

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).

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY	Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	FORM APPROVED OMB NO. 0938-0050 Worksheet S Parts I-III Date/Time Prepared: 11/29/2012 2:02 pm
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PART I - COST REPORT STATUS

Provider use only	1. <input checked="" type="checkbox"/> Electronically filed cost report 2. <input type="checkbox"/> Manually submitted cost report 3. <input type="checkbox"/> If this is an amended report enter the number of times the provider resubmitted this cost report 4. <input checked="" type="checkbox"/> Medicare Utilization. Enter "F" for full or "L" for low.	Date: 11/29/2012 Time: 2:02 pm
Contractor use only	5. <input type="checkbox"/> Cost Report Status (1) As Submitted (2) Settled without Audit (3) Settled with Audit (4) Reopened (5) Amended 6. Date Received: 7. Contractor No. 8. <input type="checkbox"/> Initial Report for this Provider CCN 9. <input type="checkbox"/> Final Report for this Provider CCN	10. NPR Date: 11. Contractor's Vendor Code: 4 12. <input type="checkbox"/> If line 5, column 1 is 4: Enter number of times reopened = 0-9.

PART II - CERTIFICATION

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

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY that I have read the above statement and that I have examined the accompanying electronically filed or manually submitted cost report and the Balance Sheet and Statement of Revenue and Expenses prepared by WESTLAKE 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: 11/29/2012 Time: 2:02 pm
4yo90FU90kRj8Yts.:iTtBAji2ZJw0
fjmw:0s:4QUSZBGxALYOT9:5BRIXQc
.w7:1uCXtq0ndLnI
PI: Date: 11/29/2012 Time: 2:02 pm
Xuxo0o44mbxnZRGD0javGoiVzvHw71
E1SL804vzt6BAJKY5IK6EQZia1pv2
3CP5kfwb0JZAAP

(Signed)

Office or Administrator of Provider(s)

Title

Date

[Handwritten Signature]
11/29/12

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-258,372	563,613	0	0	1.00
2.00 Subprovider - IPF	0	0	1	0	0	2.00
3.00 Subprovider - IRF	0	-16,962	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	-275,334	563,614	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.

This report is required by law (42 USC 1395g; 42 CFR 413.20(b)). Failure to report can result in all interim payments made since the beginning of the cost reporting period being deemed overpayments (42 USC 1395g). FORM APPROVED OMB NO. 0938-0050

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT CERTIFICATION AND SETTLEMENT SUMMARY Provider CCN: 140240 Period: From 07/01/2011 To 06/30/2012 Worksheet 5 Parts I-III Date/Time Prepared: 11/29/2012 2:02 pm

PART I - COST REPORT STATUS

Provider use only 1. Electronically filed cost report Date: 11/29/2012 Time: 2:02 pm
 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: 10. NPR Date:
 (1) As Submitted 7. Contractor No. 11. Contractor's Vendor Code: 4
 (2) Settled without Audit 8. Initial Report for this Provider CCN 12. If line 5, column 1 is 4: Enter
 (3) Settled with Audit 9. Final Report for this Provider CCN number of times reopened = 0-9.
 (4) Reopened
 (5) Amended

PART II - CERTIFICATION

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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 WESTLAKE 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: 11/29/2012 Time: 2:02 pm
 4yo90FU90KRJ8YtS.:itBaji2ZJW0
 fjmW:0s:4QUSZBGxALyOT9:5BRIXQc
 .w7:luCxTqOndLnI
 PI: Date: 11/29/2012 Time: 2:02 pm
 XuxoOo44mbxnZRgD0jAVGoivZvHW71
 E1SL804vzt6BAJky5IK6EQQziA1pv2
 3CXP5kfvvB0JZAAP

(Signed)

Officer or Administrator of Provider(s)

Title

Date

	Title V 1.00	Title XVIII		HIT 4.00	Title XIX 5.00	
		Part A 2.00	Part B 3.00			
PART III - SETTLEMENT SUMMARY						
1.00 Hospital	0	-258,372	563,613	0	0	1.00
2.00 Subprovider - IPF	0	0	1		0	2.00
3.00 Subprovider - IRF	0	-16,962	0		0	3.00
4.00 SUBPROVIDER I	0	0	0		0	4.00
5.00 Swing bed - SNF	0	0	0		0	5.00
6.00 Swing bed - NF	0				0	6.00
7.00 SKILLED NURSING FACILITY	0	0	0		0	7.00
8.00 NURSING FACILITY	0				0	8.00
9.00 HOME HEALTH AGENCY I	0	0	0		0	9.00
10.00 RURAL HEALTH CLINIC I	0				0	10.00
11.00 FEDERALLY QUALIFIED HEALTH CENTER I	0				0	11.00
12.00 CMHC I	0				0	12.00
200.00 Total	0	-275,334	563,614	0	0	200.00

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

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA

Provider CCN: 140240

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

Worksheet S-2
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

		1.00	2.00	3.00	4.00						
Hospital and Hospital Health Care Complex Address:											
1.00	Street: 1225 SUPERIOR STREET	PO Box:		Zip Code: 60160		County: COOK			1.00		
2.00	City: MELROSE PARK	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	WESTLAKE COMMUNITY HOSPITAL	140240	16974	1	07/01/1966	N	P	O	3.00	
4.00	Subprovider - IPF	PSYCH	14S240	16974	4	01/01/1984	N	P	O	4.00	
5.00	Subprovider - IRF	REHAB	14T240	16974	5	01/01/1984	N	P	O	5.00	
6.00	Subprovider - (Other)									6.00	
7.00	Swing Beds - SNF						N	N	N	7.00	
8.00	Swing Beds - NF						N	N	N	8.00	
9.00	Hospital-Based SNF						N	N	N	9.00	
10.00	Hospital-Based NF						N	N	N	10.00	
11.00	Hospital-Based OLTC									11.00	
12.00	Hospital-Based HHA						N	N	N	12.00	
13.00	Separately Certified ASC									13.00	
14.00	Hospital-Based Hospice									14.00	
15.00	Hospital-Based Health Clinic - RHC						N	N	N	15.00	
16.00	Hospital-Based Health Clinic - FQHC						N	N	N	16.00	
17.00	Hospital-Based (CMHC) 1						N	N	N	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)					4					21.00
Inpatient PPS Information											
22.00	Does this facility qualify for and is it currently receiving payments for disproportionate share hospital adjustment, in accordance with 42 CFR §412.106? In column 1, enter "Y" for yes or "N" for no. Is this facility subject to 42 CFR Section §412.06(c)(2)(Pickle amendment hospital?) In column 2, enter "Y" for yes or "N" for no.					Y	N			22.00	
23.00	Indicate in column 1 the method used to capture Medicaid (title XIX) days reported on lines 24 and/or 25 of this worksheet during the cost reporting period by entering a "1" if days are based on the date of admission, "2" if days are based on census days (also referred to as the day count), or "3" if the days are based on the date of discharge. Is the method of identifying the days in the current cost reporting period different from the method used in the prior cost reporting period? Enter in column 2 "Y" for yes or "N" for no.					3	N			23.00	
		In-State Medicaid paid days	In-State Medicaid eligible unpaid days	Out-of-State Medicaid paid days	Out-of-State Medicaid eligible days	Medicaid HMO days	Other Medicaid days				
		1.00	2.00	3.00	4.00	5.00	6.00				
24.00	If this provider is an IPPS hospital, enter the in-state Medicaid paid days in col. 1, in-state Medicaid eligible days in col. 2, out-of-state Medicaid paid days in col. 3, out-of-state Medicaid eligible days in col. 4, Medicaid HMO paid and eligible but unpaid days in column 5, and other Medicaid days in column 6.	8,098	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.	946	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.					0				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	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 1:50 pm		
		Beginning: 1.00	Ending: 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 1.00	XVIII 2.00	XIX 3.00		
Prospective Payment System (PPS)-Capital						
45.00	Does this facility qualify and receive Capital payment for disproportionate share in accordance with 42 CFR Section §412.320? (see instructions)	Y	Y	N		45.00
46.00	Is this facility eligible for the special exceptions payment pursuant to 42 CFR Section §412.348(g)? If yes, complete worksheet L, Part III and L-1, Parts I through III	N	N	N		46.00
47.00	Is this a new hospital under 42 CFR §412.300 PPS capital? Enter "Y for yes or "N" for no.	N	N	N		47.00
48.00	Is the facility electing full federal capital payment? Enter "Y" for yes or "N" for no.	N	N	N		48.00
Teaching Hospitals						
56.00	Is this a hospital involved in training residents in approved GME programs? Enter "Y" for yes or "N" for no.	Y				56.00
57.00	If line 56 is yes, is this the first cost reporting period during which residents in approved GME programs trained at this facility? Enter "Y" for yes or "N" for no in column 1. If column 1 is "Y" did residents start training in the first month of this cost reporting period? Enter "y" for yes or "N" for no in column 2. If column 2 is "Y", complete worksheet E-4. If column 2 is "N", complete worksheet D, Part III & IV and D-2, Part II, if applicable.	N				57.00
58.00	If line 56 is yes, did this facility elect cost reimbursement for physicians' services as defined in CMS Pub. 15-1, section 2148? If yes, complete worksheet D-5.	N				58.00
59.00	Are costs claimed on line 100 of worksheet A? If yes, complete worksheet D-2, Part I.	N				59.00
60.00	Are you claiming nursing school and/or allied health costs for a program that meets the provider-operated criteria under §413.85? Enter "Y" for yes or "N" for no. (see instructions)	N				60.00
		Y/N 1.00	IME Average 2.00	Direct GME Average 3.00		
61.00	Did your facility receive additional FTE slots under ACA section 5503? Enter "Y" for yes or "N" for no in column 1. If "Y", effective for portions of cost reporting periods beginning on or after July 1, 2011 enter the average number of primary care FTE residents for IME in column 2 and direct GME in column 3, from the hospital's three most recent cost reports ending and submitted before March 23, 2010. (see instructions)	N	0.00	0.00		61.00
ACA Provisions Affecting the Health Resources and Services Administration (HRSA)						
62.00	Enter the number of FTE residents that your hospital trained in this cost reporting period for which your hospital received HRSA PCRE funding (see instructions)	0.00				62.00
62.01	Enter the number of FTE residents that rotated from a Teaching Health Center (THC) into your hospital during in this cost reporting period of HRSA THC program. (see instructions)	0.00				62.01
Teaching Hospitals that Claim Residents in Non-Provider Settings						
63.00	Has your facility trained residents in non-provider settings during this cost reporting period? Enter "Y" for yes or "N" for no in column 1. If yes, complete lines 64-67. (see instructions)	N				63.00
		Unweighted FTEs Nonprovider Site 1.00	Unweighted FTEs in Hospital 2.00	Ratio (col. 1/ (col. 1 + col. 2)) 3.00		
64.00	Section 5504 of the ACA Base Year FTE Residents in Nonprovider settings--This base year is your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010. 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 1.00	Program Code 2.00	Unweighted FTEs Nonprovider Site 3.00	Unweighted FTEs in Hospital 4.00	Ratio (col. 3/ (col. 3 + col. 4)) 5.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 1:50 pm			
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
65.00	If line 63 is yes or your facility trained residents in the base year period, enter from your cost reporting period that begins on or after July 1, 2009 and before June 30, 2010, the number of unweighted primary care FTE residents for each primary care specialty program in which you train residents. Use subscripted lines 65.01 through 65.50 for each additional primary care program. Enter in column 1, the program name. Enter in column 2, the program code. Enter in column 3, the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4, the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. (see instructions)		0.00	0.00	0.000000	65.00	
				Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 1/ (col. 1 + col. 2))	
			1.00	2.00	3.00		
66.00	Section 5504 of the ACA Current Year FTE Residents in Nonprovider settings--Effective for cost reporting periods beginning on or after July 1, 2010						
	Enter in column 1 the number of unweighted non-primary care resident FTEs attributable to rotations occurring in all non-provider settings. Enter in column 2 the number of unweighted non-primary care resident FTEs that trained in your hospital. Enter in column 3 the ratio of (column 1 divided by (column 1 + column 2)). (see instructions)						
66.00			0.00	0.00	0.000000	66.00	
	Program Name	Program Code	Unweighted FTEs Nonprovider Site	Unweighted FTEs in Hospital	Ratio (col. 3/ (col. 3 + col. 4))		
	1.00	2.00	3.00	4.00	5.00		
67.00	If line 63 is yes, then, for each primary care residency program in which you are training residents, enter in column 1 the program name. Enter in column 2 the program code. Enter in column 3 the number of unweighted primary care FTE residents attributable to rotations that occurred in nonprovider settings for each applicable program. Enter in column 4 the number of unweighted primary care FTE residents in your hospital for each applicable program. Enter in column 5 the ratio of column 3 divided by the sum of columns 3 and 4. Use subscripted lines 67.01 through 67.50 for each additional primary care program. If you operated a primary care program that did not have FTE residents in a nonprovider setting, enter zero in column 3 and complete all other columns for each applicable program.		0.00	0.00	0.000000	67.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 1:50 pm		
		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.	Y				70.00
71.00	If line 70 yes: Column 1: Did the facility have a teaching program in the most recent cost report filed on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		71.00
Inpatient Rehabilitation Facility PPS						
75.00	Is this facility an Inpatient Rehabilitation Facility (IRF), or does it contain an IRF subprovider? Enter "Y" for yes and "N" for no.	Y				75.00
76.00	If line 75 yes: Column 1: Did the facility have a teaching program in the most recent cost reporting period ending on or before November 15, 2004? Enter "Y" for yes or "N" for no. Column 2: Did this facility train residents in a new teaching program in accordance with 42 CFR §412.424 (d)(1)(iii)(D)? Enter "Y" for yes or "N" for no. Column 3: If column 2 is Y, enter 1, 2 or 3 respectively in column 3. (see instructions) If this cost reporting period covers the beginning of the fourth year, enter 4 in column 3, or if the subsequent academic years of the new teaching program in existence, enter 5. (see instructions)	N	N	0		76.00
					1.00	
Long Term Care Hospital PPS						
80.00	Are you a long term care hospital (LTCH)? Enter in column 1 "Y" for yes and "N" for no. LTCHs can only exist as independent/freestanding facilities. An independent or freestanding facility may exist as an unrelated hospital within a hospital, it must meet the separateness (from the host/co-located provider) requirements identified in 42 CFR 412.22(e.)			N		80.00
TEFRA Providers						
85.00	Is this a new hospital under 42 CFR Section §413.40(f)(1)(i) TEFRA? Enter "Y" for yes or "N" for no.			N		85.00
86.00	Did this facility establish a new Other subprovider (excluded unit) under 42 CFR Section §413.40(f)(1)(ii)? Enter "Y" for yes and "N" for no.			N		86.00
					V	XIX
					1.00	2.00
Title V or XIX Inpatient Services						
90.00	Does this facility have title V and/or XIX inpatient hospital services? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		90.00
91.00	Is this hospital reimbursed for title V and/or XIX through the cost report either in full or in part? Enter "Y" for yes or "N" for no in the applicable column.	N		Y		91.00
92.00	Are title XIX NF patients occupying title XVIII SNF beds (dual certification)? (see instructions) Enter "Y" for yes or "N" for no in the applicable column.			N		92.00
93.00	Does this facility operate an ICF/MR facility for purposes of title V and XIX? Enter "Y" for yes or "N" for no in the applicable column.	N		N		93.00
94.00	Does title V or XIX reduce capital cost? Enter "Y" for yes, and "N" for no in the applicable column.	N		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)					106.00
107.00	Column 1: If this facility qualifies as a CAH, is it eligible for cost reimbursement for I & R training programs? Enter "Y" for yes or "N" for no in column 1. (see instructions) If yes, the GME elimination would not be on worksheet B, Part I, column 25 and the program would be cost reimbursed. If yes complete worksheet D-2, Part II. Column 2: If this facility is a CAH, do I&Rs in an approved medical education program train in the CAH's excluded IPF and/or IRF unit? Enter "Y" for yes or "N" for no in column 2. (see instructions)					107.00
108.00	Is this a rural hospital qualifying for an exception to the CRNA fee schedule? See 42 CFR Section §412.113(c). Enter "Y" for yes or "N" for no.	N				108.00
		Physical	Occupational	Speech	Respiratory	
		1.00	2.00	3.00	4.00	
109.00	If this hospital qualifies as a CAH or a cost provider, are therapy services provided by outside supplier? Enter "Y" for yes or "N" for no for each therapy.					109.00
					1.00	2.00
					3.00	
Miscellaneous Cost Reporting Information						
115.00	Is this an all-inclusive rate provider? Enter "Y" for yes or "N" for no in column 1. If yes, enter the method used (A, B, or E only) in column 2. If column 2 is "E", enter in column 3 either "93" percent for short term hospital or "98" percent for long term care (includes psychiatric, rehabilitation and long term hospital providers) based on the definition in CMS 15-1, §2208.1.	N			0	115.00
116.00	Is this facility classified as a referral center? Enter "Y" for yes or "N" for no.	N				116.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 1:50 pm
		1.00	2.00	3.00
117.00	Is this facility legally-required to carry malpractice insurance? Enter "Y" for yes or "N" for no.	N		117.00
118.00	Is the malpractice insurance a claims-made or occurrence policy? Enter 1 if the policy is claim-made. Enter 2 if the policy is occurrence.	0		118.00
		Premiums	Losses	Insurance
		1.00	2.00	3.00
118.01	Enter the total amount of malpractice premiums paid in column 1, enter the total amount of paid losses in column 2, and enter the total amount of self insurance paid in column 3.	0	0	0
		1.00	2.00	
118.02	Indicate if malpractice premiums and paid losses are reported in other than the Administrative and General cost center. If yes, provide a supporting schedule and list the amounts applicable to each cost center.	N		118.02
119.00	DO NOT USE THIS LINE			119.00
120.00	If this is an SCH (or EACH), regardless of bed size, or is rural hospital with 100 or fewer beds that qualifies for the outpatient hold harmless provision in accordance with ACA, section 3121, as amended by the Medicare and Medicaid Extenders Act (MMEA) of 2010, section 108; the Temporary Payroll Tax Cut Continuation Act of 2011, section 308; and the Middle Class Tax Relief and Job Creation Act of 2012, section 3002, enter "Y" for yes or "N" for no in column 1 or column 2, respectively. Note that for SCHs (and EACHs) the outpatient hold harmless provision is effective for services rendered from January 1, 2010 through February 29, 2012 regardless of bed size and from March 1, 2012 through December 31, 2012 to all SCHs (and EACHs) with 100 or fewer beds. These responses impact the TOPs calculation on worksheet E, Part B, line 8.	N	N	120.00
121.00	Did this facility incur and report costs for implantable devices charged to patients? Enter "Y" for yes or "N" for no.	Y		121.00
Transplant Center Information				
125.00	Does this facility operate a transplant center? Enter "Y" for yes and "N" for no. If yes, enter certification date(s) (mm/dd/yyyy) below.	N		125.00
126.00	If this is a Medicare certified kidney transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			126.00
127.00	If this is a Medicare certified heart transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			127.00
128.00	If this is a Medicare certified liver transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			128.00
129.00	If this is a Medicare certified lung transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			129.00
130.00	If this is a Medicare certified pancreas transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			130.00
131.00	If this is a Medicare certified intestinal transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			131.00
132.00	If this is a Medicare certified islet transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			132.00
133.00	If this is a Medicare certified other transplant center, enter the certification date in column 1 and termination date, if applicable, in column 2.			133.00
134.00	If this is an organ procurement organization (OPO), enter the OPO number in column 1 and termination date, if applicable, in column 2.			134.00
All Providers				
140.00	Are there any related organization or home office costs as defined in CMS Pub. 15-1, chapter 10? Enter "Y" for yes or "N" for no in column 1. If yes, and home office costs are claimed, enter in column 2 the home office chain number. (see instructions)	Y	44H108	140.00
		1.00	2.00	3.00
If this facility is part of a chain organization, enter on lines 141 through 143 the name and address of the home office and enter the home office contractor name and contractor number.				
141.00	Name: VANGUARD HEALTH SYSTEMS	Contractor's Name: CAHABA GBA	Contractor's Number: 10101	141.00
142.00	Street: 20 BURTON HILLS BLVD, SUITE 100	PO Box:		142.00
143.00	City: NASHVILLE	State: AL	Zip Code: 35242	143.00
			1.00	
144.00	Are provider based physicians' costs included in worksheet A?		Y	144.00
145.00	If costs for renal services are claimed on worksheet A, line 74, are they costs for inpatient services only? Enter "Y" for yes or "N" for no.		Y	145.00
		1.00	2.00	
146.00	Has the cost allocation methodology changed from the previously filed cost report? Enter "Y" for yes or "N" for no in column 1. (See CMS Pub. 15-2, section 4020) If yes, enter the approval date (mm/dd/yyyy) in column 2.	N		146.00
147.00	Was there a change in the statistical basis? Enter "Y" for yes or "N" for no.	N		147.00
148.00	Was there a change in the order of allocation? Enter "Y" for yes or "N" for no.	N		148.00
149.00	Was there a change to the simplified cost finding method? Enter "Y" for yes or "N" for no.	N		149.00

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX IDENTIFICATION DATA	Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part I Date/Time Prepared: 11/29/2012 1:50 pm
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	Part A 1.00	Part B 2.00	Title V 3.00	Title XIX 4.00	
Does this facility contain a provider that qualifies for an exemption from the application of the lower of costs or charges? Enter "Y" for yes or "N" for no for each component for Part A and Part B. (See 42 CFR §413.13)					
155.00 Hospital	N	N	N	N	155.00
156.00 Subprovider - IPF	N	N	N	N	156.00
157.00 Subprovider - IRF	N	N	N	N	157.00
158.00 SUBPROVIDER					158.00
159.00 SNF	N	N	N	N	159.00
160.00 HOME HEALTH AGENCY	N	N	N	N	160.00
161.00 CMHC					161.00

Multicampus						
165.00	Is this hospital part of a Multicampus hospital that has one or more campuses in different CBSAs? Enter "Y" for yes or "N" for no.				N	165.00

	Name 0	County 1.00	State 2.00	Zip Code 3.00	CBSA 4.00	FTE/Campus 5.00		
166.00	If line 165 is yes, for each campus enter the name in column 0, county in column 1, state in column 2, zip code in column 3, CBSA in column 4, FTE/Campus in column 5						0.00	166.00

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

HOSPITAL AND HOSPITAL HEALTH CARE REIMBURSEMENT QUESTIONNAIRE		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet S-2 Part II Date/Time Prepared: 11/29/2012 1:50 pm
		Y/N 1.00	Date 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 1.00	Date 2.00	V/I 3.00
2.00	Has the provider terminated participation in the Medicare Program? If yes, enter in column 2 the date of termination and in column 3, "V" for voluntary or "I" for involuntary.	N		2.00
3.00	Is the provider involved in business transactions, including management contracts, with individuals or entities (e.g., chain home offices, drug or medical supply companies) that are related to the provider or its officers, medical staff, management personnel, or members of the board of directors through ownership, control, or family and other similar relationships? (see instructions)	N		3.00
		Y/N 1.00	Type 2.00	Date 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	C	06/30/2011
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 1.00	Legal Oper. 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.	Y		9.00
10.00	Was an Intern-Resident program been initiated or renewed in the current cost reporting period? If yes, see instructions.	N		10.00
11.00	Are GME cost directly assigned to cost centers other than I & R in an Approved Teaching Program on worksheet A? If yes, see instructions.	N		11.00
			Y/N 1.00	
Bad Debts				
12.00	Is the provider seeking reimbursement for bad debts? If yes, see instructions.		Y	12.00
13.00	If line 12 is yes, did the provider's bad debt collection policy change during this cost reporting period? If yes, submit copy.		N	13.00
14.00	If line 12 is yes, were patient deductibles and/or co-payments waived? If yes, see instructions.		N	14.00
Bed Complement				
15.00	Did total beds available change from the prior cost reporting period? If yes, see instructions.		N	15.00
		Part A		
	Description	Y/N	Date	
	0	1.00	2.00	
PS&R Data				
16.00	was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	09/30/2012	16.00
17.00	Was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		17.00
18.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for additional claims that have been billed but are not included on the PS&R Report used to file this cost report? If yes, see instructions.	N		18.00
19.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for corrections of other PS&R Report information? If yes, see instructions.	N		19.00
20.00	If line 16 or 17 is yes, were adjustments made to PS&R Report data for Other? Describe the other adjustments:	N		20.00

