.00
ANCILLARY SERVICE COST CENTERS								
50.00	05000 OPERATING ROOM	11,774,512		11,774,512	0	11,774,512		50.00
51.00	05100 RECOVERY ROOM	1,814,387		1,814,387	0	1,814,387		51.00
53.00	05300 ANESTHESIOLOGY	2,046,196		2,046,196	0	2,046,196		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	7,260,299		7,260,299	0	7,260,299		54.00
54.01	03630 ULTRA SOUND	1,445,487		1,445,487	0	1,445,487		54.01
54.02	03480 NUCLEAR ONCOLOGY	607,370		607,370	47,403	654,773		54.02
56.00	05600 RADIOISOTOPE	1,271,243		1,271,243	0	1,271,243		56.00
57.00	05700 CT SCAN	3,630,325		3,630,325	0	3,630,325		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	1,383,657		1,383,657	0	1,383,657		58.00
59.00	05900 CARDIAC CATHETERIZATION	5,132,626		5,132,626	0	5,132,626		59.00
60.00	06000 LABORATORY	12,113,409		12,113,409	0	12,113,409		60.00
64.00	06400 INTRAVENOUS THERAPY	3,366,139		3,366,139	0	3,366,139		64.00
65.00	06500 RESPIRATORY THERAPY	2,481,286	0	2,481,286	0	2,481,286		65.00
66.00	06600 PHYSICAL THERAPY	6,129,154	0	6,129,154	11,258	6,140,412		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	2,499,362		2,499,362	0	2,499,362		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,382,451		9,382,451	0	9,382,451		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	5,831,798		5,831,798	0	5,831,798		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	16,662,921		16,662,921	0	16,662,921		73.00
75.00	07500 ASC (NON-DISTINCT PART)	3,730,276		3,730,276	0	3,730,276		75.00
75.01	07501 LITHOTRIPSY	376,344		376,344	0	376,344		75.01
76.97	07697 CARDIAC REHABILITATION	1,000,404		1,000,404	0	1,000,404		76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000 CLINIC	0		0	0	0		90.00
90.03	04950 GENETIC TESTING	108,531		108,531	0	108,531		90.03
90.04	04951 CHRONIC PAIN CLINIC	478,815		478,815	0	478,815		90.04
90.05	04952 DIABETES EDUCATION	449,907		449,907	0	449,907		90.05
90.06	04953 WOUND CARE	608,221		608,221	0	608,221		90.06
90.07	04954 SLEEP LAB	904,564		904,564	0	904,564		90.07
91.00	09100 EMERGENCY	8,574,338		8,574,338	0	8,574,338		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,241,220		4,241,220	0	4,241,220		92.00
SPECIAL PURPOSE COST CENTERS								
114.00	11400 UTILIZATION REVIEW - SNF							114.00
200.00	Subtotal (see instructions)	156,242,663	0	156,242,663	58,661	156,301,324		200.00
201.00	Less Observation Beds	4,241,220		4,241,220		4,241,220		201.00
202.00	Total (see instructions)	152,001,443	0	152,001,443	58,661	152,060,104		202.00

Cost Center Description		Title XVIII			Hospital	PPS	
		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	65,412,897		65,412,897		30.00
31.00	03100	INTENSIVE CARE UNIT	17,624,115		17,624,115		31.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	20,358,019	24,092,321	44,450,340	0.264891	50.00
51.00	05100	RECOVERY ROOM	2,839,154	3,444,159	6,283,313	0.288763	51.00
53.00	05300	ANESTHESIOLOGY	961,517	1,338,990	2,300,507	0.889454	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,459,901	23,121,391	27,581,292	0.263233	54.00
54.01	03630	ULTRA SOUND	2,555,477	11,905,446	14,460,923	0.099958	54.01
54.02	03480	NUCLEAR ONCOLOGY	325,744	4,083,155	4,408,899	0.137760	54.02
56.00	05600	RADIOISOTOPE	1,260,836	6,856,080	8,116,916	0.156617	56.00
57.00	05700	CT SCAN	11,172,744	41,941,631	53,114,375	0.068349	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,280,274	21,312,298	25,592,572	0.054065	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,459,403	5,034,356	13,493,759	0.380370	59.00
60.00	06000	LABORATORY	35,643,394	54,458,925	90,102,319	0.134441	60.00
64.00	06400	INTRAVENOUS THERAPY	1,396,712	4,776,800	6,173,512	0.545255	64.00
65.00	06500	RESPIRATORY THERAPY	10,150,704	2,121,247	12,271,951	0.202192	65.00
66.00	06600	PHYSICAL THERAPY	6,733,663	16,229,102	22,962,765	0.266917	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,357,036	19,959,729	30,316,765	0.082442	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,773,053	11,035,621	24,808,674	0.378192	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,776,943	4,012,166	18,789,109	0.310382	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,031,499	30,527,048	69,558,547	0.239552	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,911,137	13,682,034	15,593,171	0.239225	75.00
75.01	07501	LITHOTRIPSY	1,206,660	26,066	1,232,726	0.305294	75.01
76.97	07697	CARDIAC REHABILITATION	49,268	2,111,668	2,160,936	0.462949	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.03	04950	GENETIC TESTING	0	43,332	43,332	2.504639	90.03
90.04	04951	CHRONIC PAIN CLINIC	14,692	1,218,182	1,232,874	0.388373	90.04
90.05	04952	DIABETES EDUCATION	29,589	706,602	736,191	0.611128	90.05
90.06	04953	WOUND CARE	6,309	1,515,660	1,521,969	0.399628	90.06
90.07	04954	SLEEP LAB	0	4,282,831	4,282,831	0.211207	90.07
91.00	09100	EMERGENCY	13,722,120	46,227,930	59,950,050	0.143025	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,120,318	6,140,432	7,260,750	0.584130	92.00
SPECIAL PURPOSE COST CENTERS							
114.00	11400	UTILIZATION REVIEW - SNF					114.00
200.00		Subtotal (see instructions)	289,633,178	362,205,202	651,838,380		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	289,633,178	362,205,202	651,838,380		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140211

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

Worksheet C
Part I
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		PPS Inpatient Ratio	Title XVIII	Hospital	PPS
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.264891			50.00
51.00	05100 RECOVERY ROOM	0.288763			51.00
53.00	05300 ANESTHESIOLOGY	0.889454			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.263233			54.00
54.01	03630 ULTRA SOUND	0.099958			54.01
54.02	03480 NUCLEAR ONCOLOGY	0.148512			54.02
56.00	05600 RADIOISOTOPE	0.156617			56.00
57.00	05700 CT SCAN	0.068349			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.054065			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.380370			59.00
60.00	06000 LABORATORY	0.134441			60.00
64.00	06400 INTRAVENOUS THERAPY	0.545255			64.00
65.00	06500 RESPIRATORY THERAPY	0.202192			65.00
66.00	06600 PHYSICAL THERAPY	0.267407			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
68.00	06800 SPEECH PATHOLOGY	0.000000			68.00
69.00	06900 ELECTROCARDIOLOGY	0.082442			69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378192			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.310382			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.239552			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.239225			75.00
75.01	07501 LITHOTRIPSY	0.305294			75.01
76.97	07697 CARDIAC REHABILITATION	0.462949			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.03	04950 GENETIC TESTING	2.504639			90.03
90.04	04951 CHRONIC PAIN CLINIC	0.388373			90.04
90.05	04952 DIABETES EDUCATION	0.611128			90.05
90.06	04953 WOUND CARE	0.399628			90.06
90.07	04954 SLEEP LAB	0.211207			90.07
91.00	09100 EMERGENCY	0.143025			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.584130			92.00
SPECIAL PURPOSE COST CENTERS					
114.00	11400 UTILIZATION REVIEW - SNF				114.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

Cost Center Description	Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		Total Costs
			Costs		
			Total Costs	RCE Disallowance	
	1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	34,041,515		34,041,515	0	0 30.00
31.00 03100 INTENSIVE CARE UNIT	6,895,906		6,895,906	0	0 31.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	11,774,512		11,774,512	0	0 50.00
51.00 05100 RECOVERY ROOM	1,814,387		1,814,387	0	0 51.00
53.00 05300 ANESTHESIOLOGY	2,046,196		2,046,196	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	7,260,299		7,260,299	0	0 54.00
54.01 03630 ULTRA SOUND	1,445,487		1,445,487	0	0 54.01
54.02 03480 NUCLEAR ONCOLOGY	607,370		607,370	0	0 54.02
56.00 05600 RADIOISOTOPE	1,271,243		1,271,243	0	0 56.00
57.00 05700 CT SCAN	3,630,325		3,630,325	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	1,383,657		1,383,657	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	5,132,626		5,132,626	0	0 59.00
60.00 06000 LABORATORY	12,113,409		12,113,409	0	0 60.00
64.00 06400 INTRAVENOUS THERAPY	3,366,139		3,366,139	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	2,481,286	0	2,481,286	0	0 65.00
66.00 06600 PHYSICAL THERAPY	6,129,154	0	6,129,154	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	2,499,362		2,499,362	0	0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	9,382,451		9,382,451	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	5,831,798		5,831,798	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	16,662,921		16,662,921	0	0 73.00
75.00 07500 ASC (NON-DISTINCT PART)	3,730,276		3,730,276	0	0 75.00
75.01 07501 LITHOTRIPSY	376,344		376,344	0	0 75.01
76.97 07697 CARDIAC REHABILITATION	1,000,404		1,000,404	0	0 76.97
OUTPATIENT SERVICE COST CENTERS					
90.00 09000 CLINIC	0		0	0	0 90.00
90.03 04950 GENETIC TESTING	108,531		108,531	0	0 90.03
90.04 04951 CHRONIC PAIN CLINIC	478,815		478,815	0	0 90.04
90.05 04952 DIABETES EDUCATION	449,907		449,907	0	0 90.05
90.06 04953 WOUND CARE	608,221		608,221	0	0 90.06
90.07 04954 SLEEP LAB	904,564		904,564	0	0 90.07
91.00 09100 EMERGENCY	8,574,338		8,574,338	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	4,241,220		4,241,220	0	0 92.00
SPECIAL PURPOSE COST CENTERS					
114.00 11400 UTILIZATION REVIEW - SNF					114.00
200.00 Subtotal (see instructions)	156,242,663	0	156,242,663	0	0 200.00
201.00 Less Observation Beds	4,241,220		4,241,220	0	0 201.00
202.00 Total (see instructions)	152,001,443	0	152,001,443	0	0 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140211

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

Worksheet C
Part I
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description	Title XIX			Hospital	Cost			
	Charges		Total (col. 6 + col. 7)	Cost or Other Ratio	TEFRA Inpatient Ratio			
	Inpatient	Outpatient						
	6.00	7.00	8.00	9.00	10.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	65,412,897		65,412,897		30.00	
31.00	03100	INTENSIVE CARE UNIT	17,624,115		17,624,115		31.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	OPERATING ROOM	20,358,019	24,092,321	44,450,340	0.264891	0.000000	50.00
51.00	05100	RECOVERY ROOM	2,839,154	3,444,159	6,283,313	0.288763	0.000000	51.00
53.00	05300	ANESTHESIOLOGY	961,517	1,338,990	2,300,507	0.889454	0.000000	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	4,459,901	23,121,391	27,581,292	0.263233	0.000000	54.00
54.01	03630	ULTRA SOUND	2,555,477	11,905,446	14,460,923	0.099958	0.000000	54.01
54.02	03480	NUCLEAR ONCOLOGY	325,744	4,083,155	4,408,899	0.137760	0.000000	54.02
56.00	05600	RADIOISOTOPE	1,260,836	6,856,080	8,116,916	0.156617	0.000000	56.00
57.00	05700	CT SCAN	11,172,744	41,941,631	53,114,375	0.068349	0.000000	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	4,280,274	21,312,298	25,592,572	0.054065	0.000000	58.00
59.00	05900	CARDIAC CATHETERIZATION	8,459,403	5,034,356	13,493,759	0.380370	0.000000	59.00
60.00	06000	LABORATORY	35,643,394	54,458,925	90,102,319	0.134441	0.000000	60.00
64.00	06400	INTRAVENOUS THERAPY	1,396,712	4,776,800	6,173,512	0.545255	0.000000	64.00
65.00	06500	RESPIRATORY THERAPY	10,150,704	2,121,247	12,271,951	0.202192	0.000000	65.00
66.00	06600	PHYSICAL THERAPY	6,733,663	16,229,102	22,962,765	0.266917	0.000000	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0.000000	0.000000	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0.000000	0.000000	68.00
69.00	06900	ELECTROCARDIOLOGY	10,357,036	19,959,729	30,316,765	0.082442	0.000000	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	13,773,053	11,035,621	24,808,674	0.378192	0.000000	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	14,776,943	4,012,166	18,789,109	0.310382	0.000000	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	39,031,499	30,527,048	69,558,547	0.239552	0.000000	73.00
75.00	07500	ASC (NON-DISTINCT PART)	1,911,137	13,682,034	15,593,171	0.239225	0.000000	75.00
75.01	07501	LITHOTRIPSY	1,206,660	26,066	1,232,726	0.305294	0.000000	75.01
76.97	07697	CARDIAC REHABILITATION	49,268	2,111,668	2,160,936	0.462949	0.000000	76.97
OUTPATIENT SERVICE COST CENTERS								
90.00	09000	CLINIC	0	0	0	0.000000	0.000000	90.00
90.03	04950	GENETIC TESTING	0	43,332	43,332	2.504639	0.000000	90.03
90.04	04951	CHRONIC PAIN CLINIC	14,692	1,218,182	1,232,874	0.388373	0.000000	90.04
90.05	04952	DIABETES EDUCATION	29,589	706,602	736,191	0.611128	0.000000	90.05
90.06	04953	WOUND CARE	6,309	1,515,660	1,521,969	0.399628	0.000000	90.06
90.07	04954	SLEEP LAB	0	4,282,831	4,282,831	0.211207	0.000000	90.07
91.00	09100	EMERGENCY	13,722,120	46,227,930	59,950,050	0.143025	0.000000	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	1,120,318	6,140,432	7,260,750	0.584130	0.000000	92.00
SPECIAL PURPOSE COST CENTERS								
114.00	11400	UTILIZATION REVIEW - SNF						114.00
200.00		Subtotal (see instructions)	289,633,178	362,205,202	651,838,380			200.00
201.00		Less Observation Beds						201.00
202.00		Total (see instructions)	289,633,178	362,205,202	651,838,380			202.00