		Part A		
Description		Y/N	Date	
21.00	Was the cost report prepared only using the provider's records? If yes, see instructions.	0	1.00	21.00
		Y	2.00	
				1.00
COMPLETED BY COST REIMBURSED AND TEFRA HOSPITALS ONLY (EXCEPT CHILDRENS HOSPITALS)				
Capital Related Cost				
22.00	Have assets been relieved for Medicare purposes? If yes, see instructions		N	22.00
23.00	Have changes occurred in the Medicare depreciation expense due to appraisals made during the cost reporting period? If yes, see instructions.		N	23.00
24.00	Were new leases and/or amendments to existing leases entered into during this cost reporting period? If yes, see instructions		N	24.00
25.00	Have there been new capitalized leases entered into during the cost reporting period? If yes, see instructions.		N	25.00
26.00	Were assets subject to Sec.2314 of DEFRA acquired during the cost reporting period? If yes, see instructions.		N	26.00
27.00	Has the provider's capitalization policy changed during the cost reporting period? If yes, submit copy.		N	27.00
Interest Expense				
28.00	Were new loans, mortgage agreements or letters of credit entered into during the cost reporting period? If yes, see instructions.		N	28.00
29.00	Did the provider have a funded depreciation account and/or bond funds (Debt Service Reserve Fund) treated as a funded depreciation account? If yes, see instructions		N	29.00
30.00	Has existing debt been replaced prior to its scheduled maturity with new debt? If yes, see instructions		N	30.00
31.00	Has debt been recalled before scheduled maturity without issuance of new debt? If yes, see instructions.		N	31.00
Purchased Services				
32.00	Have changes or new agreements occurred in patient care services furnished through contractual arrangements with suppliers of services? If yes, see instructions.		N	32.00
33.00	If line 32 is yes, were the requirements of Sec. 2135.2 applied pertaining to competitive bidding? If no, see instructions.		N	33.00
Provider-Based Physicians				
34.00	Are services furnished at the provider facility under an arrangement with provider-based physicians? If yes, see instructions.		Y	34.00
35.00	If line 34 is yes, were there new agreements or amended existing agreements with the provider-based physicians during the cost reporting period? If yes, see instructions.		N	35.00
			Y/N	Date
			1.00	2.00
Home Office Costs				
36.00	Were home office costs claimed on the cost report?		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	06/30/2011
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.	ZEBIA	NELSON	41.00
42.00	Enter the employer/company name of the cost report preparer.	NELSON, JONES & CO. INC		42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.	410 480 8498	ZEBNELSON@AOL.COM	43.00

		Part B		
		Y/N	Date	
		3.00	4.00	
PS&R Data				
16.00	was the cost report prepared using the PS&R Report only? If either column 1 or 3 is yes, enter the paid-through date of the PS&R Report used in columns 2 and 4 .(see instructions)	Y	09/30/2012	16.00
17.00	was the cost report prepared using the PS&R Report for totals and the provider's records for allocation? If either column 1 or 3 is yes, enter the paid-through date in columns 2 and 4. (see instructions)	N		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.	Y		21.00
				3.00
Cost Report Preparer Contact Information				
41.00	Enter the first name, last name and the title/position held by the cost report preparer in columns 1, 2, and 3, respectively.	CONSULTANT		41.00
42.00	Enter the employer/company name of the cost report preparer.			42.00
43.00	Enter the telephone number and email address of the cost report preparer in columns 1 and 2, respectively.			43.00

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	106	38,690	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)		106	38,690	0.00	7.00
8.00 INTENSIVE CARE UNIT	31.00	12	4,392	0.00	8.00
9.00 CORONARY CARE UNIT					9.00
10.00 BURN INTENSIVE CARE UNIT					10.00
11.00 SURGICAL INTENSIVE CARE UNIT					11.00
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00
13.00 NURSERY	43.00				13.00
14.00 Total (see instructions)		118	43,082	0.00	14.00
15.00 CAH visits					15.00
16.00 SUBPROVIDER - IPF	40.00	31	11,346		16.00
17.00 SUBPROVIDER - IRF	41.00	40	14,640		17.00
18.00 SUBPROVIDER					18.00
19.00 SKILLED NURSING FACILITY	44.00	0	0		19.00
20.00 NURSING FACILITY	45.00	0	0		20.00
21.00 OTHER LONG TERM CARE					21.00
22.00 HOME HEALTH AGENCY	101.00				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00
24.00 HOSPICE					24.00
25.00 CMHC - CMHC	99.00				25.00
26.00 RURAL HEALTH CLINIC	88.00				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	89.00				26.25
27.00 Total (sum of lines 14-26)		189			27.00
28.00 Observation Bed Days					28.00
28.01 SUBPROVIDER - IPF	40.00				28.01
28.02 SUBPROVIDER - IRF	41.00				28.02
29.00 Ambulance Trips					29.00
30.00 Employee discount days (see instruction)					30.00
31.00 Employee discount days - IRF					31.00
32.00 Labor & delivery days (see instructions)					32.00
33.00 LTCH non-covered days					33.00

Cost Center Description	I/P Days / O/P Visits / Trips				Total All Patients	
	Title v	Title XVIII	Title XIX			
	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	7,288	8,098	16,509	1.00	
2.00 HMO		691	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	0	6.00	
7.00 Total Adults and Peds. (exclude observation beds) (see instructions)	0	7,288	8,098	16,509	7.00	
8.00 INTENSIVE CARE UNIT	0	1,093	0	2,959	8.00	
9.00 CORONARY CARE UNIT					9.00	
10.00 BURN INTENSIVE CARE UNIT					10.00	
11.00 SURGICAL INTENSIVE CARE UNIT					11.00	
12.00 OTHER SPECIAL CARE (SPECIFY)					12.00	
13.00 NURSERY	0		0	2,068	13.00	
14.00 Total (see instructions)	0	8,381	8,098	21,536	14.00	
15.00 CAH visits	0	0	0	0	15.00	
16.00 SUBPROVIDER - IPF	0	4,452	0	10,327	16.00	
17.00 SUBPROVIDER - IRF	0	2,220	946	4,553	17.00	
18.00 SUBPROVIDER					18.00	
19.00 SKILLED NURSING FACILITY	0	0	0	0	19.00	
20.00 NURSING FACILITY	0		0	0	20.00	
21.00 OTHER LONG TERM CARE					21.00	
22.00 HOME HEALTH AGENCY	0	0	0	0	22.00	
23.00 AMBULATORY SURGICAL CENTER (D.P.)					23.00	
24.00 HOSPICE					24.00	
25.00 CMHC - CMHC	0	0	0	0	25.00	
26.00 RURAL HEALTH CLINIC	0	0	0	0	26.00	
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	26.25	
27.00 Total (sum of lines 14-26)					27.00	
28.00 Observation Bed Days	0		0	2,660	28.00	
28.01 SUBPROVIDER - IPF				0	28.01	
28.02 SUBPROVIDER - IRF				0	28.02	
29.00 Ambulance Trips		0			29.00	
30.00 Employee discount days (see instruction)				0	30.00	
31.00 Employee discount days - IRF				0	31.00	
32.00 Labor & delivery days (see instructions)			0	0	32.00	
33.00 LTCH non-covered days		0			33.00	

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX STATISTICAL DATA

Provider CCN: 140240

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

Worksheet S-3
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	Full Time Equivalents			Discharges		
	Total Interns & Residents	Employees On Payroll	Nonpaid workers	Title v	Title XVIII	
	9.00	10.00	11.00	12.00	13.00	
1.00 Hospital Adults & Peds. (columns 5, 6, 7 and 8 exclude Swing Bed, Observation Bed and Hospice days)				0	1,700	1.00
2.00 HMO					0	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)	30.53	596.88	0.00	0	1,700	14.00
15.00 CAH visits						15.00
16.00 SUBPROVIDER - IPF	0.00	35.42	0.00	0	292	16.00
17.00 SUBPROVIDER - IRF	0.00	17.28	0.00	0	185	17.00
18.00 SUBPROVIDER						18.00
19.00 SKILLED NURSING FACILITY	0.00	0.00	0.00			19.00
20.00 NURSING FACILITY	0.00	0.00	0.00			20.00
21.00 OTHER LONG TERM CARE						21.00
22.00 HOME HEALTH AGENCY	0.00	0.00	0.00			22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)						23.00
24.00 HOSPICE						24.00
25.00 CMHC - CMHC	0.00	0.00	0.00			25.00
26.00 RURAL HEALTH CLINIC	0.00	0.00	0.00			26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER	0.00	0.00	0.00			26.25
27.00 Total (sum of lines 14-26)	30.53	649.58	0.00			27.00
28.00 Observation Bed Days						28.00
28.01 SUBPROVIDER - IPF						28.01
28.02 SUBPROVIDER - IRF						28.02
29.00 Ambulance Trips						29.00
30.00 Employee discount days (see instruction)						30.00
31.00 Employee discount days - IRF						31.00
32.00 Labor & delivery days (see instructions)						32.00
33.00 LTCH non-covered days						33.00

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)	2,195	5,556		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)	2,195	5,556		14.00
15.00 CAH visits				15.00
16.00 SUBPROVIDER - IPF	0	829		16.00
17.00 SUBPROVIDER - IRF	0	362		17.00
18.00 SUBPROVIDER				18.00
19.00 SKILLED NURSING FACILITY				19.00
20.00 NURSING FACILITY				20.00
21.00 OTHER LONG TERM CARE				21.00
22.00 HOME HEALTH AGENCY				22.00
23.00 AMBULATORY SURGICAL CENTER (D.P.)				23.00
24.00 HOSPICE				24.00
25.00 CMHC - CMHC				25.00
26.00 RURAL HEALTH CLINIC				26.00
26.25 FEDERALLY QUALIFIED HEALTH CENTER				26.25
27.00 Total (sum of lines 14-26)				27.00
28.00 Observation Bed Days				28.00
28.01 SUBPROVIDER - IPF				28.01
28.02 SUBPROVIDER - IRF				28.02
29.00 Ambulance Trips				29.00
30.00 Employee discount days (see instruction)				30.00
31.00 Employee discount days - IRF				31.00
32.00 Labor & delivery days (see instructions)				32.00
33.00 LTCH non-covered days				33.00

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART II - WAGE DATA						
SALARIES						
1.00	Total salaries (see instructions)	200.00	41,725,481	0	41,725,481	1,351,121.00 1.00
2.00	Non-physician anesthetist Part A		0	0	0	0.00 2.00
3.00	Non-physician anesthetist Part B		0	0	0	0.00 3.00
4.00	Physician-Part A - Administrative		0	0	0	0.00 4.00
4.01	Physicians - Part A - Teaching		870,709	0	870,709	12,710.00 4.01
5.00	Physician-Part B		0	0	0	0.00 5.00
6.00	Non-physician-Part B		0	0	0	0.00 6.00
7.00	Interns & residents (in an approved program)	21.00	3,350,768	0	3,350,768	101,997.00 7.00
7.01	Contracted interns and residents (in an approved programs)		0	0	0	0.00 7.01
8.00	Home office personnel		0	0	0	0.00 8.00
9.00	SNF	44.00	0	0	0	0.00 9.00
10.00	Excluded area salaries (see instructions)		4,093,603	0	4,093,603	123,735.00 10.00
OTHER WAGES & RELATED COSTS						
11.00	Contract labor (see instructions)		1,081,283	0	1,081,283	17,897.00 11.00
12.00	Contract management and administrative services		0	0	0	0.00 12.00
13.00	Contract labor: Physician-Part A - Administrative		236,960	0	236,960	1,779.00 13.00
14.00	Home office salaries & wage-related costs		935,325	0	935,325	13,797.00 14.00
15.00	Home office: Physician Part A - Administrative		0	0	0	0.00 15.00
16.00	Home office and Contract Physicians Part A - Administrative		0	0	0	0.00 16.00
WAGE-RELATED COSTS						
17.00	wage-related costs (core) wkst S-3, Part IV line 24		7,128,382	0	7,128,382	
18.00	wage-related costs (other)wkst S-3, Part IV line 25		0	0	0	
19.00	Excluded areas		339,296	0	339,296	
20.00	Non-physician anesthetist Part A		0	0	0	
21.00	Non-physician anesthetist Part B		0	0	0	
22.00	Physician Part A - Administrative		0	0	0	
22.01	Physician Part A - Teaching		0	0	0	
23.00	Physician Part B		0	0	0	
24.00	wage-related costs (RHC/FQHC)		0	0	0	
25.00	Interns & residents (in an approved program)		230,592	0	230,592	
OVERHEAD COSTS - DIRECT SALARIES						
26.00	Employee Benefits	4.00	340,591	0	340,591	7,819.00 26.00
27.00	Administrative & General	5.00	7,772,553	-322,638	7,449,915	203,573.00 27.00
28.00	Administrative & General under contract (see inst.)		0	0	0	0.00 28.00
29.00	Maintenance & Repairs	6.00	0	0	0	0.00 29.00
30.00	Operation of Plant	7.00	1,108,657	0	1,108,657	46,953.00 30.00
31.00	Laundry & Linen Service	8.00	44,802	0	44,802	4,176.00 31.00
32.00	Housekeeping	9.00	925,672	0	925,672	70,510.00 32.00
33.00	Housekeeping under contract (see instructions)		0	0	0	0.00 33.00
34.00	Dietary	10.00	1,185,835	0	1,185,835	70,948.00 34.00
35.00	Dietary under contract (see instructions)		0	0	0	0.00 35.00
36.00	Cafeteria	11.00	0	0	0	0.00 36.00
37.00	Maintenance of Personnel	12.00	0	0	0	0.00 37.00
38.00	Nursing Administration	13.00	584,289	0	584,289	13,449.00 38.00
39.00	Central Services and Supply	14.00	216,847	0	216,847	9,624.00 39.00
40.00	Pharmacy	15.00	1,526,019	0	1,526,019	37,145.00 40.00
41.00	Medical Records & Medical Records Library	16.00	489,018	322,638	811,656	31,433.00 41.00
42.00	Social Service	17.00	0	0	0	0.00 42.00
43.00	Other General Service	18.00	0	0	0	0.00 43.00

		Average Hourly Wage (col. 4 ÷ col. 5) 6.00	
PART II - WAGE DATA			
SALARIES			
1.00	Total salaries (see instructions)	30.88	1.00
2.00	Non-physician anesthetist Part A	0.00	2.00
3.00	Non-physician anesthetist Part B	0.00	3.00
4.00	Physician-Part A - Administrative	0.00	4.00
4.01	Physicians - Part A - Teaching	68.51	4.01
5.00	Physician-Part B	0.00	5.00
6.00	Non-physician-Part B	0.00	6.00
7.00	Interns & residents (in an approved program)	32.85	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)	33.08	10.00
OTHER WAGES & RELATED COSTS			
11.00	Contract labor (see instructions)	60.42	11.00
12.00	Contract management and administrative services	0.00	12.00
13.00	Contract labor: Physician-Part A - Administrative	133.20	13.00
14.00	Home office salaries & wage-related costs	67.79	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	43.56	26.00
27.00	Administrative & General	36.60	27.00
28.00	Administrative & General under contract (see inst.)	0.00	28.00
29.00	Maintenance & Repairs	0.00	29.00
30.00	Operation of Plant	23.61	30.00
31.00	Laundry & Linen Service	10.73	31.00
32.00	Housekeeping	13.13	32.00
33.00	Housekeeping under contract (see instructions)	0.00	33.00
34.00	Dietary	16.71	34.00
35.00	Dietary under contract (see instructions)	0.00	35.00
36.00	Cafeteria	0.00	36.00
37.00	Maintenance of Personnel	0.00	37.00
38.00	Nursing Administration	43.44	38.00
39.00	Central Services and Supply	22.53	39.00
40.00	Pharmacy	41.08	40.00
41.00	Medical Records & Medical Records Library	25.82	41.00
42.00	Social Service	0.00	42.00
43.00	Other General Service	0.00	43.00

HOSPITAL WAGE INDEX INFORMATION

Provider CCN: 140240

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

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2012 1:50 pm

	Worksheet A Line Number	Amount Reported	Reclassificati on of Salaries (from worksheet A-6)	Adjusted Salaries (col.2 ± col. 3)	Paid Hours Related to Salaries in col. 4	
	1.00	2.00	3.00	4.00	5.00	
PART III - HOSPITAL WAGE INDEX SUMMARY						
1.00	Net salaries (see instructions)	37,504,004	0	37,504,004	1,236,414.00	1.00
2.00	Excluded area salaries (see instructions)	4,093,603	0	4,093,603	123,735.00	2.00
3.00	Subtotal salaries (line 1 minus line 2)	33,410,401	0	33,410,401	1,112,679.00	3.00
4.00	Subtotal other wages & related costs (see inst.)	2,253,568	0	2,253,568	33,473.00	4.00
5.00	Subtotal wage-related costs (see inst.)	7,128,382	0	7,128,382	0.00	5.00
6.00	Total (sum of lines 3 thru 5)	42,792,351	0	42,792,351	1,146,152.00	6.00
7.00	Total overhead cost (see instructions)	14,194,283	0	14,194,283	495,630.00	7.00

Provider CCN: 140240

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

Worksheet S-3
Part III
Date/Time Prepared:
11/29/2012 1:50 pm

Average Hourly
wage (col. 4 ÷
col. 5)
6.00

PART III - HOSPITAL WAGE INDEX SUMMARY

1.00	Net salaries (see instructions)	30.33	1.00
2.00	Excluded area salaries (see instructions)	33.08	2.00
3.00	Subtotal salaries (line 1 minus line 2)	30.03	3.00
4.00	Subtotal other wages & related costs (see inst.)	67.32	4.00
5.00	Subtotal wage-related costs (see inst.)	21.34	5.00
6.00	Total (sum of lines 3 thru 5)	37.34	6.00
7.00	Total overhead cost (see instructions)	28.64	7.00

Provider CCN: 140240

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

Worksheet S-3
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

		Amount Reported	
		1.00	
PART IV - WAGE RELATED COSTS			
Part A - Core List			
RETIREMENT COST			
1.00	401k Employer Contributions	0	1.00
2.00	Tax Sheltered Annuity (TSA) Employer Contribution	0	2.00
3.00	Nonqualified Defined Benefit Plan Cost (see instructions)	0	3.00
4.00	Qualified Defined Benefit Plan Cost (see instructions)	0	4.00
PLAN ADMINISTRATIVE COSTS (Paid to External Organization)			
5.00	401k/TSA Plan Administration fees	0	5.00
6.00	Legal/Accounting/Management Fees-Pension Plan	0	6.00
7.00	Employee Managed Care Program Administration Fees	0	7.00
HEALTH AND INSURANCE COST			
8.00	Health Insurance (Purchased or Self Funded)	3,190,759	8.00
9.00	Prescription Drug Plan	0	9.00
10.00	Dental, Hearing and Vision Plan	135,326	10.00
11.00	Life Insurance (If employee is owner or beneficiary)	-26,004	11.00
12.00	Accident Insurance (If employee is owner or beneficiary)	17,431	12.00
13.00	Disability Insurance (If employee is owner or beneficiary)	300,622	13.00
14.00	Long-Term Care Insurance (If employee is owner or beneficiary)	0	14.00
15.00	'workers' Compensation Insurance	413,736	15.00
16.00	Retirement Health Care Cost (Only current year, not the extraordinary accrual required by FASB 106. Non cumulative portion)	0	16.00
TAXES			
17.00	FICA-Employers Portion Only	2,343,142	17.00
18.00	Medicare Taxes - Employers Portion Only	0	18.00
19.00	Unemployment Insurance	0	19.00
20.00	State or Federal Unemployment Taxes	720,529	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	32,840	23.00
24.00	Total Wage Related cost (Sum of lines 1 -23)	7,128,381	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: 140240

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

Worksheet S-3
Part V
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		Contract Labor	Benefit Cost	
		1.00	2.00	
PART V - Contract Labor and Benefit Cost				
Hospital and Hospital-Based Component Identification:				
1.00	Total facility's contract labor and benefit cost	1,124,455	7,698,271	1.00
2.00	Hospital	1,005,702	7,421,629	2.00
3.00	Subprovider - IPF	6,012	190,028	3.00
4.00	Subprovider - IRF	112,741	86,614	4.00
5.00	Subprovider - (Other)	0	0	5.00
6.00	Swing Beds - SNF	0	0	6.00
7.00	Swing Beds - NF	0	0	7.00
8.00	Hospital-Based SNF	0	0	8.00
9.00	Hospital-Based NF	0	0	9.00
10.00	Hospital-Based OLTC			10.00
11.00	Hospital-Based HHA	0	0	11.00
12.00	Separately Certified ASC			12.00
13.00	Hospital-Based Hospice			13.00
14.00	Hospital-Based Health Clinic RHC	0	0	14.00
15.00	Hospital-Based Health Clinic FQHC	0	0	15.00
16.00	Hospital-Based-CMHC	0	0	16.00
17.00	Renal Dialysis	0	0	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)	0.206485	1.00
Medicaid (see instructions for each line)			
2.00	Net revenue from Medicaid	18,759,489	2.00
3.00	Did you receive DSH or supplemental payments from Medicaid?	Y	3.00
4.00	If line 3 is "yes", does line 2 include all DSH or supplemental payments from Medicaid?	N	4.00
5.00	If line 4 is "no", then enter DSH or supplemental payments from Medicaid	2,354,627	5.00
6.00	Medicaid charges	118,573,064	6.00
7.00	Medicaid cost (line 1 times line 6)	24,483,559	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)	3,369,443	8.00
State Children's Health Insurance Program (SCHIP) (see instructions for each line)			
9.00	Net revenue from stand-alone SCHIP	0	9.00
10.00	Stand-alone SCHIP charges	0	10.00
11.00	Stand-alone SCHIP cost (line 1 times line 10)	0	11.00
12.00	Difference between net revenue and costs for stand-alone SCHIP (line 11 minus line 9; if < zero then enter zero)	0	12.00
Other state or local government indigent care program (see instructions for each line)			
13.00	Net revenue from state or local indigent care program (Not included on lines 2, 5 or 9)	0	13.00
14.00	Charges for patients covered under state or local indigent care program (Not included in lines 6 or 10)	0	14.00
15.00	State or local indigent care program cost (line 1 times line 14)	0	15.00
16.00	Difference between net revenue and costs for state or local indigent care program (line 15 minus line 13; if < zero then enter zero)	0	16.00
Uncompensated care (see instructions for each line)			
17.00	Private grants, donations, or endowment income restricted to funding charity care	0	17.00
18.00	Government grants, appropriations or transfers for support of hospital operations	4,189,325	18.00
19.00	Total unreimbursed cost for Medicaid, SCHIP and state and local indigent care programs (sum of lines 8, 12 and 16)	3,369,443	19.00
		Uninsured patients	Insured patients
		1.00	2.00
		Total (col. 1 + col. 2)	3.00
20.00	Total initial obligation of patients approved for charity care (at full charges excluding non-reimbursable cost centers) for the entire facility	4,183,415	0
21.00	Cost of initial obligation of patients approved for charity care (line 1 times line 20)	863,812	0
22.00	Partial payment by patients approved for charity care	0	0
23.00	Cost of charity care (line 21 minus line 22)	863,812	0
		1.00	24.00
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)	13,572,232	26.00
27.00	Medicare bad debts for the entire hospital complex (see instructions)	841,865	27.00
28.00	Non-Medicare and Non-Reimbursable bad debt expense (line 26 minus line 27)	12,730,367	28.00
29.00	Cost of non-Medicare bad debt expense (line 1 times line 28)	2,628,630	29.00
30.00	Cost of non-Medicare uncompensated care (line 23 column 3 plus line 29)	3,492,442	30.00
31.00	Total unreimbursed and uncompensated care cost (line 19 plus line 30)	6,861,885	31.00