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
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
51.00	05100 RECOVERY ROOM	0.000000			51.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
54.01	03630 ULTRA SOUND	0.000000			54.01
54.02	03480 NUCLEAR ONCOLOGY	0.000000			54.02
56.00	05600 RADIOISOTOPE	0.000000			56.00
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
64.00	06400 INTRAVENOUS THERAPY	0.000000			64.00
65.00	06500 RESPIRATORY THERAPY	0.000000			65.00
66.00	06600 PHYSICAL THERAPY	0.000000			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.000000			67.00
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 PATIENTS	0.000000			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.000000			73.00
75.00	07500 ASC (NON-DISTINCT PART)	0.000000			75.00
75.01	07501 LITHOTRIPSY	0.000000			75.01
76.97	07697 CARDIAC REHABILITATION	0.000000			76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0.000000			90.00
90.03	04950 GENETIC TESTING	0.000000			90.03
90.04	04951 CHRONIC PAIN CLINIC	0.000000			90.04
90.05	04952 DIABETES EDUCATION	0.000000			90.05
90.06	04953 WOUND CARE	0.000000			90.06
90.07	04954 SLEEP LAB	0.000000			90.07
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.000000			92.00
SPECIAL PURPOSE COST CENTERS					
114.00	11400 UTILIZATION REVIEW - SNF				114.00
200.00	Subtotal (see instructions)				200.00
201.00	Less Observation Beds				201.00
202.00	Total (see instructions)				202.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140211

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

Worksheet D
Part I
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description	Title XVIII			Hospital	PPS			
	Capital Related Cost (from Wkst. B, Part II, col. 26)	Swing Bed Adjustment	Reduced Capital Related Cost (col. 1 - col. 2)	Total Patient Days	Per Diem (col. 3 / col. 4)			
	1.00	2.00	3.00	4.00	5.00			
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	ADULTS & PEDIATRICS	4,499,385	0	4,499,385	27,731	162.25	30.00
31.00	03100	INTENSIVE CARE UNIT	669,191		669,191	4,197	159.45	31.00
200.00		Total (lines 30-199)	5,168,576		5,168,576	31,928		200.00

Cost Center Description		Inpatient Program days	Inpatient Program Capital Cost (col. 5 x col. 6)	
		6.00	7.00	
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	12,088	1,961,278	30.00
31.00	03100 INTENSIVE CARE UNIT	2,165	345,209	31.00
200.00	Total (lines 30-199)	14,253	2,306,487	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140211

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

Worksheet D
Part II
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		Title XVIII			Hospital	PPS	
		Capital Related Cost (from Wkst. B, Part II, col. 26)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	1,827,678	44,450,340	0.041117	9,537,746	392,164	50.00
51.00	05100 RECOVERY ROOM	246,532	6,283,313	0.039236	1,361,463	53,418	51.00
53.00	05300 ANESTHESIOLOGY	419,042	2,300,507	0.182152	382,558	69,684	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,005,749	27,581,292	0.036465	2,827,728	103,113	54.00
54.01	03630 ULTRA SOUND	91,935	14,460,923	0.006357	1,477,688	9,394	54.01
54.02	03480 NUCLEAR ONCOLOGY	52,869	4,408,899	0.011991	62,309	747	54.02
56.00	05600 RADIOISOTOPE	127,102	8,116,916	0.015659	813,955	12,746	56.00
57.00	05700 CT SCAN	492,318	53,114,375	0.009269	6,281,569	58,224	57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	125,619	25,592,572	0.004908	2,334,734	11,459	58.00
59.00	05900 CARDIAC CATHETERIZATION	965,637	13,493,759	0.071562	4,509,916	322,739	59.00
60.00	06000 LABORATORY	1,258,190	90,102,319	0.013964	19,637,667	274,220	60.00
64.00	06400 INTRAVENOUS THERAPY	420,686	6,173,512	0.068144	602,100	41,030	64.00
65.00	06500 RESPIRATORY THERAPY	212,992	12,271,951	0.017356	6,331,227	109,885	65.00
66.00	06600 PHYSICAL THERAPY	275,663	22,962,765	0.012005	4,778,760	57,369	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0.000000	0	0	67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0.000000	0	0	68.00
69.00	06900 ELECTROCARDIOLOGY	408,079	30,316,765	0.013461	6,625,030	89,180	69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	239,801	24,808,674	0.009666	7,423,099	71,752	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	154,060	18,789,109	0.008199	7,587,667	62,211	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	1,177,461	69,558,547	0.016928	19,067,077	322,767	73.00
75.00	07500 ASC (NON-DISTINCT PART)	451,768	15,593,171	0.028972	1,060,701	30,731	75.00
75.01	07501 LITHOTRIPSY	13,109	1,232,726	0.010634	644,155	6,850	75.01
76.97	07697 CARDIAC REHABILITATION	29,869	2,160,936	0.013822	29,123	403	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.03	04950 GENETIC TESTING	2,147	43,332	0.049548	0	0	90.03
90.04	04951 CHRONIC PAIN CLINIC	36,014	1,232,874	0.029211	1,048	31	90.04
90.05	04952 DIABETES EDUCATION	12,789	736,191	0.017372	11,211	195	90.05
90.06	04953 WOUND CARE	20,823	1,521,969	0.013682	3,993	55	90.06
90.07	04954 SLEEP LAB	66,141	4,282,831	0.015443	0	0	90.07
91.00	09100 EMERGENCY	827,366	59,950,050	0.013801	7,778,907	107,357	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	560,575	7,260,750	0.077206	1,077,758	83,209	92.00
200.00	Total (lines 50-199)	11,522,014	568,801,368		112,249,189	2,290,933	200.00