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES		Provider CCN: 140240		Period: From 07/01/2011 To 06/30/2012		Worksheet A	
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	CAP REL COSTS-BLDG & FIXT	0	0	2,081,360	2,081,360	1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP	0	0	1,462,217	1,462,217	2.00
3.00	00300	OTHER CAP REL COSTS	0	0	0	0	3.00
4.00	00400	EMPLOYEE BENEFITS	340,591	4,519,401	4,859,992	-17,076	4,842,916
5.00	00500	ADMINISTRATIVE & GENERAL	7,772,553	20,647,834	28,420,387	-3,517,907	24,902,480
7.00	00700	OPERATION OF PLANT	1,108,657	3,801,040	4,909,697	-43,708	4,865,989
8.00	00800	LAUNDRY & LINEN SERVICE	44,802	538,447	583,249	62,850	646,099
9.00	00900	HOUSEKEEPING	925,672	304,484	1,230,156	-5,142	1,225,014
10.00	01000	DIETARY	1,185,835	780,425	1,966,260	-6,567	1,959,693
11.00	01100	CAFETERIA	0	0	0	0	11.00
13.00	01300	NURSING ADMINISTRATION	584,289	89,953	674,242	-1,574	672,668
14.00	01400	CENTRAL SERVICES & SUPPLY	216,847	216,765	433,612	-126,303	307,309
15.00	01500	PHARMACY	1,526,019	2,453,327	3,979,346	-1,348,336	2,631,010
16.00	01600	MEDICAL RECORDS & LIBRARY	489,018	505,292	994,310	353,736	1,348,046
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	3,350,768	0	3,350,768	0	3,350,768
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	1,354,909	1,354,909	-8,156	1,346,753
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	6,377,576	1,912,821	8,290,397	-1,181,974	7,108,423
31.00	03100	INTENSIVE CARE UNIT	1,653,153	490,765	2,143,918	-145,346	1,998,572
40.00	04000	SUBPROVIDER - IPF	2,246,972	248,391	2,495,363	-17,110	2,478,253
41.00	04100	SUBPROVIDER - IRF	1,057,672	437,515	1,495,187	-33,189	1,461,998
43.00	04300	NURSERY	304,687	341,161	645,848	770,577	1,416,425
44.00	04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00	04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	2,396,094	4,267,871	6,663,965	-2,189,715	4,474,250
50.01	03340	GASTRO INTESTINAL SERVICES	239,743	135,449	375,192	-62,461	312,731
51.00	05100	RECOVERY ROOM	373,828	39,998	413,826	-6,544	407,282
52.00	05200	DELIVERY ROOM & LABOR ROOM	1,126,820	532,961	1,659,781	-16	1,659,765
53.00	05300	ANESTHESIOLOGY	73,223	1,967,105	2,040,328	-132,250	1,908,078
54.00	05400	RADIOLOGY-DIAGNOSTIC	1,010,152	210,173	1,220,325	-38,507	1,181,818
56.00	05600	RADIOISOTOPE	152,065	122,892	274,957	-6,041	268,916
56.01	03630	ULTRA SOUND	524,705	66,645	591,350	-7,979	583,371
57.00	05700	CT SCAN	171,488	64,366	235,854	-6,433	229,421
58.00	05800	MRI	156,666	38,966	195,632	-1,232	194,400
59.00	05900	CARDIAC CATHETERIZATION	597,229	2,889,148	3,486,377	-1,706,377	1,780,000
60.00	06000	LABORATORY	921,640	1,889,864	2,811,504	-459	2,811,045
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,605	445,663	448,268	-3,886	444,382
65.00	06500	RESPIRATORY THERAPY	669,142	294,264	963,406	-56,858	906,548
66.00	06600	PHYSICAL THERAPY	736,593	513,826	1,250,419	-8,726	1,241,693
67.00	06700	OCCUPATIONAL THERAPY	376,081	160,183	536,264	-53	536,211
68.00	06800	SPEECH PATHOLOGY	121,206	34,451	155,657	-7	155,650
69.00	06900	ELECTROCARDIOLOGY	268,898	90,633	359,531	-6,345	353,186
70.00	07000	ELECTROENCEPHALOGRAPHY	18,438	9,244	27,682	0	27,682
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	1,370,924	1,370,924
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	3,175,400	3,175,400
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	1,626,285	1,626,285
74.00	07400	RENAL DIALYSIS	0	482,370	482,370	0	482,370
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETOLOGY	7,222	455	7,677	0	7,677
90.03	09003	WOUND CARE	56,773	5,829	62,602	-676	61,926
91.00	09100	EMERGENCY	1,750,800	1,700,277	3,451,077	-176,607	3,274,470
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	40,936,522	54,605,163	95,541,685	39,789	95,581,474
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	908	18,738	19,646	-72	19,574
191.00	19100	RESEARCH	0	0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00	07950	MARKETING	233,668	627,467	861,135	-472	860,663
194.01	07951	HOSPITALISTS	0	35,329	35,329	0	35,329
194.02	07952	COMMUNITY RELATIONS	86,294	16,156	102,450	200	102,650
194.03	07953	SENIOR CENTER	19,899	51,025	70,924	-40	70,884
194.04	07954	PHYSICIAN CLINICS	310,561	162,262	472,823	-20,513	452,310
194.05	07955	POB	0	369,452	369,452	-18,892	350,560

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240

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

Worksheet A
Date/Time Prepared:
11/29/2012 1:50 pm

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
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROG	137,629	13,805	151,434	0	151,434
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	0
194.08 07958 HOSPICE	0	0	0	0	0
200.00 TOTAL (SUM OF LINES 118-199)	41,725,481	55,899,397	97,624,878	0	97,624,878

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240

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

Worksheet A
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
		6.00	7.00	
GENERAL SERVICE COST CENTERS				
1.00	00100 CAP REL COSTS-BLDG & FIXT	1,647,959	3,729,319	1.00
2.00	00200 CAP REL COSTS-MVBLE EQUIP	3,057,692	4,519,909	2.00
3.00	00300 OTHER CAP REL COSTS	0	0	3.00
4.00	00400 EMPLOYEE BENEFITS	-268,214	4,574,702	4.00
5.00	00500 ADMINISTRATIVE & GENERAL	-11,043,541	13,858,939	5.00
7.00	00700 OPERATION OF PLANT	-9,081	4,856,908	7.00
8.00	00800 LAUNDRY & LINEN SERVICE	0	646,099	8.00
9.00	00900 HOUSEKEEPING	0	1,225,014	9.00
10.00	01000 DIETARY	-248,548	1,711,145	10.00
11.00	01100 CAFETERIA	0	0	11.00
13.00	01300 NURSING ADMINISTRATION	-3,176	669,492	13.00
14.00	01400 CENTRAL SERVICES & SUPPLY	-6,320	300,989	14.00
15.00	01500 PHARMACY	-716,017	1,914,993	15.00
16.00	01600 MEDICAL RECORDS & LIBRARY	-2,441	1,345,605	16.00
21.00	02100 I&R SERVICES-SALARY & FRINGES APPRV	0	3,350,768	21.00
22.00	02200 I&R SERVICES-OTHER PRGM COSTS APPRV	-1,195,340	151,413	22.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS	-87,550	7,020,873	30.00
31.00	03100 INTENSIVE CARE UNIT	-720	1,997,852	31.00
40.00	04000 SUBPROVIDER - IPF	0	2,478,253	40.00
41.00	04100 SUBPROVIDER - IRF	-40,294	1,421,704	41.00
43.00	04300 NURSERY	-326,704	1,089,721	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	-47,616	4,426,634	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	-5,236	307,495	50.01
51.00	05100 RECOVERY ROOM	0	407,282	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	-473,423	1,186,342	52.00
53.00	05300 ANESTHESIOLOGY	-1,723,564	184,514	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	-9,884	1,171,934	54.00
56.00	05600 RADIOISOTOPE	0	268,916	56.00
56.01	03630 ULTRA SOUND	-1,945	581,426	56.01
57.00	05700 CT SCAN	0	229,421	57.00
58.00	05800 MRI	0	194,400	58.00
59.00	05900 CARDIAC CATHETERIZATION	-332,877	1,447,123	59.00
60.00	06000 LABORATORY	-15,580	2,795,465	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	-11,252	433,130	63.00
65.00	06500 RESPIRATORY THERAPY	-231,860	674,688	65.00
66.00	06600 PHYSICAL THERAPY	-102,764	1,138,929	66.00
67.00	06700 OCCUPATIONAL THERAPY	-308	535,903	67.00
68.00	06800 SPEECH PATHOLOGY	-378	155,272	68.00
69.00	06900 ELECTROCARDIOLOGY	-61,583	291,603	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	-7,480	20,202	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,370,924	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	3,175,400	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	1,626,285	73.00
74.00	07400 RENAL DIALYSIS	-3,114	479,256	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETOLOGY	0	7,677	90.01
90.03	09003 WOUND CARE	0	61,926	90.03
91.00	09100 EMERGENCY	-1,091,041	2,183,429	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	92.00
OTHER REIMBURSABLE COST CENTERS				
99.00	09900 CMHC	0	0	99.00
101.00	10100 HOME HEALTH AGENCY	0	0	101.00
SPECIAL PURPOSE COST CENTERS				
118.00	SUBTOTALS (SUM OF LINES 1-117)	-13,362,200	82,219,274	118.00
NONREIMBURSABLE COST CENTERS				
190.00	19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	19,574	190.00
191.00	19100 RESEARCH	0	0	191.00
192.00	19200 PHYSICIANS' PRIVATE OFFICES	0	0	192.00
194.00	07950 MARKETING	0	860,663	194.00
194.01	07951 HOSPITALISTS	0	35,329	194.01
194.02	07952 COMMUNITY RELATIONS	0	102,650	194.02
194.03	07953 SENIOR CENTER	0	70,884	194.03
194.04	07954 PHYSICIAN CLINICS	0	452,310	194.04
194.05	07955 POB	0	350,560	194.05
194.06	07956 TRITON HLTH CAREER SCHOLARSHIP PROG	0	151,434	194.06
194.07	07957 GUEST TRAYS & CATERING MEALS	0	0	194.07

RECLASSIFICATION AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES

Provider CCN: 140240

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

worksheet A
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		Adjustments (See A-8)	Net Expenses For Allocation	
194.08	07958 HOSPICE	0	0	194.08
200.00	TOTAL (SUM OF LINES 118-199)	-13,362,200	84,262,678	200.00

		Increases			
Cost Center		Line #	Salary	Other	
2.00		3.00	4.00	5.00	
A - DEPRECIATION					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	578,403	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	1,019,479	2.00
TOTALS			0	1,597,882	
B - RENTS					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	180,589	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	2.00	0	442,738	2.00
3.00	SUBPROVIDER - IRF	41.00	0	642	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
TOTALS			0	623,969	
C - PROPERTY TAXES					
1.00	CAP REL COSTS-BLDG & FIXT	1.00	0	1,322,368	1.00
TOTALS			0	1,322,368	
D - BILLABLE DRUGS					
1.00	DRUGS CHARGED TO PATIENTS	73.00	0	1,626,285	1.00
2.00	RECOVERY ROOM	51.00	0	244	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00
12.00		0.00	0	0	12.00
13.00		0.00	0	0	13.00
14.00		0.00	0	0	14.00
15.00		0.00	0	0	15.00
16.00		0.00	0	0	16.00
17.00		0.00	0	0	17.00
18.00		0.00	0	0	18.00
19.00		0.00	0	0	19.00
20.00		0.00	0	0	20.00
21.00		0.00	0	0	21.00
22.00		0.00	0	0	22.00
23.00		0.00	0	0	23.00
24.00		0.00	0	0	24.00
25.00		0.00	0	0	25.00
26.00		0.00	0	0	26.00
27.00		0.00	0	0	27.00
28.00		0.00	0	0	28.00
TOTALS			0	1,626,529	
E - LAUNDRY					
1.00	LAUNDRY & LINEN SERVICE	8.00	0	62,850	1.00
2.00		0.00	0	0	2.00
3.00		0.00	0	0	3.00
4.00		0.00	0	0	4.00
5.00		0.00	0	0	5.00
6.00		0.00	0	0	6.00
7.00		0.00	0	0	7.00
8.00		0.00	0	0	8.00
9.00		0.00	0	0	9.00
10.00		0.00	0	0	10.00
11.00		0.00	0	0	11.00

	Increases					
	Cost Center	Line #	Salary	Other		
	2.00	3.00	4.00	5.00		
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
	TOTALS		0	62,850		
F - BILLABLE SUPPLIES						
1.00	MEDICAL SUPPLIES CHARGED TO PATIENT	71.00	0	1,370,924		1.00
2.00	CENTRAL SERVICES & SUPPLY	14.00	0	7,607		2.00
3.00	COMMUNITY RELATIONS	194.02	0	220		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
8.00		0.00	0	0		8.00
9.00		0.00	0	0		9.00
10.00		0.00	0	0		10.00
11.00		0.00	0	0		11.00
12.00		0.00	0	0		12.00
13.00		0.00	0	0		13.00
14.00		0.00	0	0		14.00
15.00		0.00	0	0		15.00
16.00		0.00	0	0		16.00
17.00		0.00	0	0		17.00
18.00		0.00	0	0		18.00
19.00		0.00	0	0		19.00
20.00		0.00	0	0		20.00
21.00		0.00	0	0		21.00
22.00		0.00	0	0		22.00
23.00		0.00	0	0		23.00
24.00		0.00	0	0		24.00
25.00		0.00	0	0		25.00
26.00		0.00	0	0		26.00
27.00		0.00	0	0		27.00
28.00		0.00	0	0		28.00
29.00		0.00	0	0		29.00
30.00		0.00	0	0		30.00
31.00		0.00	0	0		31.00
32.00		0.00	0	0		32.00
33.00		0.00	0	0		33.00
34.00		0.00	0	0		34.00
	TOTALS		0	1,378,751		
G - IMPLANTABLE DEVICE						
1.00	IMPL. DEV. CHARGED TO PATIENTS	72.00	0	3,175,400		1.00
2.00	ADULTS & PEDIATRICS	30.00	0	544		2.00
3.00		0.00	0	0		3.00
4.00		0.00	0	0		4.00
5.00		0.00	0	0		5.00
6.00		0.00	0	0		6.00
7.00		0.00	0	0		7.00
	TOTALS		0	3,175,944		
H - NURSERY						
1.00	NURSERY	43.00	603,978	174,484		1.00
	TOTALS		603,978	174,484		
I - HOSPITAL SPACE IN POB						
1.00	EMPLOYEE BENEFITS	4.00	0	3,335		1.00
2.00	RADIOLOGY-DIAGNOSTIC	54.00	0	15,512		2.00
	TOTALS		0	18,847		
J - REGIONAL ALLOCATION						
1.00	MEDICAL RECORDS & LIBRARY	16.00	322,638	36,084		1.00
	TOTALS		322,638	36,084		
500.00	Grand Total: Increases		926,616	10,017,708		500.00

		Decreases				
	Cost Center	Line #	Salary	Other	Wkst. A-7 Ref.	
	6.00	7.00	8.00	9.00	10.00	
A - DEPRECIATION						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,597,882	9	1.00
2.00		0.00	0	0	9	2.00
	TOTALS		0	1,597,882		
B - RENTS						
1.00	EMPLOYEE BENEFITS	4.00	0	4,092	10	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	234,947	10	2.00
3.00	OPERATION OF PLANT	7.00	0	43,641	0	3.00
4.00	DIETARY	10.00	0	3,043	0	4.00
5.00	NURSING ADMINISTRATION	13.00	0	1,574	0	5.00
6.00	CENTRAL SERVICES & SUPPLY	14.00	0	133,872	0	6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	3,707	0	7.00
8.00	I&R SERVICES-OTHER PRGM	22.00	0	8,156	0	8.00
9.00	ADULTS & PEDIATRICS	30.00	0	11,491	0	9.00
10.00	INTENSIVE CARE UNIT	31.00	0	2,662	0	10.00
11.00	SUBPROVIDER - IPF	40.00	0	4,148	0	11.00
12.00	OPERATING ROOM	50.00	0	19,327	0	12.00
13.00	ANESTHESIOLOGY	53.00	0	66,164	0	13.00
14.00	RADIOLOGY-DIAGNOSTIC	54.00	0	38,883	0	14.00
15.00	CARDIAC CATHETERIZATION	59.00	0	9,658	0	15.00
16.00	LABORATORY	60.00	0	459	0	16.00
17.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	3,119	0	17.00
18.00	RESPIRATORY THERAPY	65.00	0	11,241	0	18.00
19.00	PHYSICAL THERAPY	66.00	0	5,372	0	19.00
20.00	EMERGENCY	91.00	0	2,269	0	20.00
21.00	MARKETING	194.00	0	472	0	21.00
22.00	SENIOR CENTER	194.03	0	40	0	22.00
23.00	PHYSICIAN CLINICS	194.04	0	15,632	0	23.00
	TOTALS		0	623,969		
C - PROPERTY TAXES						
1.00	ADMINISTRATIVE & GENERAL	5.00	0	1,322,368	13	1.00
	TOTALS		0	1,322,368		
D - BILLABLE DRUGS						
1.00	EMPLOYEE BENEFITS	4.00	0	15,904	0	1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	3,525	0	2.00
3.00	OPERATION OF PLANT	7.00	0	24	0	3.00
4.00	DIETARY	10.00	0	1,512	0	4.00
5.00	CENTRAL SERVICES & SUPPLY	14.00	0	38	0	5.00
6.00	PHARMACY	15.00	0	1,336,204	0	6.00
7.00	ADULTS & PEDIATRICS	30.00	0	65,944	0	7.00
8.00	INTENSIVE CARE UNIT	31.00	0	31,003	0	8.00
9.00	SUBPROVIDER - IPF	40.00	0	2,261	0	9.00
10.00	SUBPROVIDER - IRF	41.00	0	1,934	0	10.00
11.00	NURSERY	43.00	0	3,007	0	11.00
12.00	OPERATING ROOM	50.00	0	36,443	0	12.00
13.00	GASTRO INTESTINAL SERVICES	50.01	0	16,281	0	13.00
14.00	ANESTHESIOLOGY	53.00	0	15,534	0	14.00
15.00	RADIOLOGY-DIAGNOSTIC	54.00	0	2,729	0	15.00
16.00	RADIOISOTOPE	56.00	0	5,108	0	16.00
17.00	ULTRA SOUND	56.01	0	1,582	0	17.00
18.00	CT SCAN	57.00	0	1,562	0	18.00
19.00	MRI	58.00	0	465	0	19.00
20.00	CARDIAC CATHETERIZATION	59.00	0	6,239	0	20.00
21.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	741	0	21.00
22.00	RESPIRATORY THERAPY	65.00	0	6,548	0	22.00
23.00	PHYSICAL THERAPY	66.00	0	202	0	23.00
24.00	ELECTROCARDIOLOGY	69.00	0	465	0	24.00
25.00	WOUND CARE	90.03	0	64	0	25.00
26.00	EMERGENCY	91.00	0	66,928	0	26.00
27.00	COMMUNITY RELATIONS	194.02	0	20	0	27.00
28.00	PHYSICIAN CLINICS	194.04	0	4,262	0	28.00
	TOTALS		0	1,626,529		
E - LAUNDRY						
1.00	HOUSEKEEPING	9.00	0	4,589	0	1.00
2.00	DIETARY	10.00	0	422	0	2.00
3.00	PHARMACY	15.00	0	598	0	3.00
4.00	ADULTS & PEDIATRICS	30.00	0	14,990	0	4.00
5.00	INTENSIVE CARE UNIT	31.00	0	2,380	0	5.00
6.00	SUBPROVIDER - IPF	40.00	0	1,792	0	6.00
7.00	SUBPROVIDER - IRF	41.00	0	998	0	7.00
8.00	OPERATING ROOM	50.00	0	15,707	0	8.00

		Decreases					
	Cost Center	Line #	Salary	other	wkst. A-7 Ref.		
	6.00	7.00	8.00	9.00	10.00		
9.00	GASTRO INTESTINAL SERVICES	50.01	0	37	0		9.00
10.00	RECOVERY ROOM	51.00	0	37	0		10.00
11.00	ANESTHESIOLOGY	53.00	0	1,147	0		11.00
12.00	RADIOLOGY-DIAGNOSTIC	54.00	0	1,393	0		12.00
13.00	CT SCAN	57.00	0	72	0		13.00
14.00	CARDIAC CATHETERIZATION	59.00	0	1,762	0		14.00
15.00	ELECTROCARDIOLOGY	69.00	0	4	0		15.00
16.00	EMERGENCY	91.00	0	16,840	0		16.00
17.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	36	0		17.00
18.00	PHYSICIAN CLINICS	194.04	0	46	0		18.00
	TOTALS		0	62,850			
F - BILLABLE SUPPLIES							
1.00	EMPLOYEE BENEFITS	4.00	0	415	0		1.00
2.00	ADMINISTRATIVE & GENERAL	5.00	0	463	0		2.00
3.00	OPERATION OF PLANT	7.00	0	43	0		3.00
4.00	HOUSEKEEPING	9.00	0	553	0		4.00
5.00	DIETARY	10.00	0	222	0		5.00
6.00	PHARMACY	15.00	0	10,060	0		6.00
7.00	MEDICAL RECORDS & LIBRARY	16.00	0	1,279	0		7.00
8.00	ADULTS & PEDIATRICS	30.00	0	311,631	0		8.00
9.00	INTENSIVE CARE UNIT	31.00	0	108,731	0		9.00
10.00	SUBPROVIDER - IPF	40.00	0	8,909	0		10.00
11.00	SUBPROVIDER - TRF	41.00	0	30,899	0		11.00
12.00	NURSERY	43.00	0	4,878	0		12.00
13.00	OPERATING ROOM	50.00	0	504,028	0		13.00
14.00	GASTRO INTESTINAL SERVICES	50.01	0	44,429	0		14.00
15.00	RECOVERY ROOM	51.00	0	6,751	0		15.00
16.00	DELIVERY ROOM & LABOR ROOM	52.00	0	16	0		16.00
17.00	ANESTHESIOLOGY	53.00	0	48,973	0		17.00
18.00	RADIOLOGY-DIAGNOSTIC	54.00	0	11,014	0		18.00
19.00	RADIOISOTOPE	56.00	0	933	0		19.00
20.00	ULTRA SOUND	56.01	0	6,397	0		20.00
21.00	CT SCAN	57.00	0	4,799	0		21.00
22.00	MRI	58.00	0	767	0		22.00
23.00	CARDIAC CATHETERIZATION	59.00	0	132,542	0		23.00
24.00	BLOOD STORING, PROCESSING & TRANS.	63.00	0	26	0		24.00
25.00	RESPIRATORY THERAPY	65.00	0	39,069	0		25.00
26.00	PHYSICAL THERAPY	66.00	0	3,152	0		26.00
27.00	OCCUPATIONAL THERAPY	67.00	0	53	0		27.00
28.00	SPEECH PATHOLOGY	68.00	0	7	0		28.00
29.00	ELECTROCARDIOLOGY	69.00	0	5,876	0		29.00
30.00	WOUND CARE	90.03	0	612	0		30.00
31.00	EMERGENCY	91.00	0	90,570	0		31.00
32.00	GIFT, FLOWER, COFFEE SHOP & CANTEEN	190.00	0	36	0		32.00
33.00	PHYSICIAN CLINICS	194.04	0	573	0		33.00
34.00	POB	194.05	0	45	0		34.00
	TOTALS		0	1,378,751			
G - IMPLANTABLE DEVICE							
1.00	DIETARY	10.00	0	1,368	0		1.00
2.00	PHARMACY	15.00	0	1,474	0		2.00
3.00	INTENSIVE CARE UNIT	31.00	0	570	0		3.00
4.00	OPERATING ROOM	50.00	0	1,614,210	0		4.00
5.00	GASTRO INTESTINAL SERVICES	50.01	0	1,714	0		5.00
6.00	ANESTHESIOLOGY	53.00	0	432	0		6.00
7.00	CARDIAC CATHETERIZATION	59.00	0	1,556,176	0		7.00
	TOTALS		0	3,175,944			
H - NURSERY							
1.00	ADULTS & PEDIATRICS	30.00	603,978	174,484	0		1.00
	TOTALS		603,978	174,484			
I - HOSPITAL SPACE IN POB							
1.00	POB	194.05	0	18,847	0		1.00
2.00		0.00	0	0	0		2.00
	TOTALS		0	18,847			
J - REGIONAL ALLOCATION							
1.00	ADMINISTRATIVE & GENERAL	5.00	322,638	36,084	0		1.00
	TOTALS		322,638	36,084			
500.00	Grand Total: Decreases		926,616	10,017,708			500.00

	Beginning Balances	Acquisitions			Disposals and Retirements	
		Purchases	Donation	Total		
	1.00	2.00	3.00	4.00	5.00	
PART I - ANALYSIS OF CHANGES IN CAPITAL ASSET BALANCES						
1.00	Land	4,187,868	0	0	0	0 1.00
2.00	Land Improvements	4,893,624	0	0	0	0 2.00
3.00	Buildings and Fixtures	66,106,726	0	0	0	0 3.00
4.00	Building Improvements	4,934,983	286,508	0	286,508	0 4.00
5.00	Fixed Equipment	4,124,706	0	0	0	0 5.00
6.00	Movable Equipment	65,481,507	4,428,211	0	4,428,211	0 6.00
7.00	HIT designated Assets	0	0	0	0	0 7.00
8.00	Subtotal (sum of lines 1-7)	149,729,414	4,714,719	0	4,714,719	0 8.00
9.00	Reconciling Items	0	0	0	0	0 9.00
10.00	Total (line 8 minus line 9)	149,729,414	4,714,719	0	4,714,719	0 10.00
SUMMARY OF CAPITAL						
Cost Center Description	Depreciation	Lease	Interest	Insurance (see instructions)	Taxes (see instructions)	
	9.00	10.00	11.00	12.00	13.00	
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2						
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	0	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	0	0 2.00
3.00	Total (sum of lines 1-2)	0	0	0	0	0 3.00
COMPUTATION OF RATIOS						
Cost Center Description	Gross Assets	Capitalized Leases	Gross Assets for Ratio (col. 1 - col. 2)	ALLOCATION OF OTHER CAPITAL Ratio (see instructions)	Insurance	
	1.00	2.00	3.00	4.00	5.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS						
1.00	CAP REL COSTS-BLDG & FIXT	76,221,840	0	76,221,840	0.507279	0 1.00
2.00	CAP REL COSTS-MVBLE EQUIP	74,034,424	0	74,034,424	0.492721	0 2.00
3.00	Total (sum of lines 1-2)	150,256,264	0	150,256,264	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	4,187,868	0			1.00	
2.00	Land Improvements	4,893,624	0			2.00	
3.00	Buildings and Fixtures	66,106,726	0			3.00	
4.00	Building Improvements	5,221,491	0			4.00	
5.00	Fixed Equipment	4,124,706	0			5.00	
6.00	Movable Equipment	69,909,718	0			6.00	
7.00	HIT designated Assets	0	0			7.00	
8.00	Subtotal (sum of lines 1-7)	154,444,133	0			8.00	
9.00	Reconciling Items	0	0			9.00	
10.00	Total (line 8 minus line 9)	154,444,133	0			10.00	
SUMMARY OF CAPITAL							
Cost Center Description		Other Capital-Related Costs (see instructions)	Total (1) (sum of cols. 9 through 14)				
		14.00	15.00				
PART II - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 and 2							
1.00	CAP REL COSTS-BLDG & FIXT	0	0			1.00	
2.00	CAP REL COSTS-MVBLE EQUIP	0	0			2.00	
3.00	Total (sum of lines 1-2)	0	0			3.00	
ALLOCATION OF OTHER CAPITAL							
Cost Center Description		Taxes	Other Capital-Related Costs	Total (sum of cols. 5 through 7)	SUMMARY OF CAPITAL Depreciation	Lease	
		6.00	7.00	8.00	9.00	10.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	0	0	0	2,061,625	180,589	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	0	0	0	3,619,535	442,738	2.00
3.00	Total (sum of lines 1-2)	0	0	0	5,681,160	623,327	3.00

RECONCILIATION OF CAPITAL COSTS CENTERS

Provider CCN: 140240

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

Worksheet A-7
Parts I-III
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		SUMMARY OF CAPITAL					
		Interest	Insurance (see instructions)	Taxes (see instructions)	Other Capital-Related Costs (see instructions)	Total (2) (sum of cols. 9 through 14)	
		11.00	12.00	13.00	14.00	15.00	
PART III - RECONCILIATION OF CAPITAL COSTS CENTERS							
1.00	CAP REL COSTS-BLDG & FIXT	155,120	9,617	1,322,368	0	3,729,319	1.00
2.00	CAP REL COSTS-MVBLE EQUIP	457,636	0	0	0	4,519,909	2.00
3.00	Total (sum of lines 1-2)	612,756	9,617	1,322,368	0	8,249,228	3.00

Cost Center Description		Basis/Code (2)	Amount	Expense Classification on Worksheet A To/From Which the Amount is to be Adjusted			
				Cost Center	Line #		
1.00	2.00	3.00	4.00				
1.00	Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)			0	CAP REL COSTS-BLDG & FIXT	1.00	1.00
2.00	Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)			0	CAP REL COSTS-MVBLE EQUIP	2.00	2.00
3.00	Investment income - other (chapter 2)		0			0.00	3.00
4.00	Trade, quantity, and time discounts (chapter 8)		0			0.00	4.00
5.00	Refunds and rebates of expenses (chapter 8)		0			0.00	5.00
6.00	Rental of provider space by suppliers (chapter 8)		0			0.00	6.00
7.00	Telephone services (pay stations excluded) (chapter 21)		0			0.00	7.00
8.00	Television and radio service (chapter 21)		0			0.00	8.00
9.00	Parking lot (chapter 21)		0			0.00	9.00
10.00	Provider-based physician adjustment	A-8-2	-4,250,154				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	-6,425,615				12.00
13.00	Laundry and linen service		0			0.00	13.00
14.00	Cafeteria-employees and quests	B	-244,061		DIETARY	10.00	14.00
15.00	Rental of quarters to employee and others		0			0.00	15.00
16.00	Sale of medical and surgical supplies to other than patients		0			0.00	16.00
17.00	Sale of drugs to other than patients		0			0.00	17.00
18.00	Sale of medical records and abstracts		0			0.00	18.00
19.00	Nursing school (tuition, fees, books, etc.)		0			0.00	19.00
20.00	Vending machines	B	-4,487		DIETARY	10.00	20.00
21.00	Income from imposition of interest, finance or penalty charges (chapter 21)		0			0.00	21.00
22.00	Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments		0			0.00	22.00
23.00	Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	A-8-3	0		RESPIRATORY THERAPY	65.00	23.00
24.00	Adjustment for physical therapy costs in excess of limitation (chapter 14)	A-8-3	0		PHYSICAL THERAPY	66.00	24.00
25.00	Utilization review - physicians' compensation (chapter 21)		0		*** Cost Center Deleted ***	114.00	25.00
26.00	Depreciation - CAP REL COSTS-BLDG & FIXT	A	1,373,200		CAP REL COSTS-BLDG & FIXT	1.00	26.00
27.00	Depreciation - CAP REL COSTS-MVBLE EQUIP	A	2,600,056		CAP REL COSTS-MVBLE EQUIP	2.00	27.00
28.00	Non-physician Anesthetist		0		*** Cost Center Deleted ***	19.00	28.00
29.00	Physicians' assistant		0			0.00	29.00
30.00	Adjustment for occupational therapy costs in excess of limitation (chapter 14)	A-8-3	0		OCCUPATIONAL THERAPY	67.00	30.00
31.00	Adjustment for speech pathology costs in excess of limitation (chapter 14)	A-8-3	0		SPEECH PATHOLOGY	68.00	31.00
32.00	CAH HIT Adjustment for Depreciation and Interest		0			0.00	32.00
33.00	DIRECT PHONE COSTS	A	-29,569		ADMINISTRATIVE & GENERAL	5.00	33.00
33.01	PBX SALARY	A	-15,026		ADMINISTRATIVE & GENERAL	5.00	33.01
33.02	PBX BENEFITS	A	-8,722		EMPLOYEE BENEFITS	4.00	33.02
33.03	TELEVISION CABLE & SATELITE	A	-3,891		OPERATION OF PLANT	7.00	33.03
33.04	CAREER MGMT SVCS	B	7,050		EMPLOYEE BENEFITS	4.00	33.04
33.05	GREAT WEST LIFE	B	-31,603		EMPLOYEE BENEFITS	4.00	33.05
33.06	ADMIN SVCS	B	-17,419		ADMINISTRATIVE & GENERAL	5.00	33.06
33.07	RENTAL INCOME	B	-139,355		ADMINISTRATIVE & GENERAL	5.00	33.07
33.08	RUSH UNIV STUDENTS	B	-15,900		ADMINISTRATIVE & GENERAL	5.00	33.08
33.09	CHAPEL FUNDS	B	-584		ADMINISTRATIVE & GENERAL	5.00	33.09
33.10	PENALTY PAYMENTS	B	-131		ADMINISTRATIVE & GENERAL	5.00	33.10
33.11	GRANT REVENUE	B	-124,710		ADMINISTRATIVE & GENERAL	5.00	33.11
33.12	SEASON HOSPICE	B	989,153		ADMINISTRATIVE & GENERAL	5.00	33.12
33.13	FACILITIES MGMT FEE	B	-2,233		OPERATION OF PLANT	7.00	33.13
33.14	PARKING FINES	B	-1,755		OPERATION OF PLANT	7.00	33.14
33.15	STAFFING SERVICES	B	-2,539		NURSING ADMINISTRATION	13.00	33.15
33.16	SEASON HOSPICE	B	-6,320		CENTRAL SERVICES & SUPPLY	14.00	33.16
33.17	SEASON HOSPICE	B	-716,017		PHARMACY	15.00	33.17
33.18	MEDICAL RECORDS COPIES	B	-2,441		MEDICAL RECORDS & LIBRARY	16.00	33.18
33.19	STUDENT PLACEMENT SVCS	B	-702,540		I&R SERVICES-OTHER PRGM COSTS APPRV	22.00	33.19
33.20	SEASON HOSPICE	B	-73,168		ADULTS & PEDIATRICS	30.00	33.20

Cost Center Description		Basis/Code (2)		Expense Classification on Worksheet A To/From which the Amount is to be Adjusted	
		1.00	2.00	3.00	4.00
33.21	INTERCOMPANY REVENUE	B	-65	OPERATING ROOM	50.00 33.21
33.22	BARIATRIC PHONE LINE	B	-1,170	OPERATING ROOM	50.00 33.22
33.23	SEASON HOSPICE	B	-5,236	GASTRO INTESTINAL SERVICES	50.01 33.23
33.24	TRANSFER TO WATERMARK	B	-50	ANESTHESIOLOGY	53.00 33.24
33.25	SEASON HOSPICE	B	-9,884	RADIOLOGY-DIAGNOSTIC	54.00 33.25
33.26	SEASON HOSPICE	B	-1,945	ULTRA SOUND	56.01 33.26
33.27	SEASON HOSPICE	B	-9,196	CARDIAC CATHETERIZATION	59.00 33.27
33.28	SEASON HOSPICE	B	-15,580	LABORATORY	60.00 33.28
33.29	SEASON HOSPICE	B	-11,252	BLOOD STORING, PROCESSING & TRANS.	63.00 33.29
33.30	SEASON HOSPICE	B	-225,237	RESPIRATORY THERAPY	65.00 33.30
33.31	SEASON HOSPICE	B	-1,540	PHYSICAL THERAPY	66.00 33.31
33.32	FITNESS CENTER REVENUE	B	-101,224	PHYSICAL THERAPY	66.00 33.32
33.33	SEASON HOSPICE	B	-308	OCCUPATIONAL THERAPY	67.00 33.33
33.34	SEASON HOSPICE	B	-378	SPEECH PATHOLOGY	68.00 33.34
33.35	SEASON HOSPICE	B	-3,114	RENAL DIALYSIS	74.00 33.35
33.36	SEASON HOSPICE	B	-2,351	EMERGENCY	91.00 33.36
33.37	ADVERTISING	A	-6,373	ADMINISTRATIVE & GENERAL	5.00 33.37
33.38	ADVERTISING	A	-415	OPERATING ROOM	50.00 33.38
33.39	OTHER EMPLOYEE BENEFITS	A	-12,098	EMPLOYEE BENEFITS	4.00 33.39
33.40	OTHER EXPENSE	A	-8,611	ADMINISTRATIVE & GENERAL	5.00 33.40
33.41	OTHER EXPENSE	A	-1,202	OPERATION OF PLANT	7.00 33.41
33.42	OTHER EXPENSE	A	-637	NURSING ADMINISTRATION	13.00 33.42
33.43	OTHER EXPENSE	A	-971	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00 33.43
33.44	OTHER EXPENSE	A	951	OPERATING ROOM	50.00 33.44
33.45	OTHER EXPENSE	A	-20,815	ANESTHESIOLOGY	53.00 33.45
33.46	OTHER EXPENSE	A	-865	CARDIAC CATHETERIZATION	59.00 33.46
33.47	OTHER EXPENSE	A	-3,803	EMERGENCY	91.00 33.47
33.48	PURCHASED SVCS	A	-1,146	EMPLOYEE BENEFITS	4.00 33.48
33.49	PURCHASED SVCS	A	-23,632	ADMINISTRATIVE & GENERAL	5.00 33.49
33.50	PURCHASED SVCS	A	-4,504	ADULTS & PEDIATRICS	30.00 33.50
33.51	PHYSICIAN INCENTIVES	A	-15	ADMINISTRATIVE & GENERAL	5.00 33.51
33.52	PHYSICIAN RELOCATION	A	-20,185	ADMINISTRATIVE & GENERAL	5.00 33.52
33.53	PHYSICIAN GUARANTEES	A	-114,063	ADMINISTRATIVE & GENERAL	5.00 33.53
33.54	PHYSICIAN INTERVIEW	A	-62	ADMINISTRATIVE & GENERAL	5.00 33.54
33.55	TRAVEL	A	-1,462	EMPLOYEE BENEFITS	4.00 33.55
33.56	TRAVEL	A	-55,350	ADMINISTRATIVE & GENERAL	5.00 33.56
33.57	TRAVEL	A	-870	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00 33.57
33.58	TRAVEL	A	-2,422	ANESTHESIOLOGY	53.00 33.58
33.59	TRAVEL	A	-2,548	EMERGENCY	91.00 33.59
33.60	ALCOHOL	A	-1,690	ADMINISTRATIVE & GENERAL	5.00 33.60
33.61	MEALS	A	-8,643	ADMINISTRATIVE & GENERAL	5.00 33.61
33.62	MEALS	A	-1,252	ANESTHESIOLOGY	53.00 33.62
33.63	DONATIONS/CONTRIBUTIONS	A	-12,461	ADMINISTRATIVE & GENERAL	5.00 33.63
33.64	DUES & SUBSCRIPTION	A	-5,105	ADMINISTRATIVE & GENERAL	5.00 33.64
33.65	DUES & SUBSCRIPTION	A	-1,300	ANESTHESIOLOGY	53.00 33.65
33.66	DUES & SUBSCRIPTION	A	-964	EMERGENCY	91.00 33.66
33.67	PHYSICIAN DUES & SUBSCRIPTION	A	-538	ADMINISTRATIVE & GENERAL	5.00 33.67
33.68	LOBBYING	A	-35,525	ADMINISTRATIVE & GENERAL	5.00 33.68
33.69	PATIENT TRANSPORTATION	A	-4,313	ADMINISTRATIVE & GENERAL	5.00 33.69
33.70	PATIENT TRANSPORTATION	A	-78	SUBPROVIDER - IRF	41.00 33.70
33.71	LEGAL	A	-162,549	ADMINISTRATIVE & GENERAL	5.00 33.71
33.72	LEGAL	A	-43,560	I&R SERVICES-OTHER PRGM COSTS APPRV	22.00 33.72
33.73	IDPA TAX ASSESSMENT	A	-4,543,833	ADMINISTRATIVE & GENERAL	5.00 33.73
33.74	PENALTIES & FINES	A	-20,250	EMPLOYEE BENEFITS	4.00 33.74
33.75	NON-REIMBURSABLES	A	-1,010	ADMINISTRATIVE & GENERAL	5.00 33.75
33.76	NON-REIMBURSABLES	A	-720	INTENSIVE CARE UNIT	31.00 33.76
50.00	TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)		-13,362,200		50.00

Cost Center Description	Wkst. A-7 Ref.	
	5.00	
1.00 Investment income - CAP REL COSTS-BLDG & FIXT (chapter 2)	0	1.00
2.00 Investment income - CAP REL COSTS-MVBLE EQUIP (chapter 2)	0	2.00
3.00 Investment income - other (chapter 2)	0	3.00
4.00 Trade, quantity, and time discounts (chapter 8)	0	4.00
5.00 Refunds and rebates of expenses (chapter 8)	0	5.00
6.00 Rental of provider space by suppliers (chapter 8)	0	6.00
7.00 Telephone services (pay stations excluded) (chapter 21)	0	7.00
8.00 Television and radio service (chapter 21)	0	8.00
9.00 Parking lot (chapter 21)	0	9.00
10.00 Provider-based physician adjustment	0	10.00
11.00 Sale of scrap, waste, etc. (chapter 23)	0	11.00
12.00 Related organization transactions (chapter 10)	0	12.00
13.00 Laundry and linen service	0	13.00
14.00 Cafeteria-employees and guests	0	14.00
15.00 Rental of quarters to employee and others	0	15.00
16.00 Sale of medical and surgical supplies to other than patients	0	16.00
17.00 Sale of drugs to other than patients	0	17.00
18.00 Sale of medical records and abstracts	0	18.00
19.00 Nursing school (tuition, fees, books, etc.)	0	19.00
20.00 Vending machines	0	20.00
21.00 Income from imposition of interest, finance or penalty charges (chapter 21)	0	21.00
22.00 Interest expense on Medicare overpayments and borrowings to repay Medicare overpayments	0	22.00
23.00 Adjustment for respiratory therapy costs in excess of limitation (chapter 14)	0	23.00
24.00 Adjustment for physical therapy costs in excess of limitation (chapter 14)	0	24.00
25.00 Utilization review - physicians' compensation (chapter 21)	0	25.00
26.00 Depreciation - CAP REL COSTS-BLDG & FIXT	9	26.00
27.00 Depreciation - CAP REL COSTS-MVBLE EQUIP	9	27.00
28.00 Non-physician Anesthetist	0	28.00
29.00 Physicians' assistant	0	29.00
30.00 Adjustment for occupational therapy costs in excess of limitation (chapter 14)	0	30.00
31.00 Adjustment for speech pathology costs in excess of limitation (chapter 14)	0	31.00
32.00 CAH HIT Adjustment for Depreciation and Interest	0	32.00
33.00 DIRECT PHONE COSTS	0	33.00
33.01 PBX SALARY	0	33.01
33.02 PBX BENEFITS	0	33.02
33.03 TELEVISION CABLE & SATELITE	0	33.03
33.04 CAREER MGMT SVCS	0	33.04
33.05 GREAT WEST LIFE	0	33.05
33.06 ADMIN SVCS	0	33.06
33.07 RENTAL INCOME	0	33.07
33.08 RUSH UNIV STUDENTS	0	33.08
33.09 CHAPEL FUNDS	0	33.09
33.10 PENALTY PAYMENTS	0	33.10
33.11 GRANT REVENUE	0	33.11
33.12 SEASON HOSPICE	0	33.12
33.13 FACILITIES MGMT FEE	0	33.13
33.14 PARKING FINES	0	33.14
33.15 STAFFING SERVICES	0	33.15
33.16 SEASON HOSPICE	0	33.16
33.17 SEASON HOSPICE	0	33.17
33.18 MEDICAL RECORDS COPIES	0	33.18
33.19 STUDENT PLACEMENT SVCS	0	33.19
33.20 SEASON HOSPICE	0	33.20
33.21 INTERCOMPANY REVENUE	0	33.21
33.22 BARIATRIC PHONE LINE	0	33.22
33.23 SEASON HOSPICE	0	33.23
33.24 TRANSFER TO WATERMARK	0	33.24
33.25 SEASON HOSPICE	0	33.25
33.26 SEASON HOSPICE	0	33.26
33.27 SEASON HOSPICE	0	33.27

Cost Center Description	wkst. A-7 Ref.		
	5.00		
33.28 SEASON HOSPICE		0	33.28
33.29 SEASON HOSPICE		0	33.29
33.30 SEASON HOSPICE		0	33.30
33.31 SEASON HOSPICE		0	33.31
33.32 FITNESS CENTER REVENUE		0	33.32
33.33 SEASON HOSPICE		0	33.33
33.34 SEASON HOSPICE		0	33.34
33.35 SEASON HOSPICE		0	33.35
33.36 SEASON HOSPICE		0	33.36
33.37 ADVERTISING		0	33.37
33.38 ADVERTISING		0	33.38
33.39 OTHER EMPLOYEE BENEFITS		0	33.39
33.40 OTHER EXPENSE		0	33.40
33.41 OTHER EXPENSE		0	33.41
33.42 OTHER EXPENSE		0	33.42
33.43 OTHER EXPENSE		0	33.43
33.44 OTHER EXPENSE		0	33.44
33.45 OTHER EXPENSE		0	33.45
33.46 OTHER EXPENSE		0	33.46
33.47 OTHER EXPENSE		0	33.47
33.48 PURCHASED SVCS		0	33.48
33.49 PURCHASED SVCS		0	33.49
33.50 PURCHASED SVCS		0	33.50
33.51 PHYSICIAN INCENTIVES		0	33.51
33.52 PHYSICIAN RELOCATION		0	33.52
33.53 PHYSICIAN GUARANTEES		0	33.53
33.54 PHYSICIAN INTERVIEW		0	33.54
33.55 TRAVEL		0	33.55
33.56 TRAVEL		0	33.56
33.57 TRAVEL		0	33.57
33.58 TRAVEL		0	33.58
33.59 TRAVEL		0	33.59
33.60 ALCOHOL		0	33.60
33.61 MEALS		0	33.61
33.62 MEALS		0	33.62
33.63 DONATIONS/CONTRIBUTIONS		0	33.63
33.64 DUES & SUBSCRIPTION		0	33.64
33.65 DUES & SUBSCRIPTION		0	33.65
33.66 DUES & SUBSCRIPTION		0	33.66
33.67 PHYSICIAN DUES & SUBSCRIPTION		0	33.67
33.68 LOBBYING		0	33.68
33.69 PATIENT TRANSPORTATION		0	33.69
33.70 PATIENT TRANSPORTATION		0	33.70
33.71 LEGAL		0	33.71
33.72 LEGAL		0	33.72
33.73 IDPA TAX ASSESSMENT		0	33.73
33.74 PENALTIES & FINES		0	33.74
33.75 NON-REIMBURSABLES		0	33.75
33.76 NON-REIMBURSABLES		0	33.76
50.00 TOTAL (sum of lines 1 thru 49) (Transfer to worksheet A, column 6, line 200.)			50.00