Cost Center Description	Title XVIII			Hospital	PPS	Total Costs (sum of cols. 1 through 3, minus col. 4)
	Nursing School	Allied Health Cost	All Other Medical Education Cost	Swing-Bed Adjustment Amount (see instructions)		
	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	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	0	0	0	0	0 31.00
200.00 Total (lines 30-199)	0	0	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS	Provider CCN: 140211	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part III Date/Time Prepared: 11/16/2012 9:51 am
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Cost Center Description	Title XVIII			Hospital	PPS	
	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	
	6.00	7.00	8.00	9.00	11.00	
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000 ADULTS & PEDIATRICS	27,731	0.00	12,088	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	4,197	0.00	2,165	0	0	31.00
200.00 Total (lines 30-199)	31,928		14,253	0	0	200.00

Cost Center Description		Title XVIII		Hospital	PPS
		PSA Adj. Allied Health Cost	PSA Adj. All Other Medical Education Cost		
		12.00	13.00		
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS	0	0		30.00
31.00	03100 INTENSIVE CARE UNIT	0	0		31.00
200.00	Total (lines 30-199)	0	0		200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140211

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

Worksheet D
Part IV
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description	Title XVIII				Hospital	PPS
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0	0	0	0	0	50.00
51.00 05100 RECOVERY ROOM	0	0	0	0	0	51.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
54.01 03630 ULTRA SOUND	0	0	0	0	0	54.01
54.02 03480 NUCLEAR ONCOLOGY	0	0	0	0	0	54.02
56.00 05600 RADIOISOTOPE	0	0	0	0	0	56.00
57.00 05700 CT SCAN	0	0	0	0	0	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	60.00
64.00 06400 INTRAVENOUS THERAPY	0	0	0	0	0	64.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	67.00
68.00 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 PATIENTS	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	0	0	0	0	75.00
75.01 07501 LITHOTRIPSY	0	0	0	0	0	75.01
76.97 07697 CARDIAC REHABILITATION	0	0	0	0	0	76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	90.00
90.03 04950 GENETIC TESTING	0	0	0	0	0	90.03
90.04 04951 CHRONIC PAIN CLINIC	0	0	0	0	0	90.04
90.05 04952 DIABETES EDUCATION	0	0	0	0	0	90.05
90.06 04953 WOUND CARE	0	0	0	0	0	90.06
90.07 04954 SLEEP LAB	0	0	0	0	0	90.07
91.00 09100 EMERGENCY	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140211

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

Worksheet D
Part IV
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description	Title XVIII					Hospital	PPS
	Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges		
	6.00	7.00	8.00	9.00	10.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	44,450,340	0.000000	0.000000	9,537,746	50.00	
51.00 05100 RECOVERY ROOM	0	6,283,313	0.000000	0.000000	1,361,463	51.00	
53.00 05300 ANESTHESIOLOGY	0	2,300,507	0.000000	0.000000	382,558	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	27,581,292	0.000000	0.000000	2,827,728	54.00	
54.01 03630 ULTRA SOUND	0	14,460,923	0.000000	0.000000	1,477,688	54.01	
54.02 03480 NUCLEAR ONCOLOGY	0	4,408,899	0.000000	0.000000	62,309	54.02	
56.00 05600 RADIOISOTOPE	0	8,116,916	0.000000	0.000000	813,955	56.00	
57.00 05700 CT SCAN	0	53,114,375	0.000000	0.000000	6,281,569	57.00	
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	25,592,572	0.000000	0.000000	2,334,734	58.00	
59.00 05900 CARDIAC CATHETERIZATION	0	13,493,759	0.000000	0.000000	4,509,916	59.00	
60.00 06000 LABORATORY	0	90,102,319	0.000000	0.000000	19,637,667	60.00	
64.00 06400 INTRAVENOUS THERAPY	0	6,173,512	0.000000	0.000000	602,100	64.00	
65.00 06500 RESPIRATORY THERAPY	0	12,271,951	0.000000	0.000000	6,331,227	65.00	
66.00 06600 PHYSICAL THERAPY	0	22,962,765	0.000000	0.000000	4,778,760	66.00	
67.00 06700 OCCUPATIONAL THERAPY	0	0	0.000000	0.000000	0	67.00	
68.00 06800 SPEECH PATHOLOGY	0	0	0.000000	0.000000	0	68.00	
69.00 06900 ELECTROCARDIOLOGY	0	30,316,765	0.000000	0.000000	6,625,030	69.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	24,808,674	0.000000	0.000000	7,423,099	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	18,789,109	0.000000	0.000000	7,587,667	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	69,558,547	0.000000	0.000000	19,067,077	73.00	
75.00 07500 ASC (NON-DISTINCT PART)	0	15,593,171	0.000000	0.000000	1,060,701	75.00	
75.01 07501 LITHOTRIPSY	0	1,232,726	0.000000	0.000000	644,155	75.01	
76.97 07697 CARDIAC REHABILITATION	0	2,160,936	0.000000	0.000000	29,123	76.97	
OUTPATIENT SERVICE COST CENTERS							
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00	
90.03 04950 GENETIC TESTING	0	43,332	0.000000	0.000000	0	90.03	
90.04 04951 CHRONIC PAIN CLINIC	0	1,232,874	0.000000	0.000000	1,048	90.04	
90.05 04952 DIABETES EDUCATION	0	736,191	0.000000	0.000000	11,211	90.05	
90.06 04953 WOUND CARE	0	1,521,969	0.000000	0.000000	3,993	90.06	
90.07 04954 SLEEP LAB	0	4,282,831	0.000000	0.000000	0	90.07	
91.00 09100 EMERGENCY	0	59,950,050	0.000000	0.000000	7,778,907	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	7,260,750	0.000000	0.000000	1,077,758	92.00	
200.00 Total (lines 50-199)	0	568,801,368			112,249,189	200.00	