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

Provider CCN: 140240

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

Worksheet A-8-1

Date/Time Prepared: 11/29/2012 1:50 pm

	Line No.	Cost Center	Expense Items	
	1.00	2.00	3.00	
A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR CLAIMED HOME OFFICE COSTS:				
1.00	5.00	ADMINISTRATIVE & GENERAL	PROPERTY INSURANCE	1.00
2.00	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	MALPRACTICE INSURANCE	2.00
3.00	5.00	ADMINISTRATIVE & GENERAL	MALPRACTICE INSURANCE	3.00
4.00	4.00	EMPLOYEE BENEFITS	WORKERS COMP	4.00
4.01	5.00	ADMINISTRATIVE & GENERAL	WORKERS COMP	4.01
4.02	22.00	I&R SERVICES-OTHER PRGM COSTS APPRV	WORKERS COMP	4.02
4.03	5.00	ADMINISTRATIVE & GENERAL	INTEREST EXPENSE	4.03
4.04	5.00	ADMINISTRATIVE & GENERAL	MANAGEMENT FEE	4.04
4.05	5.00	ADMINISTRATIVE & GENERAL	CORP OVERHEAD ALLOC	4.05
4.06	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC.-INSURANCE	4.06
4.07	5.00	ADMINISTRATIVE & GENERAL	DIRECT ALLOC.-PROF. LIABILITY	4.07
4.08	4.00	EMPLOYEE BENEFITS	DIRECT ALLOC.-WORKERS COMP	4.08
4.09	1.00	CAP REL COSTS-BLDG & FIXT	DIRECT ALLOC.-INTEREST EXP.	4.09
4.10	2.00	CAP REL COSTS-MVBLE EQUIP	DIRECT ALLOC.-INTEREST EXP.	4.10
4.11	5.00	ADMINISTRATIVE & GENERAL	FUNCTIONAL ALLOCATION	4.11
4.12	1.00	CAP REL COSTS-BLDG & FIXT	POOLED ALLOC.-CAPITAL	4.12
4.13	5.00	ADMINISTRATIVE & GENERAL	POOLED ALLOC.-MGMT FEES	4.13
4.14	60.00	LABORATORY	GENESIS LAB	4.14
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		0.00	6.00
7.00			0.00	7.00
8.00			0.00	8.00
9.00			0.00	9.00
10.00			0.00	10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

	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	0	32,233	-32,233	0	1.00
2.00	0	446,904	-446,904	0	2.00
3.00	0	1,693,694	-1,693,694	0	3.00
4.00	0	413,589	-413,589	0	4.00
4.01	0	148	-148	0	4.01
4.02	0	495	-495	0	4.02
4.03	0	2,752,601	-2,752,601	0	4.03
4.04	0	1,901,773	-1,901,773	0	4.04
4.05	0	1,071,120	-1,071,120	0	4.05
4.06	9,617	0	9,617	12	4.06
4.07	9,808	0	9,808	0	4.07
4.08	213,606	0	213,606	0	4.08
4.09	155,120	0	155,120	11	4.09
4.10	457,636	0	457,636	11	4.10
4.11	68,105	0	68,105	0	4.11
4.12	110,022	0	110,022	9	4.12
4.13	863,028	0	863,028	0	4.13
4.14	1,862,868	1,862,868	0	0	4.14
5.00	TOTALS (sum of lines 1-4). Transfer column 6, line 5 to worksheet A-8, column 2, line 12.	3,749,810	10,175,425	-6,425,615	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	VANGUARD HLTH S	100.00	HLTHCARE	6.00
7.00		0.00		7.00
8.00		0.00		8.00
9.00		0.00		9.00
10.00		0.00		10.00
100.00	G. Other (financial or non-financial) specify:			100.00

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

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

Provider CCN: 140240

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

Worksheet A-8-2

Date/Time Prepared:
 11/29/2012 1:50 pm

	1.00	2.00	3.00	4.00	
	Cost Center/Physician Identifier		Total Remuneration	Professional Component	
Wkst. A Line #					
1.00	5.00	ADMINISTRATIVE & GENERAL	190,408	175,408	1.00
2.00	30.00	ADULTS & PEDIATRICS	9,878	9,878	2.00
3.00	31.00	INTENSIVE CARE UNIT	8,750	0	3.00
4.00	41.00	SUBPROVIDER - IRF	90,565	6,665	4.00
5.00	43.00	NURSERY	326,704	326,704	5.00
6.00	50.00	OPERATING ROOM	71,817	23,332	6.00
7.00	52.00	DELIVERY ROOM & LABOR ROOM	473,423	473,423	7.00
8.00	53.00	ANESTHESIOLOGY	1,702,636	1,694,411	8.00
9.00	59.00	CARDIAC CATHETERIZATION	335,595	307,870	9.00
10.00	65.00	RESPIRATORY THERAPY	16,250	5,000	10.00
11.00	69.00	ELECTROCARDIOLOGY	61,583	61,583	11.00
12.00	70.00	ELECTROENCEPHALOGRAPHY	7,480	7,480	12.00
13.00	91.00	EMERGENCY	1,110,000	1,076,375	13.00
200.00			4,405,089	4,168,129	200.00

Provider CCN: 140240

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

Worksheet A-8-2

Date/Time Prepared:
 11/29/2012 1:50 pm

	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	15,000	177,200	176	14,994	750	1.00
2.00	0	0	0	0	0	2.00
3.00	8,750	177,200	113	9,627	481	3.00
4.00	83,900	177,200	591	50,349	2,517	4.00
5.00	0	0	0	0	0	5.00
6.00	48,485	208,000	249	24,900	1,245	6.00
7.00	0	0	0	0	0	7.00
8.00	8,225	200,300	51	4,911	246	8.00
9.00	27,725	177,200	150	12,779	639	9.00
10.00	11,250	177,200	113	9,627	481	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	33,625	177,200	336	28,625	1,431	13.00
200.00	236,960		1,779	155,812	7,790	200.00

PROVIDER BASED PHYSICIAN ADJUSTMENT

Provider CCN: 140240

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

Worksheet A-8-2

Date/Time Prepared:
11/29/2012 1:50 pm

	Cost of Memberships & Continuing Education 12.00	Provider Component share of col. 13	Physician Cost of Malpractice Insurance 14.00	Provider Component Share of col. 15	Adjusted RCE Limit 16.00	
1.00	0	0	0	0	14,994	1.00
2.00	0	0	0	0	0	2.00
3.00	0	0	0	0	9,627	3.00
4.00	0	0	0	0	50,349	4.00
5.00	0	0	0	0	0	5.00
6.00	0	0	0	0	24,900	6.00
7.00	0	0	0	0	0	7.00
8.00	0	0	0	0	4,911	8.00
9.00	0	0	0	0	12,779	9.00
10.00	0	0	0	0	9,627	10.00
11.00	0	0	0	0	0	11.00
12.00	0	0	0	0	0	12.00
13.00	0	0	0	0	28,625	13.00
200.00	0	0	0	0	155,812	200.00

	RCE Disallowance	Adjustment	
	17.00	18.00	
1.00	6	175,414	1.00
2.00	0	9,878	2.00
3.00	0	0	3.00
4.00	33,551	40,216	4.00
5.00	0	326,704	5.00
6.00	23,585	46,917	6.00
7.00	0	473,423	7.00
8.00	3,314	1,697,725	8.00
9.00	14,946	322,816	9.00
10.00	1,623	6,623	10.00
11.00	0	61,583	11.00
12.00	0	7,480	12.00
13.00	5,000	1,081,375	13.00
200.00	82,025	4,250,154	200.00

Cost Center Description	Net Expenses for Cost Allocation (from Wkst A col. 7)	CAPITAL RELATED COSTS			EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP				
		1.00	2.00	4.00			
	0	1.00	2.00	4.00	4A		
GENERAL SERVICE COST CENTERS							
1.00 00100	CAP REL COSTS-BLDG & FIXT	3,729,319	3,729,319				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP	4,519,909		4,519,909			2.00
4.00 00400	EMPLOYEE BENEFITS	4,574,702	0	0	4,574,702		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	13,858,939	244,793	418,940	823,531	15,346,203	5.00
7.00 00700	OPERATION OF PLANT	4,856,908	507,239	868,090	122,551	6,354,788	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	646,099	20,061	34,333	4,952	705,445	8.00
9.00 00900	HOUSEKEEPING	1,225,014	32,524	55,661	102,324	1,415,523	9.00
10.00 01000	DIETARY	1,711,145	128,049	219,144	131,082	2,189,420	10.00
11.00 01100	CAFETERIA	0	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	669,492	18,097	30,972	64,587	783,148	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	300,989	24,761	42,376	23,970	392,096	14.00
15.00 01500	PHARMACY	1,914,993	24,118	41,276	168,686	2,149,073	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	1,345,605	38,299	65,545	89,720	1,539,169	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,350,768	0	0	370,394	3,721,162	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	151,413	0	0	0	151,413	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000	ADULTS & PEDIATRICS	7,020,873	191,261	327,325	638,214	8,177,673	30.00
31.00 03100	INTENSIVE CARE UNIT	1,997,852	81,099	138,793	102,740	2,400,484	31.00
40.00 04000	SUBPROVIDER - IPF	2,478,253	157,206	269,043	248,380	3,152,882	40.00
41.00 04100	SUBPROVIDER - IRF	1,421,704	149,677	256,158	116,915	1,944,454	41.00
43.00 04300	NURSERY	1,089,721	58,992	100,959	100,444	1,350,116	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000	OPERATING ROOM	4,426,634	149,759	256,298	264,864	5,097,555	50.00
50.01 03340	GASTRO INTESTINAL SERVICES	307,495	21,979	37,614	26,501	393,589	50.01
51.00 05100	RECOVERY ROOM	407,282	16,133	27,611	41,323	492,349	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	1,186,342	147,982	253,257	124,559	1,712,140	52.00
53.00 05300	ANESTHESIOLOGY	184,514	4,653	7,963	8,094	205,224	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	1,171,934	121,923	208,660	111,662	1,614,179	54.00
56.00 05600	RADIOISOTOPE	268,916	9,060	15,506	16,809	310,291	56.00
56.01 03630	ULTRA SOUND	581,426	6,898	11,805	58,001	658,130	56.01
57.00 05700	CT SCAN	229,421	9,703	16,606	18,956	274,686	57.00
58.00 05800	MRI	194,400	8,850	15,146	17,318	235,714	58.00
59.00 05900	CARDIAC CATHETERIZATION	1,447,123	40,789	69,807	66,018	1,623,737	59.00
60.00 06000	LABORATORY	2,795,465	77,814	133,171	101,878	3,108,328	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	433,130	3,238	5,542	288	442,198	63.00
65.00 06500	RESPIRATORY THERAPY	674,688	6,944	11,885	73,967	767,484	65.00
66.00 06600	PHYSICAL THERAPY	1,138,929	68,344	116,965	81,423	1,405,661	66.00
67.00 06700	OCCUPATIONAL THERAPY	535,903	0	0	41,572	577,475	67.00
68.00 06800	SPEECH PATHOLOGY	155,272	5,471	9,364	13,398	183,505	68.00
69.00 06900	ELECTROCARDIOLOGY	291,603	24,095	41,236	29,724	386,658	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	20,202	0	0	2,038	22,240	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	1,370,924	0	0	0	1,370,924	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	3,175,400	0	0	0	3,175,400	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	1,626,285	0	0	0	1,626,285	73.00
74.00 07400	RENAL DIALYSIS	479,256	0	0	0	479,256	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	0	90.00
90.01 09001	DIABETOLOGY	7,677	0	0	798	8,475	90.01
90.03 09003	WOUND CARE	61,926	0	0	6,276	68,202	90.03
91.00 09100	EMERGENCY	2,183,429	129,148	221,025	193,533	2,727,135	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00 09900	CMHC	0	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	82,219,274	2,528,959	4,328,076	4,487,490	80,739,869	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	19,574	2,163	3,701	100	25,538	190.00
191.00 19100	RESEARCH	0	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00
194.00 07950	MARKETING	860,663	6,862	11,744	25,830	905,099	194.00
194.01 07951	HOSPITALISTS	35,329	0	0	0	35,329	194.01
194.02 07952	COMMUNITY RELATIONS	102,650	5,880	10,064	9,539	128,133	194.02
194.03 07953	SENIOR CENTER	70,884	0	0	2,200	73,084	194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	Net Expenses for Cost Allocation (from wkst A col. 7)	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS	Subtotal	
		BLDG & FIXT	MVBLE EQUIP			
	0	1.00	2.00	4.00	4A	
194.04 07954 PHYSICIAN CLINICS	452,310	14,684	25,130	34,329	526,453	194.04
194.05 07955 POB	350,560	1,088,269	0	0	1,438,829	194.05
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROG	151,434	0	0	15,214	166,648	194.06
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08 07958 HOSPICE	0	82,502	141,194	0	223,696	194.08
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)	84,262,678	3,729,319	4,519,909	4,574,702	84,262,678	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	15,346,203					5.00
7.00	00700	1,415,071	7,769,859				7.00
8.00	00800	157,087	52,354	914,886			8.00
9.00	00900	315,206	84,877	10,366	1,825,972		9.00
10.00	01000	487,536	334,171	0	79,944	3,091,071	10.00
11.00	01100	0	0	0	0	776,866	11.00
13.00	01300	174,390	47,229	0	11,299	0	13.00
14.00	01400	87,311	64,619	0	15,459	0	14.00
15.00	01500	478,551	62,941	0	15,058	0	15.00
16.00	01600	342,739	99,949	0	23,911	0	16.00
21.00	02100	828,621	0	0	0	0	21.00
22.00	02200	33,716	0	193	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	1,821,007	499,136	442,527	119,409	713,375	30.00
31.00	03100	534,535	211,645	52,697	50,632	127,858	31.00
40.00	04000	702,077	410,261	61,276	98,148	446,244	40.00
41.00	04100	432,987	390,613	45,098	93,447	196,737	41.00
43.00	04300	300,641	153,951	0	36,830	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,135,113	390,827	75,125	93,498	0	50.00
50.01	03340	87,644	57,358	0	13,722	0	50.01
51.00	05100	109,635	42,103	28,195	10,072	0	51.00
52.00	05200	381,256	386,189	0	92,389	0	52.00
53.00	05300	45,699	12,143	0	2,905	0	53.00
54.00	05400	359,442	318,184	61,594	76,120	0	54.00
56.00	05600	69,095	23,645	0	5,657	0	56.00
56.01	03630	146,551	18,001	0	4,306	0	56.01
57.00	05700	61,167	25,323	0	6,058	0	57.00
58.00	05800	52,488	23,096	0	5,525	0	58.00
59.00	05900	361,571	106,448	0	25,466	0	59.00
60.00	06000	692,156	203,071	158	48,581	0	60.00
63.00	06300	98,468	8,451	0	2,022	0	63.00
65.00	06500	170,902	18,123	8,111	4,336	0	65.00
66.00	06600	313,010	178,359	42,639	42,669	0	66.00
67.00	06700	128,591	0	1,069	0	0	67.00
68.00	06800	40,863	14,278	0	3,416	0	68.00
69.00	06900	86,100	62,880	0	15,043	0	69.00
70.00	07000	4,952	0	0	0	0	70.00
71.00	07100	305,275	0	0	0	0	71.00
72.00	07200	707,092	0	0	0	0	72.00
73.00	07300	362,138	0	0	0	0	73.00
74.00	07400	106,720	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	1,887	0	0	0	0	90.01
90.03	09003	15,187	0	0	0	0	90.03
91.00	09100	607,273	337,039	82,918	80,631	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		14,561,750	4,637,264	911,966	1,076,553	2,261,080	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	5,687	5,644	0	1,350	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	79,917	192.00
194.00	07950	201,546	17,909	0	4,284	0	194.00
194.01	07951	7,867	0	0	0	0	194.01
194.02	07952	28,532	15,346	0	3,671	0	194.02
194.03	07953	16,274	0	0	0	0	194.03
194.04	07954	117,230	38,320	0	9,167	0	194.04
194.05	07955	320,396	2,840,070	2,920	679,439	0	194.05
194.06	07956	37,109	0	0	0	0	194.06
194.07	07957	0	0	0	0	729,513	194.07
194.08	07958	49,812	215,306	0	51,508	20,561	194.08

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	201.00
202.00	TOTAL (sum lines 118-201)	15,346,203	7,769,859	914,886	1,825,972	3,091,071	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
		11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS								
1.00	00100						1.00	
2.00	00200						2.00	
4.00	00400						4.00	
5.00	00500						5.00	
7.00	00700						7.00	
8.00	00800						8.00	
9.00	00900						9.00	
10.00	01000						10.00	
11.00	01100	776,866					11.00	
13.00	01300	10,833	1,026,899				13.00	
14.00	01400	7,752	0	567,237			14.00	
15.00	01500	29,903	0	0	2,735,526		15.00	
16.00	01600	25,298	0	0	0	2,031,066	16.00	
21.00	02100	82,107	0	0	0	0	21.00	
22.00	02200	0	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS								
30.00	03000	155,256	409,284	0	0	273,480	30.00	
31.00	03100	38,073	122,525	0	0	51,634	31.00	
40.00	04000	59,370	89,982	0	0	112,928	40.00	
41.00	04100	30,037	59,500	0	0	49,694	41.00	
43.00	04300	18,970	74,578	0	0	15,354	43.00	
44.00	04400	0	0	0	0	0	44.00	
45.00	04500	0	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS								
50.00	05000	58,164	105,765	0	0	147,849	50.00	
50.01	03340	4,604	10,468	0	0	19,513	50.01	
51.00	05100	6,630	22,021	0	0	23,733	51.00	
52.00	05200	26,956	0	0	0	47,190	52.00	
53.00	05300	2,796	976	0	0	31,614	53.00	
54.00	05400	28,714	2,495	0	0	51,323	54.00	
56.00	05600	2,930	0	0	0	15,549	56.00	
56.01	03630	10,464	0	0	0	47,270	56.01	
57.00	05700	3,918	0	0	0	99,223	57.00	
58.00	05800	3,114	0	0	0	22,954	58.00	
59.00	05900	13,277	12,638	0	0	108,187	59.00	
60.00	06000	38,073	0	0	0	205,263	60.00	
63.00	06300	67	0	0	0	17,510	63.00	
65.00	06500	18,417	0	0	0	37,642	65.00	
66.00	06600	22,553	0	0	0	32,952	66.00	
67.00	06700	10,866	0	0	0	17,625	67.00	
68.00	06800	2,880	0	0	0	4,708	68.00	
69.00	06900	8,623	0	0	0	35,029	69.00	
70.00	07000	603	0	0	0	859	70.00	
71.00	07100	0	0	567,237	0	47,984	71.00	
72.00	07200	0	0	0	0	45,772	72.00	
73.00	07300	0	0	0	2,735,526	288,970	73.00	
74.00	07400	0	0	0	0	11,611	74.00	
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	0	0	0	0	0	88.00	
89.00	08900	0	0	0	0	0	89.00	
90.00	09000	0	0	0	0	0	90.00	
90.01	09001	167	0	0	0	23	90.01	
90.03	09003	1,021	3,146	0	0	157	90.03	
91.00	09100	43,046	113,521	0	0	167,466	91.00	
92.00	09200						92.00	
OTHER REIMBURSABLE COST CENTERS								
99.00	09900	0	0	0	0	0	99.00	
101.00	10100	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS								
118.00	SUBTOTALS (SUM OF LINES 1-117)		765,482	1,026,899	567,237	2,735,526	2,031,066	118.00
NONREIMBURSABLE COST CENTERS								
190.00	19000	33	0	0	0	0	190.00	
191.00	19100	0	0	0	0	0	191.00	
192.00	19200	0	0	0	0	0	192.00	
194.00	07950	4,303	0	0	0	0	194.00	
194.01	07951	0	0	0	0	0	194.01	
194.02	07952	0	0	0	0	0	194.02	
194.03	07953	502	0	0	0	0	194.03	
194.04	07954	6,546	0	0	0	0	194.04	
194.05	07955	0	0	0	0	0	194.05	
194.06	07956	0	0	0	0	0	194.06	
194.07	07957	0	0	0	0	0	194.07	

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
194.08	07958 HOSPICE	0	0	0	0	0	194.08
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)	776,866	1,026,899	567,237	2,735,526	2,031,066	202.00

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

worksheet B
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
	21.00	22.00				
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400	EMPLOYEE BENEFITS					4.00
5.00 00500	ADMINISTRATIVE & GENERAL					5.00
7.00 00700	OPERATION OF PLANT					7.00
8.00 00800	LAUNDRY & LINEN SERVICE					8.00
9.00 00900	HOUSEKEEPING					9.00
10.00 01000	DIETARY					10.00
11.00 01100	CAFETERIA					11.00
13.00 01300	NURSING ADMINISTRATION					13.00
14.00 01400	CENTRAL SERVICES & SUPPLY					14.00
15.00 01500	PHARMACY					15.00
16.00 01600	MEDICAL RECORDS & LIBRARY					16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	4,631,890				21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	185,322			22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	4,631,890	185,322	17,428,359	-4,817,212	12,611,147 30.00
31.00 03100	INTENSIVE CARE UNIT	0	0	3,590,083	0	3,590,083 31.00
40.00 04000	SUBPROVIDER - IPF	0	0	5,133,168	0	5,133,168 40.00
41.00 04100	SUBPROVIDER - IRF	0	0	3,242,567	0	3,242,567 41.00
43.00 04300	NURSERY	0	0	1,950,440	0	1,950,440 43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500	NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	0	0	7,103,896	0	7,103,896 50.00
50.01 03340	GASTRO INTESTINAL SERVICES	0	0	586,898	0	586,898 50.01
51.00 05100	RECOVERY ROOM	0	0	734,738	0	734,738 51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	0	2,646,120	0	2,646,120 52.00
53.00 05300	ANESTHESIOLOGY	0	0	301,357	0	301,357 53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	0	2,512,051	0	2,512,051 54.00
56.00 05600	RADIOISOTOPE	0	0	427,167	0	427,167 56.00
56.01 03630	ULTRA SOUND	0	0	884,722	0	884,722 56.01
57.00 05700	CT SCAN	0	0	470,375	0	470,375 57.00
58.00 05800	MRI	0	0	342,891	0	342,891 58.00
59.00 05900	CARDIAC CATHETERIZATION	0	0	2,251,324	0	2,251,324 59.00
60.00 06000	LABORATORY	0	0	4,295,630	0	4,295,630 60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	0	568,716	0	568,716 63.00
65.00 06500	RESPIRATORY THERAPY	0	0	1,025,015	0	1,025,015 65.00
66.00 06600	PHYSICAL THERAPY	0	0	2,037,843	0	2,037,843 66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	735,626	0	735,626 67.00
68.00 06800	SPEECH PATHOLOGY	0	0	249,650	0	249,650 68.00
69.00 06900	ELECTROCARDIOLOGY	0	0	594,333	0	594,333 69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	28,654	0	28,654 70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	2,291,420	0	2,291,420 71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	3,928,264	0	3,928,264 72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	5,012,919	0	5,012,919 73.00
74.00 07400	RENAL DIALYSIS	0	0	597,587	0	597,587 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000	CLINIC	0	0	0	0	0 90.00
90.01 09001	DIABETOLOGY	0	0	10,552	0	10,552 90.01
90.03 09003	WOUND CARE	0	0	87,713	0	87,713 90.03
91.00 09100	EMERGENCY	0	0	4,159,029	0	4,159,029 91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0 92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	0 99.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	4,631,890	185,322	75,229,107	-4,817,212	70,411,895 118.00
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	0	38,252	0	38,252 190.00
191.00 19100	RESEARCH	0	0	0	0	0 191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	79,917	0	79,917 192.00
194.00 07950	MARKETING	0	0	1,133,141	0	1,133,141 194.00
194.01 07951	HOSPITALISTS	0	0	43,196	0	43,196 194.01
194.02 07952	COMMUNITY RELATIONS	0	0	175,682	0	175,682 194.02
194.03 07953	SENIOR CENTER	0	0	89,860	0	89,860 194.03