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140211

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

Worksheet D
Part IV
Date/Time Prepared:
11/16/2012 9:51 am

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	4,575,350	0	0	0	0 50.00
51.00 05100 RECOVERY ROOM	0	661,398	0	0	0	0 51.00
53.00 05300 ANESTHESIOLOGY	0	303,203	0	0	0	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	4,183,235	0	0	0	0 54.00
54.01 03630 ULTRA SOUND	0	3,003,194	0	0	0	0 54.01
54.02 03480 NUCLEAR ONCOLOGY	0	1,806,231	0	0	0	0 54.02
56.00 05600 RADIOISOTOPE	0	2,704,792	0	0	0	0 56.00
57.00 05700 CT SCAN	0	12,088,045	0	0	0	0 57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0	5,326,942	0	0	0	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	2,456,304	0	0	0	0 59.00
60.00 06000 LABORATORY	0	1,876,834	0	0	0	0 60.00
64.00 06400 INTRAVENOUS THERAPY	0	1,742,772	0	0	0	0 64.00
65.00 06500 RESPIRATORY THERAPY	0	539,033	0	0	0	0 65.00
66.00 06600 PHYSICAL THERAPY	0	195,012	0	0	0	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,409,109	0	0	0	0 69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0	2,337,745	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,228,776	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	9,417,538	0	0	0	0 73.00
75.00 07500 ASC (NON-DISTINCT PART)	0	3,700,828	0	0	0	0 75.00
75.01 07501 LITHOTRIPSY	0	0	0	0	0	0 75.01
76.97 07697 CARDIAC REHABILITATION	0	1,211,902	0	0	0	0 76.97
OUTPATIENT SERVICE COST CENTERS						
90.00 09000 CLINIC	0	0	0	0	0	0 90.00
90.03 04950 GENETIC TESTING	0	6,927	0	0	0	0 90.03
90.04 04951 CHRONIC PAIN CLINIC	0	440,097	0	0	0	0 90.04
90.05 04952 DIABETES EDUCATION	0	326	0	0	0	0 90.05
90.06 04953 WOUND CARE	0	816,073	0	0	0	0 90.06
90.07 04954 SLEEP LAB	0	882,257	0	0	0	0 90.07
91.00 09100 EMERGENCY	0	8,620,482	0	0	0	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	1,541,686	0	0	0	0 92.00
200.00 Total (lines 50-199)	0	78,076,091	0	0	0	0 200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140211

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

Worksheet D
Part IV
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		Title XVIII		Hospital	PPS
		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
53.00	05300 ANESTHESIOLOGY	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0		54.00
54.01	03630 ULTRA SOUND	0	0		54.01
54.02	03480 NUCLEAR ONCOLOGY	0	0		54.02
56.00	05600 RADIOISOTOPE	0	0		56.00
57.00	05700 CT SCAN	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0		59.00
60.00	06000 LABORATORY	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0		67.00
68.00	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 PATIENTS	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0		73.00
75.00	07500 ASC (NON-DISTINCT PART)	0	0		75.00
75.01	07501 LITHOTRIPSY	0	0		75.01
76.97	07697 CARDIAC REHABILITATION	0	0		76.97
OUTPATIENT SERVICE COST CENTERS					
90.00	09000 CLINIC	0	0		90.00
90.03	04950 GENETIC TESTING	0	0		90.03
90.04	04951 CHRONIC PAIN CLINIC	0	0		90.04
90.05	04952 DIABETES EDUCATION	0	0		90.05
90.06	04953 WOUND CARE	0	0		90.06
90.07	04954 SLEEP LAB	0	0		90.07
91.00	09100 EMERGENCY	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	0	0		92.00
200.00	Total (lines 50-199)	0	0		200.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140211

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

Worksheet D
Part V
Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description		Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			Hospital	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)		
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.264891	4,575,350	0	0	50.00
51.00	05100	RECOVERY ROOM	0.288763	661,398	0	0	51.00
53.00	05300	ANESTHESIOLOGY	0.889454	303,203	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.263233	4,183,235	0	0	54.00
54.01	03630	ULTRA SOUND	0.099958	3,003,194	0	0	54.01
54.02	03480	NUCLEAR ONCOLOGY	0.137760	1,806,231	0	0	54.02
56.00	05600	RADIOISOTOPE	0.156617	2,704,792	0	0	56.00
57.00	05700	CT SCAN	0.068349	12,088,045	0	0	57.00
58.00	05800	MAGNETIC RESONANCE IMAGING (MRI)	0.054065	5,326,942	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.380370	2,456,304	0	0	59.00
60.00	06000	LABORATORY	0.134441	1,876,834	0	0	60.00
64.00	06400	INTRAVENOUS THERAPY	0.545255	1,742,772	0	0	64.00
65.00	06500	RESPIRATORY THERAPY	0.202192	539,033	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.266917	195,012	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.000000	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.000000	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.082442	6,409,109	0	0	69.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378192	2,337,745	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.310382	1,228,776	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.239552	9,417,538	0	754	73.00
75.00	07500	ASC (NON-DISTINCT PART)	0.239225	3,700,828	0	0	75.00
75.01	07501	LITHOTRIPSY	0.305294	0	0	0	75.01
76.97	07697	CARDIAC REHABILITATION	0.462949	1,211,902	0	0	76.97
OUTPATIENT SERVICE COST CENTERS							
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.03	04950	GENETIC TESTING	2.504639	6,927	0	0	90.03
90.04	04951	CHRONIC PAIN CLINIC	0.388373	440,097	0	0	90.04
90.05	04952	DIABETES EDUCATION	0.611128	326	0	0	90.05
90.06	04953	WOUND CARE	0.399628	816,073	0	0	90.06
90.07	04954	SLEEP LAB	0.211207	882,257	0	0	90.07
91.00	09100	EMERGENCY	0.143025	8,620,482	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART)	0.584130	1,541,686	0	0	92.00
200.00		Subtotal (see instructions)		78,076,091	0	754	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		78,076,091	0	754	202.00

Cost Center Description		Title XVIII			Hospital	PPS
		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	1,211,969	0	0		50.00
51.00	05100 RECOVERY ROOM	190,987	0	0		51.00
53.00	05300 ANESTHESIOLOGY	269,685	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	1,101,165	0	0		54.00
54.01	03630 ULTRA SOUND	300,193	0	0		54.01
54.02	03480 NUCLEAR ONCOLOGY	248,826	0	0		54.02
56.00	05600 RADIOISOTOPE	423,616	0	0		56.00
57.00	05700 CT SCAN	826,206	0	0		57.00
58.00	05800 MAGNETIC RESONANCE IMAGING (MRI)	288,001	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	934,304	0	0		59.00
60.00	06000 LABORATORY	252,323	0	0		60.00
64.00	06400 INTRAVENOUS THERAPY	950,255	0	0		64.00
65.00	06500 RESPIRATORY THERAPY	108,988	0	0		65.00
66.00	06600 PHYSICAL THERAPY	52,052	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELECTROCARDIOLOGY	528,380	0	0		69.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	884,116	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	381,390	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	2,255,990	0	181		73.00
75.00	07500 ASC (NON-DISTINCT PART)	885,331	0	0		75.00
75.01	07501 LITHOTRIPSY	0	0	0		75.01
76.97	07697 CARDIAC REHABILITATION	561,049	0	0		76.97
OUTPATIENT SERVICE COST CENTERS						
90.00	09000 CLINIC	0	0	0		90.00
90.03	04950 GENETIC TESTING	17,350	0	0		90.03
90.04	04951 CHRONIC PAIN CLINIC	170,922	0	0		90.04
90.05	04952 DIABETES EDUCATION	199	0	0		90.05
90.06	04953 WOUND CARE	326,126	0	0		90.06
90.07	04954 SLEEP LAB	186,339	0	0		90.07
91.00	09100 EMERGENCY	1,232,944	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART)	900,545	0	0		92.00
200.00	Subtotal (see instructions)	15,489,251	0	181		200.00
201.00	Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	15,489,251	0	181		202.00