COST ALLOCATION - GENERAL SERVICE COSTS

Provider CCN: 140240

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

Worksheet B
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
194.04 07954 PHYSICIAN CLINICS	0	0	697,716	0	697,716 194.04
194.05 07955 POB	0	0	5,281,654	0	5,281,654 194.05
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROG	0	0	203,757	0	203,757 194.06
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0	729,513	0	729,513 194.07
194.08 07958 HOSPICE	0	0	560,883	0	560,883 194.08
200.00 Cross Foot Adjustments	0	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)	4,631,890	185,322	84,262,678	-4,817,212	79,445,466 202.00

ALLOCATION OF CAPITAL RELATED COSTS	Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet B Part II Date/Time Prepared: 11/29/2012 1:50 pm
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Cost Center Description	Directly Assigned New Capital Related Costs 0	CAPITAL RELATED COSTS		Subtotal 2A	EMPLOYEE BENEFITS 4.00
		BLDG & FIXT 1.00	MVBLE EQUIP 2.00		
GENERAL SERVICE COST CENTERS					
1.00 00100 CAP REL COSTS-BLDG & FIXT					1.00
2.00 00200 CAP REL COSTS-MVBLE EQUIP					2.00
4.00 00400 EMPLOYEE BENEFITS	0	0	0	0	0 4.00
5.00 00500 ADMINISTRATIVE & GENERAL	0	244,793	418,940	663,733	0 5.00
7.00 00700 OPERATION OF PLANT	0	507,239	868,090	1,375,329	0 7.00
8.00 00800 LAUNDRY & LINEN SERVICE	0	20,061	34,333	54,394	0 8.00
9.00 00900 HOUSEKEEPING	0	32,524	55,661	88,185	0 9.00
10.00 01000 DIETARY	0	128,049	219,144	347,193	0 10.00
11.00 01100 CAFETERIA	0	0	0	0	0 11.00
13.00 01300 NURSING ADMINISTRATION	0	18,097	30,972	49,069	0 13.00
14.00 01400 CENTRAL SERVICES & SUPPLY	0	24,761	42,376	67,137	0 14.00
15.00 01500 PHARMACY	0	24,118	41,276	65,394	0 15.00
16.00 01600 MEDICAL RECORDS & LIBRARY	0	38,299	65,545	103,844	0 16.00
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	0	0	0	0	0 21.00
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0 22.00
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00 03000 ADULTS & PEDIATRICS	0	191,261	327,325	518,586	0 30.00
31.00 03100 INTENSIVE CARE UNIT	0	81,099	138,793	219,892	0 31.00
40.00 04000 SUBPROVIDER - IPF	0	157,206	269,043	426,249	0 40.00
41.00 04100 SUBPROVIDER - IRF	0	149,677	256,158	405,835	0 41.00
43.00 04300 NURSERY	0	58,992	100,959	159,951	0 43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0 44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0 45.00
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	149,759	256,298	406,057	0 50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0	21,979	37,614	59,593	0 50.01
51.00 05100 RECOVERY ROOM	0	16,133	27,611	43,744	0 51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	147,982	253,257	401,239	0 52.00
53.00 05300 ANESTHESIOLOGY	0	4,653	7,963	12,616	0 53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	121,923	208,660	330,583	0 54.00
56.00 05600 RADIOISOTOPE	0	9,060	15,506	24,566	0 56.00
56.01 03630 ULTRA SOUND	0	6,898	11,805	18,703	0 56.01
57.00 05700 CT SCAN	0	9,703	16,606	26,309	0 57.00
58.00 05800 MRI	0	8,850	15,146	23,996	0 58.00
59.00 05900 CARDIAC CATHETERIZATION	0	40,789	69,807	110,596	0 59.00
60.00 06000 LABORATORY	0	77,814	133,171	210,985	0 60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,238	5,542	8,780	0 63.00
65.00 06500 RESPIRATORY THERAPY	0	6,944	11,885	18,829	0 65.00
66.00 06600 PHYSICAL THERAPY	0	68,344	116,965	185,309	0 66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0 67.00
68.00 06800 SPEECH PATHOLOGY	0	5,471	9,364	14,835	0 68.00
69.00 06900 ELECTROCARDIOLOGY	0	24,095	41,236	65,331	0 69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0 70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0 71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0 72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0 73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0 74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0 88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0 89.00
90.00 09000 CLINIC	0	0	0	0	0 90.00
90.01 09001 DIABETOLOGY	0	0	0	0	0 90.01
90.03 09003 WOUND CARE	0	0	0	0	0 90.03
91.00 09100 EMERGENCY	0	129,148	221,025	350,173	0 91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART				0	0 92.00
OTHER REIMBURSABLE COST CENTERS					
99.00 09900 CMHC	0	0	0	0	0 99.00
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0 101.00
SPECIAL PURPOSE COST CENTERS					
118.00 SUBTOTALS (SUM OF LINES 1-117)	0	2,528,959	4,328,076	6,857,035	0 118.00
NONREIMBURSABLE COST CENTERS					
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	2,163	3,701	5,864	0 190.00
191.00 19100 RESEARCH	0	0	0	0	0 191.00
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0 192.00
194.00 07950 MARKETING	0	6,862	11,744	18,606	0 194.00
194.01 07951 HOSPITALISTS	0	0	0	0	0 194.01
194.02 07952 COMMUNITY RELATIONS	0	5,880	10,064	15,944	0 194.02
194.03 07953 SENIOR CENTER	0	0	0	0	0 194.03
194.04 07954 PHYSICIAN CLINICS	0	14,684	25,130	39,814	0 194.04

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

worksheet B
Part II
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	Directly Assigned New Capital Related Costs	CAPITAL RELATED COSTS		Subtotal	EMPLOYEE BENEFITS	
		1.00 BLDG & FIXT	2.00 MVBLE EQUIP			
	0	1.00	2.00	2A	4.00	
194.05 07955 POB	0	1,088,269	0	1,088,269	0	194.05
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROG	0	0	0	0	0	194.06
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08 07958 HOSPICE	0	82,502	141,194	223,696	0	194.08
200.00 Cross Foot Adjustments				0	0	200.00
201.00 Negative Cost Centers		0	0	0	0	201.00
202.00 TOTAL (sum lines 118-201)	0	3,729,319	4,519,909	8,249,228	0	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500	663,733					5.00
7.00	00700	61,203	1,436,532				7.00
8.00	00800	6,794	9,680	70,868			8.00
9.00	00900	13,633	15,693	803	118,314		9.00
10.00	01000	21,086	61,783	0	5,180	435,242	10.00
11.00	01100	0	0	0	0	109,387	11.00
13.00	01300	7,542	8,732	0	732	0	13.00
14.00	01400	3,776	11,947	0	1,002	0	14.00
15.00	01500	20,698	11,637	0	976	0	15.00
16.00	01600	14,824	18,479	0	1,549	0	16.00
21.00	02100	35,839	0	0	0	0	21.00
22.00	02200	1,458	0	15	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	78,758	92,283	34,280	7,737	100,448	30.00
31.00	03100	23,119	39,130	4,082	3,281	18,003	31.00
40.00	04000	30,365	75,851	4,746	6,360	62,834	40.00
41.00	04100	18,727	72,219	3,493	6,055	27,702	41.00
43.00	04300	13,003	28,463	0	2,386	0	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	49,095	72,258	5,819	6,058	0	50.00
50.01	03340	3,791	10,605	0	889	0	50.01
51.00	05100	4,742	7,784	2,184	653	0	51.00
52.00	05200	16,490	71,401	0	5,986	0	52.00
53.00	05300	1,977	2,245	0	188	0	53.00
54.00	05400	15,546	58,827	4,771	4,932	0	54.00
56.00	05600	2,988	4,372	0	367	0	56.00
56.01	03630	6,338	3,328	0	279	0	56.01
57.00	05700	2,646	4,682	0	393	0	57.00
58.00	05800	2,270	4,270	0	358	0	58.00
59.00	05900	15,638	19,681	0	1,650	0	59.00
60.00	06000	29,936	37,545	12	3,148	0	60.00
63.00	06300	4,259	1,562	0	131	0	63.00
65.00	06500	7,392	3,351	628	281	0	65.00
66.00	06600	13,538	32,976	3,303	2,765	0	66.00
67.00	06700	5,562	0	83	0	0	67.00
68.00	06800	1,767	2,640	0	221	0	68.00
69.00	06900	3,724	11,626	0	975	0	69.00
70.00	07000	214	0	0	0	0	70.00
71.00	07100	13,203	0	0	0	0	71.00
72.00	07200	30,582	0	0	0	0	72.00
73.00	07300	15,663	0	0	0	0	73.00
74.00	07400	4,616	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	82	0	0	0	0	90.01
90.03	09003	657	0	0	0	0	90.03
91.00	09100	26,265	62,313	6,423	5,224	0	91.00
92.00	09200						92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		629,806	857,363	70,642	69,756	318,374	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	246	1,044	0	87	0	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	0	11,253	192.00
194.00	07950	8,717	3,311	0	278	0	194.00
194.01	07951	340	0	0	0	0	194.01
194.02	07952	1,234	2,837	0	238	0	194.02
194.03	07953	704	0	0	0	0	194.03
194.04	07954	5,070	7,085	0	594	0	194.04
194.05	07955	13,857	525,085	226	44,024	0	194.05
194.06	07956	1,605	0	0	0	0	194.06
194.07	07957	0	0	0	0	102,720	194.07
194.08	07958	2,154	39,807	0	3,337	2,895	194.08

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		ADMINISTRATIVE & GENERAL	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	
		5.00	7.00	8.00	9.00	10.00	
200.00	Cross Foot Adjustments						200.00
201.00	Negative Cost Centers	0	0	0	0	0	0 201.00
202.00	TOTAL (sum lines 118-201)	663,733	1,436,532	70,868	118,314	435,242	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY		
	11.00	13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS							
1.00 00100 CAP REL COSTS-BLDG & FIXT						1.00	
2.00 00200 CAP REL COSTS-MVBLE EQUIP						2.00	
4.00 00400 EMPLOYEE BENEFITS						4.00	
5.00 00500 ADMINISTRATIVE & GENERAL						5.00	
7.00 00700 OPERATION OF PLANT						7.00	
8.00 00800 LAUNDRY & LINEN SERVICE						8.00	
9.00 00900 HOUSEKEEPING						9.00	
10.00 01000 DIETARY						10.00	
11.00 01100 CAFETERIA	109,387					11.00	
13.00 01300 NURSING ADMINISTRATION	1,525	67,600				13.00	
14.00 01400 CENTRAL SERVICES & SUPPLY	1,092	0	84,954			14.00	
15.00 01500 PHARMACY	4,210	0	0	102,915		15.00	
16.00 01600 MEDICAL RECORDS & LIBRARY	3,562	0	0	0	142,258	16.00	
21.00 02100 I&R SERVICES-SALARY & FRINGES APPRV	11,561	0	0	0	0	21.00	
22.00 02200 I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	21,860	26,944	0	0	19,151	30.00	
31.00 03100 INTENSIVE CARE UNIT	5,361	8,066	0	0	3,616	31.00	
40.00 04000 SUBPROVIDER - IPF	8,360	5,923	0	0	7,908	40.00	
41.00 04100 SUBPROVIDER - IRF	4,229	3,917	0	0	3,480	41.00	
43.00 04300 NURSERY	2,671	4,909	0	0	1,075	43.00	
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	44.00	
45.00 04500 NURSING FACILITY	0	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	8,190	6,962	0	0	10,354	50.00	
50.01 03340 GASTRO INTESTINAL SERVICES	648	689	0	0	1,366	50.01	
51.00 05100 RECOVERY ROOM	934	1,450	0	0	1,662	51.00	
52.00 05200 DELIVERY ROOM & LABOR ROOM	3,796	0	0	0	3,305	52.00	
53.00 05300 ANESTHESIOLOGY	394	64	0	0	2,214	53.00	
54.00 05400 RADIOLOGY-DIAGNOSTIC	4,043	164	0	0	3,594	54.00	
56.00 05600 RADIOISOTOPE	413	0	0	0	1,089	56.00	
56.01 03630 ULTRA SOUND	1,473	0	0	0	3,310	56.01	
57.00 05700 CT SCAN	552	0	0	0	6,948	57.00	
58.00 05800 MRI	438	0	0	0	1,607	58.00	
59.00 05900 CARDIAC CATHETERIZATION	1,869	832	0	0	7,576	59.00	
60.00 06000 LABORATORY	5,361	0	0	0	14,374	60.00	
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	9	0	0	0	1,226	63.00	
65.00 06500 RESPIRATORY THERAPY	2,593	0	0	0	2,636	65.00	
66.00 06600 PHYSICAL THERAPY	3,176	0	0	0	2,308	66.00	
67.00 06700 OCCUPATIONAL THERAPY	1,530	0	0	0	1,234	67.00	
68.00 06800 SPEECH PATHOLOGY	405	0	0	0	330	68.00	
69.00 06900 ELECTROCARDIOLOGY	1,214	0	0	0	2,453	69.00	
70.00 07000 ELECTROENCEPHALOGRAPHY	85	0	0	0	60	70.00	
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	84,954	0	3,360	71.00	
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	3,205	72.00	
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	102,915	20,264	73.00	
74.00 07400 RENAL DIALYSIS	0	0	0	0	813	74.00	
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00	
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00	
90.00 09000 CLINIC	0	0	0	0	0	90.00	
90.01 09001 DIABETOLOGY	24	0	0	0	2	90.01	
90.03 09003 WOUND CARE	144	207	0	0	11	90.03	
91.00 09100 EMERGENCY	6,061	7,473	0	0	11,727	91.00	
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART						92.00	
OTHER REIMBURSABLE COST CENTERS							
99.00 09900 CMHC	0	0	0	0	0	99.00	
101.00 10100 HOME HEALTH AGENCY	0	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	107,783	67,600	84,954	102,915	142,258	118.00
NONREIMBURSABLE COST CENTERS							
190.00 19000 GIFT, FLOWER, COFFEE SHOP & CANTEEN	5	0	0	0	0	190.00	
191.00 19100 RESEARCH	0	0	0	0	0	191.00	
192.00 19200 PHYSICIANS' PRIVATE OFFICES	0	0	0	0	0	192.00	
194.00 07950 MARKETING	606	0	0	0	0	194.00	
194.01 07951 HOSPITALISTS	0	0	0	0	0	194.01	
194.02 07952 COMMUNITY RELATIONS	0	0	0	0	0	194.02	
194.03 07953 SENIOR CENTER	71	0	0	0	0	194.03	
194.04 07954 PHYSICIAN CLINICS	922	0	0	0	0	194.04	
194.05 07955 POB	0	0	0	0	0	194.05	
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROG	0	0	0	0	0	194.06	
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07	

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
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Cost Center Description		CAFETERIA	NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	
		11.00	13.00	14.00	15.00	16.00	
194.08	07958 HOSPICE	0	0	0	0	0	194.08
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)	109,387	67,600	84,954	102,915	142,258	202.00

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total	
		SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV				
		21.00	22.00				
GENERAL SERVICE COST CENTERS							
1.00	00100	CAP REL COSTS-BLDG & FIXT					1.00
2.00	00200	CAP REL COSTS-MVBLE EQUIP					2.00
4.00	00400	EMPLOYEE BENEFITS					4.00
5.00	00500	ADMINISTRATIVE & GENERAL					5.00
7.00	00700	OPERATION OF PLANT					7.00
8.00	00800	LAUNDRY & LINEN SERVICE					8.00
9.00	00900	HOUSEKEEPING					9.00
10.00	01000	DIETARY					10.00
11.00	01100	CAFETERIA					11.00
13.00	01300	NURSING ADMINISTRATION					13.00
14.00	01400	CENTRAL SERVICES & SUPPLY					14.00
15.00	01500	PHARMACY					15.00
16.00	01600	MEDICAL RECORDS & LIBRARY					16.00
21.00	02100	I&R SERVICES-SALARY & FRINGES APPRV	47,400				21.00
22.00	02200	I&R SERVICES-OTHER PRGM COSTS APPRV		1,473			22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS		900,047	0	900,047	30.00
31.00	03100	INTENSIVE CARE UNIT		374,550	0	374,550	31.00
40.00	04000	SUBPROVIDER - IPF		628,596	0	628,596	40.00
41.00	04100	SUBPROVIDER - IRF		545,657	0	545,657	41.00
43.00	04300	NURSERY		212,458	0	212,458	43.00
44.00	04400	SKILLED NURSING FACILITY		0	0	0	44.00
45.00	04500	NURSING FACILITY		0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM		564,793	0	564,793	50.00
50.01	03340	GASTRO INTESTINAL SERVICES		77,581	0	77,581	50.01
51.00	05100	RECOVERY ROOM		63,153	0	63,153	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM		502,217	0	502,217	52.00
53.00	05300	ANESTHESIOLOGY		19,698	0	19,698	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC		422,460	0	422,460	54.00
56.00	05600	RADIOISOTOPE		33,795	0	33,795	56.00
56.01	03630	ULTRA SOUND		33,431	0	33,431	56.01
57.00	05700	CT SCAN		41,530	0	41,530	57.00
58.00	05800	MRI		32,939	0	32,939	58.00
59.00	05900	CARDIAC CATHETERIZATION		157,842	0	157,842	59.00
60.00	06000	LABORATORY		301,361	0	301,361	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.		15,967	0	15,967	63.00
65.00	06500	RESPIRATORY THERAPY		35,710	0	35,710	65.00
66.00	06600	PHYSICAL THERAPY		243,375	0	243,375	66.00
67.00	06700	OCCUPATIONAL THERAPY		8,409	0	8,409	67.00
68.00	06800	SPEECH PATHOLOGY		20,198	0	20,198	68.00
69.00	06900	ELECTROCARDIOLOGY		85,323	0	85,323	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY		359	0	359	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT		101,517	0	101,517	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS		33,787	0	33,787	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS		138,842	0	138,842	73.00
74.00	07400	RENAL DIALYSIS		5,429	0	5,429	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC		0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER		0	0	0	89.00
90.00	09000	CLINIC		0	0	0	90.00
90.01	09001	DIABETOLOGY		108	0	108	90.01
90.03	09003	WOUND CARE		1,019	0	1,019	90.03
91.00	09100	EMERGENCY		475,659	0	475,659	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART			0		92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC		0	0	0	99.00
101.00	10100	HOME HEALTH AGENCY		0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00		SUBTOTALS (SUM OF LINES 1-117)	0	0	6,027,810	6,027,810	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN		7,246	0	7,246	190.00
191.00	19100	RESEARCH		0	0	0	191.00
192.00	19200	PHYSICIANS' PRIVATE OFFICES		11,253	0	11,253	192.00
194.00	07950	MARKETING		31,518	0	31,518	194.00
194.01	07951	HOSPITALISTS		340	0	340	194.01
194.02	07952	COMMUNITY RELATIONS		20,253	0	20,253	194.02
194.03	07953	SENIOR CENTER		775	0	775	194.03

ALLOCATION OF CAPITAL RELATED COSTS

Provider CCN: 140240

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

Worksheet B
Part II
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	INTERNS & RESIDENTS		Subtotal	Intern & Residents Cost & Post Stepdown Adjustments	Total
	SERVICES-SALARY & FRINGES APPRV	SERVICES-OTHER PRGM COSTS APPRV			
	21.00	22.00			
194.04 07954 PHYSICIAN CLINICS			53,485	0	53,485 194.04
194.05 07955 POB			1,671,461	0	1,671,461 194.05
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROG			1,605	0	1,605 194.06
194.07 07957 GUEST TRAYS & CATERING MEALS			102,720	0	102,720 194.07
194.08 07958 HOSPICE			271,889	0	271,889 194.08
200.00 Cross Foot Adjustments	47,400	1,473	48,873	0	48,873 200.00
201.00 Negative Cost Centers	0	0	0	0	0 201.00
202.00 TOTAL (sum lines 118-201)	47,400	1,473	8,249,228	0	8,249,228 202.00

Cost Center Description	CAPITAL RELATED COSTS		EMPLOYEE BENEFITS (GROSS SALARIES)	Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)	
	BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)				
	1.00	2.00	4.00	5A	5.00	
GENERAL SERVICE COST CENTERS						
1.00 00100	CAP REL COSTS-BLDG & FIXT	318,997				1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		225,909			2.00
4.00 00400	EMPLOYEE BENEFITS	0	0	41,384,890		4.00
5.00 00500	ADMINISTRATIVE & GENERAL	20,939	20,939	7,449,915	-15,346,203	5.00
7.00 00700	OPERATION OF PLANT	43,388	43,388	1,108,657	0	7.00
8.00 00800	LAUNDRY & LINEN SERVICE	1,716	1,716	44,802	0	8.00
9.00 00900	HOUSEKEEPING	2,782	2,782	925,672	0	9.00
10.00 01000	DIETARY	10,953	10,953	1,185,835	0	10.00
11.00 01100	CAFETERIA	0	0	0	0	11.00
13.00 01300	NURSING ADMINISTRATION	1,548	1,548	584,289	0	13.00
14.00 01400	CENTRAL SERVICES & SUPPLY	2,118	2,118	216,847	0	14.00
15.00 01500	PHARMACY	2,063	2,063	1,526,019	0	15.00
16.00 01600	MEDICAL RECORDS & LIBRARY	3,276	3,276	811,656	0	16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	0	0	3,350,768	0	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV	0	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00 03000	ADULTS & PEDIATRICS	16,360	16,360	5,773,598	0	30.00
31.00 03100	INTENSIVE CARE UNIT	6,937	6,937	1,653,153	0	31.00
40.00 04000	SUBPROVIDER - IPF	13,447	13,447	2,246,972	0	40.00
41.00 04100	SUBPROVIDER - IRF	12,803	12,803	1,057,672	0	41.00
43.00 04300	NURSERY	5,046	5,046	908,665	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	0	0	0	44.00
45.00 04500	NURSING FACILITY	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS						
50.00 05000	OPERATING ROOM	12,810	12,810	2,396,094	0	50.00
50.01 03340	GASTRO INTESTINAL SERVICES	1,880	1,880	239,743	0	50.01
51.00 05100	RECOVERY ROOM	1,380	1,380	373,828	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	12,658	12,658	1,126,820	0	52.00
53.00 05300	ANESTHESIOLOGY	398	398	73,223	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	10,429	10,429	1,010,152	0	54.00
56.00 05600	RADIOISOTOPE	775	775	152,065	0	56.00
56.01 03630	ULTRA SOUND	590	590	524,705	0	56.01
57.00 05700	CT SCAN	830	830	171,488	0	57.00
58.00 05800	MRI	757	757	156,666	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	3,489	3,489	597,229	0	59.00
60.00 06000	LABORATORY	6,656	6,656	921,640	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	277	277	2,605	0	63.00
65.00 06500	RESPIRATORY THERAPY	594	594	669,142	0	65.00
66.00 06600	PHYSICAL THERAPY	5,846	5,846	736,593	0	66.00
67.00 06700	OCCUPATIONAL THERAPY	0	0	376,081	0	67.00
68.00 06800	SPEECH PATHOLOGY	468	468	121,206	0	68.00
69.00 06900	ELECTROCARDIOLOGY	2,061	2,061	268,898	0	69.00
70.00 07000	ELECTROENCEPHALOGRAPHY	0	0	18,438	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00 07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00 09000	CLINIC	0	0	0	0	90.00
90.01 09001	DIABETOLOGY	0	0	7,222	0	90.01
90.03 09003	WOUND CARE	0	0	56,773	0	90.03
91.00 09100	EMERGENCY	11,047	11,047	1,750,800	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS						
99.00 09900	CMHC	0	0	0	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS						
118.00	SUBTOTALS (SUM OF LINES 1-117)	216,321	216,321	40,595,931	-15,346,203	65,393,666
NONREIMBURSABLE COST CENTERS						
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	185	185	908	0	190.00
191.00 19100	RESEARCH	0	0	0	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	0	0	0	192.00
194.00 07950	MARKETING	587	587	233,668	0	194.00
194.01 07951	HOSPITALISTS	0	0	0	0	194.01
194.02 07952	COMMUNITY RELATIONS	503	503	86,294	0	194.02
194.03 07953	SENIOR CENTER	0	0	19,899	0	194.03
194.04 07954	PHYSICIAN CLINICS	1,256	1,256	310,561	0	194.04