COMPUTATION OF INPATIENT OPERATING COST
 Provider CN: 140211
 Period: From 07/01/2011 To 06/30/2012
 Hospital
 Date/Time Prepared: 11/16/2012 9:51 am
 Worksheet D-1 PPS

Cost Center Description	
PART I - ALL PROVIDER COMPONENTS	
1.00	

INPATIENT DAYS	
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)
3.00	Private room days (excluding swing-bed and newborn days). If you have only private room days, do not complete this line.
4.00	Semi-private room days (excluding swing-bed and observation bed days)
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period
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)
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period
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)
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)
10.00	Swing-bed SNF type inpatient days applicable to title XVII only (including private room days) through December 31 of the cost reporting period (see instructions)
11.00	Swing-bed SNF type inpatient days applicable to title XVII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)
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
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)
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)
15.00	Total nursery days (title V or XIX only)
16.00	Nursery days (title V or XIX only)
SWING BED ADJUSTMENT	
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period
21.00	Total general inpatient routine service cost (see instructions)
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)
26.00	Total swing-bed cost (see instructions)
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT	
28.00	General inpatient routine service charges (excluding swing-bed charges)
29.00	Private room charges (excluding swing-bed charges)
30.00	Semi-private room charges (excluding swing-bed charges)
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)
32.00	Average private room per diem charge (line 29 ÷ line 3)
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)
35.00	Average per diem private room cost differential (line 34 x line 31)
36.00	Private room cost differential adjustment (line 3 x line 35)
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)
PART II - HOSPITAL AND SUPPLIERS ONLY	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	
38.00	Adjusted general inpatient routine service cost per diem (see instructions)
39.00	Program general inpatient routine service cost (line 9 x line 38)
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)
41.00	Total Program general inpatient routine service cost (line 39 + line 40)

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)	
42.00 NURSERY (title V & XIX only)	1.00	2.00	3.00	4.00	5.00	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	6,895,906	4,197	1,643.06	2,165	3,557,225	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)					24,577,105	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					42,973,075	49.00
PASS THROUGH COST ADJUSTMENTS						
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					2,306,487	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					2,290,933	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					4,597,420	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					38,375,655	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 8, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					3,455	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					1,227.56	88.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					4,241,220	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140211

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

Worksheet D-1

Date/Time Prepared:
11/16/2012 9:51 am

Cost Center Description	Cost	Title XVIII		Hospital	PPS	
		Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	4,499,385	34,041,515	0.132173	4,241,220	560,575	90.00
91.00 Nursing School cost	0	34,041,515	0.000000	4,241,220	0	91.00
92.00 Allied health cost	0	34,041,515	0.000000	4,241,220	0	92.00
93.00 All other Medical Education	0	34,041,515	0.000000	4,241,220	0	93.00

Cost Center Description	Title XVIII Hospital PPS			
	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		21,243,901		30.00
31.00 03100 INTENSIVE CARE UNIT		9,432,945		31.00
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0.264891	9,537,746	2,526,463	50.00
51.00 05100 RECOVERY ROOM	0.288763	1,361,463	393,140	51.00
53.00 05300 ANESTHESIOLOGY	0.889454	382,558	340,268	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.263233	2,827,728	744,351	54.00
54.01 03630 ULTRA SOUND	0.099958	1,477,688	147,707	54.01
54.02 03480 NUCLEAR ONCOLOGY	0.148512	62,309	9,254	54.02
56.00 05600 RADIOISOTOPE	0.156617	813,955	127,479	56.00
57.00 05700 CT SCAN	0.068349	6,281,569	429,339	57.00
58.00 05800 MAGNETIC RESONANCE IMAGING (MRI)	0.054065	2,334,734	126,227	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.380370	4,509,916	1,715,437	59.00
60.00 06000 LABORATORY	0.134441	19,637,667	2,640,108	60.00
64.00 06400 INTRAVENOUS THERAPY	0.545255	602,100	328,298	64.00
65.00 06500 RESPIRATORY THERAPY	0.202192	6,331,227	1,280,123	65.00
66.00 06600 PHYSICAL THERAPY	0.267407	4,778,760	1,277,874	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.000000	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.000000	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.082442	6,625,030	546,181	69.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENTS	0.378192	7,423,099	2,807,357	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.310382	7,587,667	2,355,075	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.239552	19,067,077	4,567,556	73.00
75.00 07500 ASC (NON-DISTINCT PART)	0.239225	1,060,701	253,746	75.00
75.01 07501 LITHOTRIPSY	0.305294	644,155	196,657	75.01
76.97 07697 CARDIAC REHABILITATION	0.462949	29,123	13,482	76.97
OUTPATIENT SERVICE COST CENTERS				
90.00 09000 CLINIC	0.000000	0	0	90.00
90.03 04950 GENETIC TESTING	2.504639	0	0	90.03
90.04 04951 CHRONIC PAIN CLINIC	0.388373	1,048	407	90.04
90.05 04952 DIABETES EDUCATION	0.611128	11,211	6,851	90.05
90.06 04953 WOUND CARE	0.399628	3,993	1,596	90.06
90.07 04954 SLEEP LAB	0.211207	0	0	90.07
91.00 09100 EMERGENCY	0.143025	7,778,907	1,112,578	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART)	0.584130	1,077,758	629,551	92.00
200.00 Total (sum of lines 50-94 and 96-98)		112,249,189	24,577,105	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)		112,249,189		202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140211

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

Worksheet E
Part A
Date/Time Prepared:
11/16/2012 9:51 am

		Title XVIII		Hospital		PPS	
		before 1/1	on/after 1/1	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	24,602,041					1.00
2.00	Outlier payments for discharges. (see instructions)	1,067,576					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	0					3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	149.56					4.00
Indirect Medical Education Adjustment							
5.00	FTE count for allopathic and osteopathic programs for the most recent cost reporting period ending on or before 12/31/1996.(see instructions)	0.00					5.00
6.00	FTE count for allopathic and osteopathic programs which meet the criteria for an add-on to the cap for new programs in accordance with 42 CFR 413.79(e)	0.00					6.00
7.00	MMA Section 422 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(1)	0.00					7.00
7.01	ACA Section 5503 reduction amount to the IME cap as specified under 42 CFR §412.105(f)(1)(iv)(B)(2) If the cost report straddles July 1, 2011 then see instructions.	0.00					7.01
8.00	Adjustment (increase or decrease) to the FTE count for allopathic and osteopathic programs for affiliated programs in accordance with 42 CFR 413.75(b), 413.79(c)(2)(iv) and Vol. 64 Federal Register, May 12, 1998, page 26340 and Vol. 67 Federal Register, page 50069, August 1, 2002.	0.00					8.00
8.01	The amount of increase if the hospital was awarded FTE cap slots under section 5503 of the ACA. If the cost report straddles July 1, 2011, see instructions.	0.00					8.01
8.02	The amount of increase if the hospital was awarded FTE cap slots from a closed teaching hospital under section 5506 of ACA. (see instructions)	0.00					8.02
9.00	Sum of lines 5 plus 6 minus lines (7 and 7.01) plus/minus lines (8, 8.01 and 8.02) (see instructions)	0.00					9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	0.00					10.00
11.00	FTE count for residents in dental and podiatric programs.	0.00					11.00
12.00	Current year allowable FTE (see instructions)	0.00					12.00
13.00	Total allowable FTE count for the prior year.	0.00					13.00
14.00	Total allowable FTE count for the penultimate year if that year ended on or after September 30, 1997, otherwise enter zero.	0.00					14.00
15.00	Sum of lines 12 through 14 divided by 3.	0.00					15.00
16.00	Adjustment for residents in initial years of the program	0.00					16.00
17.00	Adjustment for residents displaced by program or hospital closure	0.00					17.00
18.00	Adjusted rolling average FTE count	0.00					18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.000000					19.00
20.00	Prior year resident to bed ratio (see instructions)	0.000000					20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.000000					21.00
22.00	IME payment adjustment (see instructions)	0					22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00					23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00					24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00					25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000					26.00
27.00	IME payments adjustment. (see instructions)	0.000000					27.00
28.00	IME Adjustment (see instructions)	0					28.00
29.00	Total IME payment (sum of lines 22 and 28)	0					29.00
Disproportionate Share Adjustment							
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	0.00					30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	0.00					31.00
32.00	Sum of lines 30 and 31	0.00					32.00
33.00	Allowable disproportionate share percentage (see instructions)	0.00					33.00
34.00	Disproportionate share adjustment (see instructions)	0					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 an 685. (see instructions)	0		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 an 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		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)	25,669,617					47.00

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CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN:140211

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

Worksheet E
Part A
Date/Time Prepared:
11/16/2012 9:51 am

		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)	25,669,617	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)	2,174,586	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)	0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).	0	52.00
53.00	Nursing and Allied Health Managed Care payment	0	53.00
54.00	Special add-on payments for new technologies	0	54.00
55.00	Net organ acquisition cost (worksheet D-4 Part III, col. 1, line 69)	0	55.00
56.00	Cost of teaching physicians (Worksheet D-5, Part II, col. 3, line 20)	0	56.00
57.00	Routine service other pass through costs	0	57.00
58.00	Ancillary service other pass through costs worksheet D, Part IV, col. 11 line 200)	0	58.00
59.00	Total (sum of amounts on lines 49 through 58)	27,844,203	59.00
60.00	Primary payer payments	0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)	27,844,203	61.00
62.00	Deductibles billed to program beneficiaries	2,931,800	62.00
63.00	Coinurance billed to program beneficiaries	49,831	63.00
64.00	Allowable bad debts (see instructions)	0	64.00
65.00	Adjusted reimbursable bad debts (see instructions)	0	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)	24,862,572	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)	24,862,572	71.00
72.00	Interim payments	24,866,222	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)	-3,650	74.00
75.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-II, section 115.2	0	75.00
TO BE COMPLETED BY CONTRACTOR			
90.00	Operating outlier amount from worksheet E, Part A line 2	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

		Title XVIII	Hospital	PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		181	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		15,489,251	2.00
3.00	PPS payments		12,154,550	3.00
4.00	Outlier payment (see instructions)		64,132	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		181	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		754	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)		754	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)		754	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		573	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)		181	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)		12,218,682	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		0	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		2,899,241	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)		9,319,622	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)		9,319,622	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		9,319,622	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)		9,319,622	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)		9,319,622	40.00
41.00	Interim payments		9,319,516	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)		106	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: 140211

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

Worksheet E
Part B
Date/Time Prepared:
11/16/2012 9:51 am

Title XVIII

Hospital

PPS

Overrides
1.00

WORKSHEET OVERRIDE VALUES

112.00; Override of Ancillary service charges (line 12)

0; 112.00

		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		24,866,222		9,319,516	1.00
2.00	Interim payments payable on individual bills, either submitted or to be submitted to the contractor for services rendered in the cost reporting period. If none, write "NONE" or enter a zero		0		0	2.00
3.00	List separately each retroactive lump sum adjustment amount based on subsequent revision of the interim rate for the cost reporting period. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					3.00
Program to Provider						
3.01	ADJUSTMENTS TO PROVIDER		0		0	3.01
3.02			0		0	3.02
3.03			0		0	3.03
3.04			0		0	3.04
3.05			0		0	3.05
Provider to Program						
3.50	ADJUSTMENTS TO PROGRAM		0		0	3.50
3.51			0		0	3.51
3.52			0		0	3.52
3.53			0		0	3.53
3.54			0		0	3.54
3.99	Subtotal (sum of lines 3.01-3.49 minus sum of lines 3.50-3.98)		0		0	3.99
4.00	Total interim payments (sum of lines 1, 2, and 3.99) (transfer to wkst. E or wkst. E-3, line and column as appropriate)		24,866,222		9,319,516	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		106	6.01
6.02	SETTLEMENT TO PROGRAM		3,650		0	6.02
7.00	Total Medicare program liability (see instructions)		24,862,572		9,319,622	7.00
			0	Contractor Number	Date (Mo/Day/Yr)	
8.00	Name of Contractor			1.00	2.00	8.00