Cost Center Description		CAPITAL RELATED COSTS			Reconciliation	ADMINISTRATIVE & GENERAL (ACCUM. COST)		
		BLDG & FIXT (SQUARE FEET)	MVBLE EQUIP (DOLLAR VALUE)	EMPLOYEE BENEFITS (GROSS SALARIES)				
		1.00	2.00	4.00				
194.05	07955	POB	93,088	0	0	0	1,438,829	194.05
194.06	07956	TRITON HLTH CAREER SCHOLARSHIP PROG	0	0	137,629	0	166,648	194.06
194.07	07957	GUEST TRAYS & CATERING MEALS	0	0	0	0	0	194.07
194.08	07958	HOSPICE	7,057	7,057	0	0	223,696	194.08
200.00		Cross Foot Adjustments						200.00
201.00		Negative Cost Centers						201.00
202.00		Cost to be allocated (per Wkst. B, Part I)	3,729,319	4,519,909	4,574,702		15,346,203	202.00
203.00		Unit cost multiplier (Wkst. B, Part I)	11.690765	20.007654	0.110540		0.222678	203.00
204.00		Cost to be allocated (per Wkst. B, Part II)			0		663,733	204.00
205.00		Unit cost multiplier (Wkst. B, Part II)			0.000000		0.009631	205.00

Cost Center Description		OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
GENERAL SERVICE COST CENTERS							
1.00	00100						1.00
2.00	00200						2.00
4.00	00400						4.00
5.00	00500						5.00
7.00	00700	254,670					7.00
8.00	00800	1,716	549,222				8.00
9.00	00900	2,782	6,223	250,172			9.00
10.00	01000	10,953	0	10,953	320,063		10.00
11.00	01100	0	0	0	80,440	46,400	11.00
13.00	01300	1,548	0	1,548	0	647	13.00
14.00	01400	2,118	0	2,118	0	463	14.00
15.00	01500	2,063	0	2,063	0	1,786	15.00
16.00	01600	3,276	0	3,276	0	1,511	16.00
21.00	02100	0	0	0	0	4,904	21.00
22.00	02200	0	116	0	0	0	22.00
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	16,360	265,656	16,360	73,866	9,273	30.00
31.00	03100	6,937	31,635	6,937	13,239	2,274	31.00
40.00	04000	13,447	36,785	13,447	46,206	3,546	40.00
41.00	04100	12,803	27,073	12,803	20,371	1,794	41.00
43.00	04300	5,046	0	5,046	0	1,133	43.00
44.00	04400	0	0	0	0	0	44.00
45.00	04500	0	0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	12,810	45,099	12,810	0	3,474	50.00
50.01	03340	1,880	0	1,880	0	275	50.01
51.00	05100	1,380	16,926	1,380	0	396	51.00
52.00	05200	12,658	0	12,658	0	1,610	52.00
53.00	05300	398	0	398	0	167	53.00
54.00	05400	10,429	36,976	10,429	0	1,715	54.00
56.00	05600	775	0	775	0	175	56.00
56.01	03630	590	0	590	0	625	56.01
57.00	05700	830	0	830	0	234	57.00
58.00	05800	757	0	757	0	186	58.00
59.00	05900	3,489	0	3,489	0	793	59.00
60.00	06000	6,656	95	6,656	0	2,274	60.00
63.00	06300	277	0	277	0	4	63.00
65.00	06500	594	4,869	594	0	1,100	65.00
66.00	06600	5,846	25,597	5,846	0	1,347	66.00
67.00	06700	0	642	0	0	649	67.00
68.00	06800	468	0	468	0	172	68.00
69.00	06900	2,061	0	2,061	0	515	69.00
70.00	07000	0	0	0	0	36	70.00
71.00	07100	0	0	0	0	0	71.00
72.00	07200	0	0	0	0	0	72.00
73.00	07300	0	0	0	0	0	73.00
74.00	07400	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	0	88.00
89.00	08900	0	0	0	0	0	89.00
90.00	09000	0	0	0	0	0	90.00
90.01	09001	0	0	0	0	10	90.01
90.03	09003	0	0	0	0	61	90.03
91.00	09100	11,047	49,777	11,047	0	2,571	91.00
92.00	09200	0	0	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	0	99.00
101.00	10100	0	0	0	0	0	101.00
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)	151,994	547,469	147,496	234,122	45,720	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	185	0	185	0	2	190.00
191.00	19100	0	0	0	0	0	191.00
192.00	19200	0	0	0	8,275	0	192.00
194.00	07950	587	0	587	0	257	194.00
194.01	07951	0	0	0	0	0	194.01
194.02	07952	503	0	503	0	0	194.02
194.03	07953	0	0	0	0	30	194.03
194.04	07954	1,256	0	1,256	0	391	194.04
194.05	07955	93,088	1,753	93,088	0	0	194.05
194.06	07956	0	0	0	0	0	194.06

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		OPERATION OF PLANT (SQURE FEET)	LAUNDRY & LINEN SERVICE (POUNDS OF LAUNDRY)	HOUSEKEEPING (SQURE FEET)	DIETARY (MEALS SERVED)	CAFETERIA (FTES)	
		7.00	8.00	9.00	10.00	11.00	
194.07	07957 GUEST TRAYS & CATERING MEALS	0	0	0	75,537	0	194.07
194.08	07958 HOSPICE	7,057	0	7,057	2,129	0	194.08
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)	7,769,859	914,886	1,825,972	3,091,071	776,866	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	30.509518	1.665785	7.298866	9.657696	16.742802	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	1,436,532	70,868	118,314	435,242	109,387	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	5.640759	0.129033	0.472931	1.359864	2.357478	205.00

Cost Center Description		NURSING ADMINISTRATION (FTES))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)		
		13.00	14.00	15.00	16.00		
GENERAL SERVICE COST CENTERS							
1.00	00100					1.00	
2.00	00200					2.00	
4.00	00400					4.00	
5.00	00500					5.00	
7.00	00700					7.00	
8.00	00800					8.00	
9.00	00900					9.00	
10.00	01000					10.00	
11.00	01100					11.00	
13.00	01300					13.00	
14.00	01400	18,933	1,000			14.00	
15.00	01500	0	0	1,000		15.00	
16.00	01600	0	0	0	349,477,775	16.00	
21.00	02100	0	0	0	0	21.00	
22.00	02200	0	0	0	0	22.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	7,546	0	0	47,054,384	30.00	
31.00	03100	2,259	0	0	8,884,025	31.00	
40.00	04000	1,659	0	0	19,430,209	40.00	
41.00	04100	1,097	0	0	8,550,213	41.00	
43.00	04300	1,375	0	0	2,641,859	43.00	
44.00	04400	0	0	0	0	44.00	
45.00	04500	0	0	0	0	45.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	1,950	0	0	25,438,650	50.00	
50.01	03340	193	0	0	3,357,418	50.01	
51.00	05100	406	0	0	4,083,460	51.00	
52.00	05200	0	0	0	8,119,477	52.00	
53.00	05300	18	0	0	5,439,515	53.00	
54.00	05400	46	0	0	8,830,544	54.00	
56.00	05600	0	0	0	2,675,358	56.00	
56.01	03630	0	0	0	8,133,108	56.01	
57.00	05700	0	0	0	17,072,009	57.00	
58.00	05800	0	0	0	3,949,495	58.00	
59.00	05900	233	0	0	18,614,374	59.00	
60.00	06000	0	0	0	35,317,049	60.00	
63.00	06300	0	0	0	3,012,816	63.00	
65.00	06500	0	0	0	6,476,592	65.00	
66.00	06600	0	0	0	5,669,731	66.00	
67.00	06700	0	0	0	3,032,437	67.00	
68.00	06800	0	0	0	809,989	68.00	
69.00	06900	0	0	0	6,026,999	69.00	
70.00	07000	0	0	0	147,861	70.00	
71.00	07100	0	1,000	0	8,256,014	71.00	
72.00	07200	0	0	0	7,875,364	72.00	
73.00	07300	0	0	1,000	49,736,163	73.00	
74.00	07400	0	0	0	1,997,840	74.00	
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	0	0	0	0	88.00	
89.00	08900	0	0	0	0	89.00	
90.00	09000	0	0	0	0	90.00	
90.01	09001	0	0	0	3,894	90.01	
90.03	09003	58	0	0	27,030	90.03	
91.00	09100	2,093	0	0	28,813,898	91.00	
92.00	09200					92.00	
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	0	0	0	0	99.00	
101.00	10100	0	0	0	0	101.00	
SPECIAL PURPOSE COST CENTERS							
118.00	SUBTOTALS (SUM OF LINES 1-117)		18,933	1,000	1,000	349,477,775	118.00
NONREIMBURSABLE COST CENTERS							
190.00	19000	0	0	0	0	190.00	
191.00	19100	0	0	0	0	191.00	
192.00	19200	0	0	0	0	192.00	
194.00	07950	0	0	0	0	194.00	
194.01	07951	0	0	0	0	194.01	
194.02	07952	0	0	0	0	194.02	
194.03	07953	0	0	0	0	194.03	
194.04	07954	0	0	0	0	194.04	
194.05	07955	0	0	0	0	194.05	

COST ALLOCATION - STATISTICAL BASIS

Provider CCN: 140240

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

Worksheet B-1

Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		NURSING ADMINISTRATION (FTES))	CENTRAL SERVICES & SUPPLY (COSTED REQUIS.)	PHARMACY (COSTED REQUIS.)	MEDICAL RECORDS & LIBRARY (GROSS CHAR GES)	
		13.00	14.00	15.00	16.00	
194.06	07956 TRITON HLTH CAREER SCHOLARSHIP PROG	0	0	0	0	194.06
194.07	07957 GUEST TRAYS & CATERING MEALS	0	0	0	0	194.07
194.08	07958 HOSPICE	0	0	0	0	194.08
200.00	Cross Foot Adjustments					200.00
201.00	Negative Cost Centers					201.00
202.00	Cost to be allocated (per wkst. B, Part I)	1,026,899	567,237	2,735,526	2,031,066	202.00
203.00	Unit cost multiplier (wkst. B, Part I)	54.238578	567.237000	2,735.526000	0.005812	203.00
204.00	Cost to be allocated (per wkst. B, Part II)	67,600	84,954	102,915	142,258	204.00
205.00	Unit cost multiplier (wkst. B, Part II)	3.570485	84.954000	102.915000	0.000407	205.00

Cost Center Description	INTERNS & RESIDENTS		
	SERVICES-SALAR Y & FRINGES APPRV (ASSIGNED TIME)	SERVICES-OTHER PRGM COSTS APPRV (ASSIGNED TIME)	
	21.00	22.00	
GENERAL SERVICE COST CENTERS			
1.00 00100	CAP REL COSTS-BLDG & FIXT		1.00
2.00 00200	CAP REL COSTS-MVBLE EQUIP		2.00
4.00 00400	EMPLOYEE BENEFITS		4.00
5.00 00500	ADMINISTRATIVE & GENERAL		5.00
7.00 00700	OPERATION OF PLANT		7.00
8.00 00800	LAUNDRY & LINEN SERVICE		8.00
9.00 00900	HOUSEKEEPING		9.00
10.00 01000	DIETARY		10.00
11.00 01100	CAFETERIA		11.00
13.00 01300	NURSING ADMINISTRATION		13.00
14.00 01400	CENTRAL SERVICES & SUPPLY		14.00
15.00 01500	PHARMACY		15.00
16.00 01600	MEDICAL RECORDS & LIBRARY		16.00
21.00 02100	I&R SERVICES-SALARY & FRINGES APPRV	3,060	21.00
22.00 02200	I&R SERVICES-OTHER PRGM COSTS APPRV		22.00
		3,060	
INPATIENT ROUTINE SERVICE COST CENTERS			
30.00 03000	ADULTS & PEDIATRICS	3,060	30.00
31.00 03100	INTENSIVE CARE UNIT	0	31.00
40.00 04000	SUBPROVIDER - IPF	0	40.00
41.00 04100	SUBPROVIDER - IRF	0	41.00
43.00 04300	NURSERY	0	43.00
44.00 04400	SKILLED NURSING FACILITY	0	44.00
45.00 04500	NURSING FACILITY	0	45.00
ANCILLARY SERVICE COST CENTERS			
50.00 05000	OPERATING ROOM	0	50.00
50.01 03340	GASTRO INTESTINAL SERVICES	0	50.01
51.00 05100	RECOVERY ROOM	0	51.00
52.00 05200	DELIVERY ROOM & LABOR ROOM	0	52.00
53.00 05300	ANESTHESIOLOGY	0	53.00
54.00 05400	RADIOLOGY-DIAGNOSTIC	0	54.00
56.00 05600	RADIOISOTOPE	0	56.00
56.01 03630	ULTRA SOUND	0	56.01
57.00 05700	CT SCAN	0	57.00
58.00 05800	MRI	0	58.00
59.00 05900	CARDIAC CATHETERIZATION	0	59.00
60.00 06000	LABORATORY	0	60.00
63.00 06300	BLOOD STORING, PROCESSING & TRANS.	0	63.00
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
70.00 07000	ELECTROENCEPHALOGRAPHY	0	70.00
71.00 07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	71.00
72.00 07200	IMPL. DEV. CHARGED TO PATIENTS	0	72.00
73.00 07300	DRUGS CHARGED TO PATIENTS	0	73.00
74.00 07400	RENAL DIALYSIS	0	74.00
OUTPATIENT SERVICE COST CENTERS			
88.00 08800	RURAL HEALTH CLINIC	0	88.00
89.00 08900	FEDERALLY QUALIFIED HEALTH CENTER	0	89.00
90.00 09000	CLINIC	0	90.00
90.01 09001	DIABETOLOGY	0	90.01
90.03 09003	WOUND CARE	0	90.03
91.00 09100	EMERGENCY	0	91.00
92.00 09200	OBSERVATION BEDS (NON-DISTINCT PART	0	92.00
OTHER REIMBURSABLE COST CENTERS			
99.00 09900	CMHC	0	99.00
101.00 10100	HOME HEALTH AGENCY	0	101.00
SPECIAL PURPOSE COST CENTERS			
118.00	SUBTOTALS (SUM OF LINES 1-117)	3,060	118.00
NONREIMBURSABLE COST CENTERS			
190.00 19000	GIFT, FLOWER, COFFEE SHOP & CANTEEN	0	190.00
191.00 19100	RESEARCH	0	191.00
192.00 19200	PHYSICIANS' PRIVATE OFFICES	0	192.00
194.00 07950	MARKETING	0	194.00
194.01 07951	HOSPITALISTS	0	194.01
194.02 07952	COMMUNITY RELATIONS	0	194.02
194.03 07953	SENIOR CENTER	0	194.03

Cost Center Description	INTERNS & RESIDENTS			
	SERVICES-SALAR	SERVICES-OTHER		
	Y & FRINGES APPRV (ASSIGNED TIME) 21.00	PRGM COSTS APPRV (ASSIGNED TIME) 22.00		
194.04 07954 PHYSICIAN CLINICS	0	0		194.04
194.05 07955 POB	0	0		194.05
194.06 07956 TRITON HLTH CAREER SCHOLARSHIP PROG	0	0		194.06
194.07 07957 GUEST TRAYS & CATERING MEALS	0	0		194.07
194.08 07958 HOSPICE	0	0		194.08
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)	4,631,890	185,322		202.00
203.00 Unit cost multiplier (wkst. B, Part I)	1,513.689542	60.562745		203.00
204.00 Cost to be allocated (per wkst. B, Part II)	47,400	1,473		204.00
205.00 Unit cost multiplier (wkst. B, Part II)	15.490196	0.481373		205.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		Total Cost (from wkst. B, Part I, col. 26)	Therapy Limit Adj.	Hospital		PPS
				Total Costs	RCE Disallowance	
		1.00	2.00	3.00	4.00	5.00
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000 ADULTS & PEDIATRICS	12,611,147		12,611,147	0	12,611,147 30.00
31.00	03100 INTENSIVE CARE UNIT	3,590,083		3,590,083	0	3,590,083 31.00
40.00	04000 SUBPROVIDER - IPF	5,133,168		5,133,168	0	5,133,168 40.00
41.00	04100 SUBPROVIDER - IRF	3,242,567		3,242,567	33,551	3,276,118 41.00
43.00	04300 NURSERY	1,950,440		1,950,440	0	1,950,440 43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0 44.00
45.00	04500 NURSING FACILITY	0		0	0	0 45.00
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	7,103,896		7,103,896	23,585	7,127,481 50.00
50.01	03340 GASTRO INTESTINAL SERVICES	586,898		586,898	0	586,898 50.01
51.00	05100 RECOVERY ROOM	734,738		734,738	0	734,738 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	2,646,120		2,646,120	0	2,646,120 52.00
53.00	05300 ANESTHESIOLOGY	301,357		301,357	3,314	304,671 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	2,512,051		2,512,051	0	2,512,051 54.00
56.00	05600 RADIOISOTOPE	427,167		427,167	0	427,167 56.00
56.01	03630 ULTRA SOUND	884,722		884,722	0	884,722 56.01
57.00	05700 CT SCAN	470,375		470,375	0	470,375 57.00
58.00	05800 MRI	342,891		342,891	0	342,891 58.00
59.00	05900 CARDIAC CATHETERIZATION	2,251,324		2,251,324	14,946	2,266,270 59.00
60.00	06000 LABORATORY	4,295,630		4,295,630	0	4,295,630 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	568,716		568,716	0	568,716 63.00
65.00	06500 RESPIRATORY THERAPY	1,025,015	0	1,025,015	1,623	1,026,638 65.00
66.00	06600 PHYSICAL THERAPY	2,037,843	0	2,037,843	0	2,037,843 66.00
67.00	06700 OCCUPATIONAL THERAPY	735,626	0	735,626	0	735,626 67.00
68.00	06800 SPEECH PATHOLOGY	249,650	0	249,650	0	249,650 68.00
69.00	06900 ELECTROCARDIOLOGY	594,333		594,333	0	594,333 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	28,654		28,654	0	28,654 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,291,420		2,291,420	0	2,291,420 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	3,928,264		3,928,264	0	3,928,264 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	5,012,919		5,012,919	0	5,012,919 73.00
74.00	07400 RENAL DIALYSIS	597,587		597,587	0	597,587 74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0		0	0	0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0 89.00
90.00	09000 CLINIC	0		0	0	0 90.00
90.01	09001 DIABETOLOGY	10,552		10,552	0	10,552 90.01
90.03	09003 WOUND CARE	87,713		87,713	0	87,713 90.03
91.00	09100 EMERGENCY	4,159,029		4,159,029	5,000	4,164,029 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	1,749,987		1,749,987		1,749,987 92.00
OTHER REIMBURSABLE COST CENTERS						
99.00	09900 CMHC	0		0		0 99.00
101.00	10100 HOME HEALTH AGENCY	0		0		0 101.00
200.00	Subtotal (see instructions)	72,161,882	0	72,161,882	82,019	72,243,901 200.00
201.00	Less Observation Beds	1,749,987		1,749,987		1,749,987 201.00
202.00	Total (see instructions)	70,411,895	0	70,411,895	82,019	70,493,914 202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

		Title XVIII			Hospital	PPS	
Cost Center Description		Charges			Cost or other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,663,138		40,663,138		30.00
31.00	03100	INTENSIVE CARE UNIT	8,884,025		8,884,025		31.00
40.00	04000	SUBPROVIDER - IPF	19,430,209		19,430,209		40.00
41.00	04100	SUBPROVIDER - IRF	8,550,213		8,550,213		41.00
43.00	04300	NURSERY	2,641,859		2,641,859		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,913,989	13,524,661	25,438,650	0.279256	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	1,017,073	2,340,345	3,357,418	0.174806	50.01
51.00	05100	RECOVERY ROOM	2,041,847	2,041,613	4,083,460	0.179930	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,607,519	511,958	8,119,477	0.325898	52.00
53.00	05300	ANESTHESIOLOGY	2,595,256	2,844,259	5,439,515	0.055401	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,593,753	6,236,791	8,830,544	0.284473	54.00
56.00	05600	RADIOISOTOPE	885,032	1,790,326	2,675,358	0.159667	56.00
56.01	03630	ULTRA SOUND	1,707,907	6,425,201	8,133,108	0.108780	56.01
57.00	05700	CT SCAN	5,728,406	11,343,603	17,072,009	0.027552	57.00
58.00	05800	MRI	886,041	3,063,454	3,949,495	0.086819	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,956,209	8,658,165	18,614,374	0.120945	59.00
60.00	06000	LABORATORY	22,548,822	12,768,227	35,317,049	0.121630	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,619,926	392,890	3,012,816	0.188666	63.00
65.00	06500	RESPIRATORY THERAPY	6,184,489	292,103	6,476,592	0.158265	65.00
66.00	06600	PHYSICAL THERAPY	2,942,337	2,727,394	5,669,731	0.359425	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,507,961	524,476	3,032,437	0.242586	67.00
68.00	06800	SPEECH PATHOLOGY	699,628	110,361	809,989	0.308214	68.00
69.00	06900	ELECTROCARDIOLOGY	2,904,836	3,122,163	6,026,999	0.098612	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,998	45,863	147,861	0.193790	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,994,699	3,261,315	8,256,014	0.277546	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,801,215	2,074,149	7,875,364	0.498804	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,730,018	9,006,145	49,736,163	0.100790	73.00
74.00	07400	RENAL DIALYSIS	1,942,665	55,175	1,997,840	0.299117	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETOLOGY	0	3,894	3,894	2.709810	90.01
90.03	09003	WOUND CARE	5,705	21,325	27,030	3.245024	90.03
91.00	09100	EMERGENCY	7,846,920	20,966,978	28,813,898	0.144341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,030,540	4,360,706	6,391,246	0.273810	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	230,964,235	118,513,540	349,477,775		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	230,964,235	118,513,540	349,477,775		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

worksheet C
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

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
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.280183			50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.174806			50.01
51.00	05100 RECOVERY ROOM	0.179930			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.325898			52.00
53.00	05300 ANESTHESIOLOGY	0.056011			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.284473			54.00
56.00	05600 RADIOISOTOPE	0.159667			56.00
56.01	03630 ULTRA SOUND	0.108780			56.01
57.00	05700 CT SCAN	0.027552			57.00
58.00	05800 MRI	0.086819			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.121748			59.00
60.00	06000 LABORATORY	0.121630			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.188766			63.00
65.00	06500 RESPIRATORY THERAPY	0.158515			65.00
66.00	06600 PHYSICAL THERAPY	0.359425			66.00
67.00	06700 OCCUPATIONAL THERAPY	0.242586			67.00
68.00	06800 SPEECH PATHOLOGY	0.308214			68.00
69.00	06900 ELECTROCARDIOLOGY	0.098612			69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193790			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.277546			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498804			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.100790			73.00
74.00	07400 RENAL DIALYSIS	0.299117			74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC				88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER				89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 DIABETOLOGY	2.709810			90.01
90.03	09003 WOUND CARE	3.245024			90.03
91.00	09100 EMERGENCY	0.144515			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.273810			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
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.	Title XIX		Hospital		Total Costs
			Total Costs	RCE Disallowance	Costs		
					Total Costs	Total Costs	
	1.00	2.00	3.00	4.00	5.00		
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00 03000 ADULTS & PEDIATRICS	12,611,147		12,611,147	0	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	3,590,083		3,590,083	0	0	0	31.00
40.00 04000 SUBPROVIDER - IPF	5,133,168		5,133,168	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	3,242,567		3,242,567	0	0	0	41.00
43.00 04300 NURSERY	1,950,440		1,950,440	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0		0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0		0	0	0	0	45.00
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	7,103,896		7,103,896	0	0	0	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	586,898		586,898	0	0	0	50.01
51.00 05100 RECOVERY ROOM	734,738		734,738	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	2,646,120		2,646,120	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	301,357		301,357	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	2,512,051		2,512,051	0	0	0	54.00
56.00 05600 RADIOISOTOPE	427,167		427,167	0	0	0	56.00
56.01 03630 ULTRA SOUND	884,722		884,722	0	0	0	56.01
57.00 05700 CT SCAN	470,375		470,375	0	0	0	57.00
58.00 05800 MRI	342,891		342,891	0	0	0	58.00
59.00 05900 CARULAC CALIBRATION	2,251,324		2,251,324	0	0	0	59.00
60.00 06000 LABORATORY	4,295,630		4,295,630	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	568,716		568,716	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	1,025,015	0	1,025,015	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	2,037,843	0	2,037,843	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	735,626	0	735,626	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	249,650	0	249,650	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	594,333		594,333	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	28,654		28,654	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	2,291,420		2,291,420	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	3,928,264		3,928,264	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	5,012,919		5,012,919	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	597,587		597,587	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0		0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0		0	0	0	0	89.00
90.00 09000 CLINIC	0		0	0	0	0	90.00
90.01 09001 DIABETOLOGY	10,552		10,552	0	0	0	90.01
90.03 09003 WOUND CARE	87,713		87,713	0	0	0	90.03
91.00 09100 EMERGENCY	4,159,029		4,159,029	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	1,749,987		1,749,987	0	0	0	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00 09900 CMHC	0		0	0	0	0	99.00
101.00 10100 HOME HEALTH AGENCY	0		0	0	0	0	101.00
200.00 Subtotal (see instructions)	72,161,882	0	72,161,882	0	0	0	200.00
201.00 Less Observation Beds	1,749,987		1,749,987	0	0	0	201.00
202.00 Total (see instructions)	70,411,895	0	70,411,895	0	0	0	202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