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

Provider CCN: 140211

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

Worksheet G

Date/Time Prepared:
11/16/2012 9:51 am

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	302,000	0	0	0	1.00
2.00 Temporary investments	54,000	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	23,644,000	0	0	0	4.00
5.00 Other receivable	0	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	0	0	0	0	6.00
7.00 Inventory	2,538,000	0	0	0	7.00
8.00 Prepaid expenses	603,000	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	7,122,000	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	34,263,000	0	0	0	11.00
FIXED ASSETS					
12.00 Land	461,057	0	0	0	12.00
13.00 Land improvements	10,822,207	0	0	0	13.00
14.00 Accumulated depreciation	-9,059,964	0	0	0	14.00
15.00 Buildings	159,602,707	0	0	0	15.00
16.00 Accumulated depreciation	-62,365,435	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	1,661,449	0	0	0	19.00
20.00 Accumulated depreciation	-928,426	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	87,874,832	0	0	0	23.00
24.00 Accumulated depreciation	-59,382,427	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)	128,686,000	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	191,393,000	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	936,000	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	192,329,000	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	355,278,000	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	5,203,000	0	0	0	37.00
38.00 Salaries, wages, and fees payable	0	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	647,000	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	21,716,000	0	0	0	43.00
44.00 Other current liabilities	2,380,000	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	29,946,000	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	0	0	0	0	46.00
47.00 Notes payable	124,125,000	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	16,620,000	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	140,745,000	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	170,691,000	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	184,587,000				52.00
53.00 Specific purpose fund		0			53.00
54.00 Donor created - endowment fund balance - restricted			0		54.00
55.00 Donor created - endowment fund balance - unrestricted			0		55.00
56.00 Governing body created - endowment fund balance			0		56.00
57.00 Plant fund balance - invested in plant				0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion				0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	184,587,000	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	355,278,000	0	0	0	60.00

	General Fund		Special Purpose Fund		
	1.00	2.00	3.00	4.00	
	1.00				
2.00		178,720,912			2.00
3.00		5,866,088			3.00
4.00		184,587,000			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		184,587,000		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		184,587,000		0	19.00

	Endowment Fund		Plant Fund			
	5.00	6.00	7.00	8.00		
	1.00					
2.00					2.00	
3.00					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	

Cost Center Description		Inpatient	Outpatient	Total	
		1.00	2.00	3.00	
PART I - PATIENT REVENUES					
General Inpatient Routine Services					
1.00	Hospital	73,145,562		73,145,562	1.00
2.00	SUBPROVIDER - IPF				2.00
3.00	SUBPROVIDER - IRF				3.00
4.00	SUBPROVIDER				4.00
5.00	Swing bed - SNF	0		0	5.00
6.00	Swing bed - NF	0		0	6.00
7.00	SKILLED NURSING FACILITY				7.00
8.00	NURSING FACILITY				8.00
9.00	OTHER LONG TERM CARE				9.00
10.00	Total general inpatient care services (sum of lines 1-9)	73,145,562		73,145,562	10.00
Intensive Care Type Inpatient Hospital Services					
11.00	INTENSIVE CARE UNIT	17,833,952		17,833,952	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)	17,833,952		17,833,952	16.00
17.00	Total inpatient routine care services (sum of lines 10 and 16)	90,979,514		90,979,514	17.00
18.00	Ancillary services	195,914,960	306,381,297	502,296,257	18.00
19.00	Outpatient services	13,788,647	54,304,554	68,093,201	19.00
20.00	RURAL HEALTH CLINIC	0	0	0	20.00
21.00	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00	HOME HEALTH AGENCY				22.00
23.00	AMBULANCE SERVICES				23.00
24.00	CMHC				24.00
25.00	AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00	HOSPICE				26.00
27.00	OTHER (SPECIFY)	0	0	0	27.00
28.00	Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	300,683,121	360,685,851	661,368,972	28.00
PART II - OPERATING EXPENSES					
29.00	Operating expenses (per wkst. A, column 3, line 200)		174,345,684		29.00
30.00	ADD (SPECIFY)	0			30.00
31.00		0			31.00
32.00		0			32.00
33.00		0			33.00
34.00		0			34.00
35.00		0			35.00
36.00	Total additions (sum of lines 30-35)		0		36.00
37.00	DEDUCT (SPECIFY)	0			37.00
38.00		0			38.00
39.00		0			39.00
40.00		0			40.00
41.00		0			41.00
42.00	Total deductions (sum of lines 37-41)		0		42.00
43.00	Total operating expenses (sum of lines 29 and 36 minus line 42)(transfer to wkst. G-3, line 4)		174,345,684		43.00

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	661,368,972	1.00
2.00	Less contractual allowances and discounts on patients' accounts	467,252,467	2.00
3.00	Net patient revenues (line 1 minus line 2)	194,116,505	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	174,345,684	4.00
5.00	Net income from service to patients (line 3 minus line 4)	19,770,821	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	3,125,867	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	579,127	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	1,045	17.00
18.00	Revenue from sale of medical records and abstracts	3,223	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	10,875	21.00
22.00	Rental of hospital space	0	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER INCOME	1,571,156	24.00
24.01	DAILY RECEIPTS	362,088	24.01
24.02	RENTAL INCOME	104,416	24.02
24.03	OTHER SERVICE REVENUE	200,910	24.03
24.04	EDUCATION REVENUE	44,150	24.04
24.05	MEDICAID HOSPITAL ASSESSMENT TAX	3,685,307	24.05
24.06	LOSS ON DISPOSAL OF ASSETS	8,308	24.06
25.00	Total other income (sum of lines 6-24)	9,696,472	25.00
26.00	Total (line 5 plus line 25)	29,467,293	26.00
27.00	BAD DEBTS	12,883,541	27.00
27.01	REALIZED AND UNREALIZED G/L	10,717,664	27.01
28.00	Total other expenses (sum of line 27 and subscripts)	23,601,205	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	5,866,088	29.00

Provider CCN: 140211

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

Worksheet L
 Parts I-III
 Date/Time Prepared:
 11/16/2012 9:51 am

		Title XVIII	Hospital	PPS
		1.00		
PART I - FULLY PROSPECTIVE METHOD				
CAPITAL FEDERAL AMOUNT				
1.00	Capital DRG other than outlier		1,992,116	1.00
2.00	Capital DRG outlier payments		156,971	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)		77.80	3.00
4.00	Number of interns & residents (see instructions)		0.00	4.00
5.00	Indirect medical education percentage (see instructions)		0.00	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)		0	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)		0.00	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)		6.27	8.00
9.00	Sum of lines 7 and 8		6.27	9.00
10.00	Allowable disproportionate share percentage (see instructions)		1.28	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)		25,499	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)		2,174,586	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

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