		Title XIX			Hospital	Cost	
Cost Center Description		Charges			Cost or Other Ratio	TEFRA Inpatient Ratio	
		Inpatient	Outpatient	Total (col. 6 + col. 7)			
		6.00	7.00	8.00	9.00	10.00	
INPATIENT ROUTINE SERVICE COST CENTERS							
30.00	03000	ADULTS & PEDIATRICS	40,663,138		40,663,138		30.00
31.00	03100	INTENSIVE CARE UNIT	8,884,025		8,884,025		31.00
40.00	04000	SUBPROVIDER - IPF	19,430,209		19,430,209		40.00
41.00	04100	SUBPROVIDER - IRF	8,550,213		8,550,213		41.00
43.00	04300	NURSERY	2,641,859		2,641,859		43.00
44.00	04400	SKILLED NURSING FACILITY	0		0		44.00
45.00	04500	NURSING FACILITY	0		0		45.00
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	11,913,989	13,524,661	25,438,650	0.279256	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	1,017,073	2,340,345	3,357,418	0.174806	50.01
51.00	05100	RECOVERY ROOM	2,041,847	2,041,613	4,083,460	0.179930	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	7,607,519	511,958	8,119,477	0.325898	52.00
53.00	05300	ANESTHESIOLOGY	2,595,256	2,844,259	5,439,515	0.055401	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	2,593,753	6,236,791	8,830,544	0.284473	54.00
56.00	05600	RADIOISOTOPE	885,032	1,790,326	2,675,358	0.159667	56.00
56.01	03630	ULTRA SOUND	1,707,907	6,425,201	8,133,108	0.108780	56.01
57.00	05700	CT SCAN	5,728,406	11,343,603	17,072,009	0.027552	57.00
58.00	05800	MRI	886,041	3,063,454	3,949,495	0.086819	58.00
59.00	05900	CARDIAC CATHETERIZATION	9,956,209	8,658,165	18,614,374	0.120945	59.00
60.00	06000	LABORATORY	22,548,822	12,768,227	35,317,049	0.121630	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	2,619,926	392,890	3,012,816	0.188766	63.00
65.00	06500	RESPIRATORY THERAPY	6,184,489	292,103	6,476,592	0.158265	65.00
66.00	06600	PHYSICAL THERAPY	2,942,337	2,727,394	5,669,731	0.359425	66.00
67.00	06700	OCCUPATIONAL THERAPY	2,507,961	524,476	3,032,437	0.242586	67.00
68.00	06800	SPEECH PATHOLOGY	699,628	110,361	809,989	0.308214	68.00
69.00	06900	ELECTROCARDIOLOGY	2,904,836	3,122,163	6,026,999	0.098612	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	101,998	45,863	147,861	0.193790	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	4,994,699	3,261,315	8,256,014	0.277546	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	5,801,215	2,074,149	7,875,364	0.498804	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	40,730,018	9,006,145	49,736,163	0.100790	73.00
74.00	07400	RENAL DIALYSIS	1,942,665	55,175	1,997,840	0.299117	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0.000000	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0.000000	89.00
90.00	09000	CLINIC	0	0	0	0.000000	90.00
90.01	09001	DIABETOLOGY	0	3,894	3,894	2.709810	90.01
90.03	09003	WOUND CARE	5,705	21,325	27,030	3.245024	90.03
91.00	09100	EMERGENCY	7,846,920	20,966,978	28,813,898	0.144341	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	2,030,540	4,360,706	6,391,246	0.273810	92.00
OTHER REIMBURSABLE COST CENTERS							
99.00	09900	CMHC	0	0	0		99.00
101.00	10100	HOME HEALTH AGENCY	0	0	0		101.00
200.00		Subtotal (see instructions)	230,964,235	118,513,540	349,477,775		200.00
201.00		Less Observation Beds					201.00
202.00		Total (see instructions)	230,964,235	118,513,540	349,477,775		202.00

COMPUTATION OF RATIO OF COSTS TO CHARGES

Provider CCN: 140240

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

Worksheet C
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		PPS Inpatient Ratio	Title XIX	Hospital	Cost
		11.00			
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000 ADULTS & PEDIATRICS				30.00
31.00	03100 INTENSIVE CARE UNIT				31.00
40.00	04000 SUBPROVIDER - IPF				40.00
41.00	04100 SUBPROVIDER - IRF				41.00
43.00	04300 NURSERY				43.00
44.00	04400 SKILLED NURSING FACILITY				44.00
45.00	04500 NURSING FACILITY				45.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000 OPERATING ROOM	0.000000			50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.000000			50.01
51.00	05100 RECOVERY ROOM	0.000000			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.000000			52.00
53.00	05300 ANESTHESIOLOGY	0.000000			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.000000			54.00
56.00	05600 RADIOISOTOPE	0.000000			56.00
56.01	03630 ULTRA SOUND	0.000000			56.01
57.00	05700 CT SCAN	0.000000			57.00
58.00	05800 MRI	0.000000			58.00
59.00	05900 CARDIAC CATHETERIZATION	0.000000			59.00
60.00	06000 LABORATORY	0.000000			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.000000			63.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0.000000			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	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
74.00	07400 RENAL DIALYSIS	0.000000			74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800 RURAL HEALTH CLINIC	0.000000			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000			89.00
90.00	09000 CLINIC	0.000000			90.00
90.01	09001 DIABETOLOGY	0.000000			90.01
90.03	09003 WOUND CARE	0.000000			90.03
91.00	09100 EMERGENCY	0.000000			91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.000000			92.00
OTHER REIMBURSABLE COST CENTERS					
99.00	09900 CMHC				99.00
101.00	10100 HOME HEALTH AGENCY				101.00
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: 140240

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

Worksheet D
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

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	900,047	0	900,047	19,169	46.95	30.00
31.00	03100 INTENSIVE CARE UNIT	324,550		324,550	2,959	109.68	31.00
40.00	04000 SUBPROVIDER - IPF	628,596	0	628,596	10,327	60.87	40.00
41.00	04100 SUBPROVIDER - IRF	545,657	0	545,657	4,553	119.85	41.00
43.00	04300 NURSERY	212,458		212,458	2,068	102.74	43.00
44.00	04400 SKILLED NURSING FACILITY	0		0	0	0.00	44.00
45.00	04500 NURSING FACILITY	0		0	0	0.00	45.00
200.00	Total (lines 30-199)	2,611,308		2,611,308	39,076		200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

Provider CCN: 140240

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

Worksheet D
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

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	7,288	342,172	30.00
31.00	03100 INTENSIVE CARE UNIT	1,093	119,880	31.00
40.00	04000 SUBPROVIDER - IPF	4,452	270,993	40.00
41.00	04100 SUBPROVIDER - IRF	2,220	266,067	41.00
43.00	04300 NURSERY	0	0	43.00
44.00	04400 SKILLED NURSING FACILITY	0	0	44.00
45.00	04500 NURSING FACILITY	0	0	45.00
200.00	Total (lines 30-199)	15,053	999,112	200.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240

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

Worksheet D
Part II
Date/Time Prepared:
11/29/2012 1:50 pm

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	564,793	25,438,650	0.022202	4,657,491	103,406	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	77,581	3,357,418	0.023107	533,438	12,326	50.01
51.00	05100	RECOVERY ROOM	63,153	4,083,460	0.015466	623,103	9,637	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	502,217	8,119,477	0.061853	16,024	991	52.00
53.00	05300	ANESTHESIOLOGY	19,698	5,439,515	0.003621	693,971	2,513	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	422,460	8,830,544	0.047841	1,927,735	92,225	54.00
56.00	05600	RADIOISOTOPE	33,795	2,675,358	0.012632	520,815	6,579	56.00
56.01	03630	ULTRA SOUND	33,431	8,133,108	0.004110	877,856	3,608	56.01
57.00	05700	CT SCAN	41,530	17,072,009	0.002433	2,391,347	5,818	57.00
58.00	05800	MRI	32,939	3,949,495	0.008340	496,291	4,139	58.00
59.00	05900	CARDIAC CATHETERIZATION	157,842	18,614,374	0.008480	3,838,272	32,549	59.00
60.00	06000	LABORATORY	301,361	35,317,049	0.008533	10,465,591	89,303	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	15,967	3,012,816	0.005300	907,562	4,810	63.00
65.00	06500	RESPIRATORY THERAPY	35,710	6,476,592	0.005514	2,376,693	13,105	65.00
66.00	06600	PHYSICAL THERAPY	243,375	5,669,731	0.042925	274,476	11,782	66.00
67.00	06700	OCCUPATIONAL THERAPY	8,409	3,032,437	0.002773	199,543	553	67.00
68.00	06800	SPEECH PATHOLOGY	20,198	809,989	0.024936	133,632	3,332	68.00
69.00	06900	ELECTROCARDIOLOGY	85,323	6,026,999	0.014157	2,259,771	31,992	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	359	147,861	0.002428	57,725	140	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	101,517	8,256,014	0.012296	2,533,698	31,154	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	33,787	7,875,364	0.004290	2,986,682	12,813	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	138,842	49,736,163	0.002792	15,719,280	43,888	73.00
74.00	07400	RENAL DIALYSIS	5,429	1,997,840	0.002717	924,629	2,512	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000	CLINIC	0	0	0.000000	0	0	90.00
90.01	09001	DIABETOLOGY	108	3,894	0.027735	0	0	90.01
90.03	09003	WOUND CARE	1,019	27,030	0.037699	0	0	90.03
91.00	09100	EMERGENCY	475,659	28,813,898	0.016508	2,733,462	45,124	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	124,895	6,391,246	0.019542	987,243	19,293	92.00
200.00		Total (lines 50-199)	3,541,397	269,308,331		59,136,330	583,592	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part III
Date/Time Prepared:
11/29/2012 1:50 pm

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
40.00 04000 SUBPROVIDER - IPF	0	0	0	0	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	0	0	0	0	0	0	41.00
43.00 04300 NURSERY	0	0	0	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0	0	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0	0	0	0	0	45.00
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: 140240

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

Worksheet D
Part III
Date/Time Prepared:
11/29/2012 1:50 pm

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	19,169	0.00	7,288	0	0	30.00
31.00 03100 INTENSIVE CARE UNIT	2,959	0.00	1,093	0	0	31.00
40.00 04000 SUBPROVIDER - IPF	10,327	0.00	4,452	0	0	40.00
41.00 04100 SUBPROVIDER - IRF	4,553	0.00	2,220	0	0	41.00
43.00 04300 NURSERY	2,068	0.00	0	0	0	43.00
44.00 04400 SKILLED NURSING FACILITY	0	0.00	0	0	0	44.00
45.00 04500 NURSING FACILITY	0	0.00	0	0	0	45.00
200.00 Total (lines 30-199)	39,076		15,053	0	0	200.00

APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

worksheet D
Part III
Date/Time Prepared:
11/29/2012 1:50 pm

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
40.00	04000 SUBPROVIDER - IPF	0	0		40.00
41.00	04100 SUBPROVIDER - IRF	0	0		41.00
43.00	04300 NURSERY	0	0		43.00
44.00	04400 SKILLED NURSING FACILITY	0	0		44.00
45.00	04500 NURSING FACILITY	0	0		45.00
200.00	Total (lines 30-199)	0	0		200.00

APPORIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	Title XVIII			Hospital	PPS	Total Cost (sum of col 1 through col. 4) 5.00	
	Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	0	0	0	0	0	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	0	0	0	57.00
58.00 05800 MRI	0	0	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	0	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 DIABETOLOGY	0	0	0	0	0	0	90.01
90.03 09003 WOUND CARE	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	0	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

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	25,438,650	0.000000	0.000000	4,657,491	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0	3,357,418	0.000000	0.000000	533,438	50.01
51.00 05100 RECOVERY ROOM	0	4,083,460	0.000000	0.000000	623,103	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	8,119,477	0.000000	0.000000	16,024	52.00
53.00 05300 ANESTHESIOLOGY	0	5,439,515	0.000000	0.000000	693,971	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	8,830,544	0.000000	0.000000	1,927,735	54.00
56.00 05600 RADIOISOTOPE	0	2,675,358	0.000000	0.000000	520,815	56.00
56.01 03630 ULTRA SOUND	0	8,133,108	0.000000	0.000000	877,856	56.01
57.00 05700 CT SCAN	0	17,072,009	0.000000	0.000000	2,391,347	57.00
58.00 05800 MRI	0	3,949,495	0.000000	0.000000	496,291	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	18,614,374	0.000000	0.000000	3,838,272	59.00
60.00 06000 LABORATORY	0	35,317,049	0.000000	0.000000	10,465,591	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	3,012,816	0.000000	0.000000	907,562	63.00
65.00 06500 RESPIRATORY THERAPY	0	6,476,592	0.000000	0.000000	2,376,693	65.00
66.00 06600 PHYSICAL THERAPY	0	5,669,731	0.000000	0.000000	274,476	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	3,032,437	0.000000	0.000000	199,543	67.00
68.00 06800 SPEECH PATHOLOGY	0	809,989	0.000000	0.000000	133,632	68.00
69.00 06900 ELECTROCARDIOLOGY	0	6,026,999	0.000000	0.000000	2,259,771	69.00
70.00 07000 FLUOROSCOPIC RADIOGRAPHY	0	147,861	0.000000	0.000000	57,725	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,256,014	0.000000	0.000000	2,533,698	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,875,364	0.000000	0.000000	2,986,682	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	49,736,163	0.000000	0.000000	15,719,280	73.00
74.00 07400 RENAL DIALYSIS	0	1,997,840	0.000000	0.000000	924,629	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01 09001 DIABETOLOGY	0	3,894	0.000000	0.000000	0	90.01
90.03 09003 WOUND CARE	0	27,030	0.000000	0.000000	0	90.03
91.00 09100 EMERGENCY	0	28,813,898	0.000000	0.000000	2,733,462	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,391,246	0.000000	0.000000	987,243	92.00
200.00 Total (lines 50-199)	0	269,308,331			59,136,330	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D Part IV Date/Time Prepared: 11/29/2012 1:50 pm

Cost Center Description	Title XVIII			Hospital		PPS	
	Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School		
	11.00	12.00	13.00	21.00	22.00		
ANCILLARY SERVICE COST CENTERS							
50.00 05000 OPERATING ROOM	0	3,612,337	0	0	0	0	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0	664,024	0	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	992,820	0	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	468,020	0	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0	2,067,480	0	0	0	0	54.00
56.00 05600 RADIOISOTOPE	0	633,181	0	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	296,766	0	0	0	0	56.01
57.00 05700 CT SCAN	0	1,899,424	0	0	0	0	57.00
58.00 05800 MRI	0	668,232	0	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	1,225,846	0	0	0	0	59.00
60.00 06000 LABORATORY	0	266,140	0	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	32,995	0	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	77,442	0	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0	1,085,717	0	0	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	9,560	0	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	1,098,035	0	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	1,453,458	0	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	1,850,354	0	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	15,877	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00 08800 RURAL HEALTH CLINIC	0	0	0	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	0	0	0	90.00
90.01 09001 DIABETOLOGY	0	0	0	0	0	0	90.01
90.03 09003 WOUND CARE	0	0	0	0	0	0	90.03
91.00 09100 EMERGENCY	0	2,214,227	0	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	852,998	0	0	0	0	92.00
200.00 Total (lines 50-199)	0	21,484,933	0	0	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	Title XVIII	Hospital	PPS
		23.00	24.00			
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	0			50.01
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
56.00	05600 RADIOISOTOPE	0	0			56.00
56.01	03630 ULTRA SOUND	0	0			56.01
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETOLOGY	0	0			90.01
90.03	09003 WOUND CARE	0	0			90.03
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: 140240 Period: From 07/01/2011 To 06/30/2012 Worksheet D Part V Date/Time Prepared: 11/29/2012 1:50 pm

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Title XVIII		Hospital		PPS	
		PPS Reimbursed Services (see instructions)	Charges		PPS		
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)			
	1.00	2.00	3.00	4.00			
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0.279256	3,612,337	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.174806	664,024	0	0	50.01
51.00	05100	RECOVERY ROOM	0.179930	992,820	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325898	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.055401	468,020	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284473	2,067,480	0	0	54.00
56.00	05600	RADIOISOTOPE	0.159667	633,181	0	0	56.00
56.01	03630	ULTRA SOUND	0.108780	296,766	0	0	56.01
57.00	05700	CT SCAN	0.027552	1,899,424	0	0	57.00
58.00	05800	MRI	0.086819	668,232	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.120945	1,225,846	0	0	59.00
60.00	06000	LABORATORY	0.121630	266,140	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.188766	32,995	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.158265	77,442	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0.359425	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.242586	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0.308214	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0.098612	1,085,717	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193790	9,560	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277546	1,098,035	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498804	1,453,458	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.100790	1,850,354	0	26,509	73.00
74.00	07400	RENAL DIALYSIS	0.299117	15,877	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0.000000				88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00	09000	CLINIC	0.000000	0	0	0	90.00
90.01	09001	DIABETOLOGY	2.709810	0	0	0	90.01
90.03	09003	WOUND CARE	3.245024	0	0	0	90.03
91.00	09100	EMERGENCY	0.144341	2,214,227	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.273810	852,998	0	0	92.00
200.00		Subtotal (see instructions)		21,484,933	0	26,509	200.00
201.00		Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00		Net Charges (line 200 +/- line 201)		21,484,933	0	26,509	202.00

		Title XVIII			Hospital	PPS
Cost Center Description		Costs				
		PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
		5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	1,008,767	0	0		50.00
50.01	03340 GASTRO INTESTINAL SERVICES	116,075	0	0		50.01
51.00	05100 RECOVERY ROOM	178,638	0	0		51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00	05300 ANESTHESIOLOGY	25,929	0	0		53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	588,142	0	0		54.00
56.00	05600 RADIOISOTOPE	101,098	0	0		56.00
56.01	03630 ULTRA SOUND	32,282	0	0		56.01
57.00	05700 CT SCAN	52,333	0	0		57.00
58.00	05800 MRI	58,015	0	0		58.00
59.00	05900 CARDIAC CATHETERIZATION	148,260	0	0		59.00
60.00	06000 LABORATORY	32,371	0	0		60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	6,228	0	0		63.00
65.00	06500 RESPIRATORY THERAPY	12,256	0	0		65.00
66.00	06600 PHYSICAL THERAPY	0	0	0		66.00
67.00	06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00	06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00	06900 ELLIIRUCARDIULUGY	107,065	0	0		69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	1,853	0	0		70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	304,755	0	0		71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	724,991	0	0		72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	186,497	0	2,672		73.00
74.00	07400 RENAL DIALYSIS	4,749	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00	09000 CLINIC	0	0	0		90.00
90.01	09001 DIABETOLOGY	0	0	0		90.01
90.03	09003 WOUND CARE	0	0	0		90.03
91.00	09100 EMERGENCY	319,604	0	0		91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	233,559	0	0		92.00
200.00	Subtotal (see instructions)	4,243,467	0	2,672		200.00
201.00	Less PBP Clinic Lab. services-Program Only Charges		0			201.00
202.00	Net Charges (line 200 +/- line 201)	4,243,467	0	2,672		202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS	Provider CCN: 140240 Component CCN: 14S240	Period: From 07/01/2011 To 06/30/2012	Worksheet D Part II Date/Time Prepared: 11/29/2012 1:50 pm
	Title XVIII	Subprovider - IPF	PPS

Cost Center Description	Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
	1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	564,793	25,438,650	0.022202	2,030	45	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	77,581	3,357,418	0.023107	0	0	50.01
51.00 05100 RECOVERY ROOM	63,153	4,083,460	0.015466	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	502,217	8,119,477	0.061853	0	0	52.00
53.00 05300 ANESTHESIOLOGY	19,698	5,439,515	0.003621	106,155	384	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	422,460	8,830,544	0.047841	44,789	2,143	54.00
56.00 05600 RADIOISOTOPE	33,795	2,675,358	0.012632	3,684	47	56.00
56.01 03630 ULTRA SOUND	33,431	8,133,108	0.004110	11,462	47	56.01
57.00 05700 CT SCAN	41,530	17,072,009	0.002433	50,331	122	57.00
58.00 05800 MRI	32,939	3,949,495	0.008340	5,434	45	58.00
59.00 05900 CARDIAC CATHETERIZATION	157,842	18,614,374	0.008480	31,716	269	59.00
60.00 06000 LABORATORY	301,361	35,317,049	0.008533	696,893	5,947	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	15,967	3,012,816	0.005300	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	35,710	6,476,592	0.005514	16,521	91	65.00
66.00 06600 PHYSICAL THERAPY	243,375	5,669,731	0.042925	7,233	310	66.00
67.00 06700 OCCUPATIONAL THERAPY	8,409	3,032,437	0.002773	1,640	5	67.00
68.00 06800 SPEECH PATHOLOGY	20,198	809,989	0.024936	1,600	40	68.00
69.00 06900 ELECTROCARDIOLOGY	85,323	6,026,999	0.014157	129,199	1,829	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	359	147,861	0.002428	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	101,517	8,256,014	0.012296	8,541	105	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	33,787	7,875,364	0.004290	1,693	7	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	138,842	49,736,163	0.002792	1,694,186	4,730	73.00
74.00 07400 RENAL DIALYSIS	5,429	1,997,840	0.002717	1,557	4	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00 09000 CLINIC	0	0	0.000000	0	0	90.00
90.01 09001 DIABETOLOGY	108	3,894	0.027735	0	0	90.01
90.03 09003 WOUND CARE	1,019	27,030	0.037699	0	0	90.03
91.00 09100 EMERGENCY	475,659	28,813,898	0.016508	385,739	6,368	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	124,895	6,391,246	0.019542	0	0	92.00
200.00 Total (lines 50-199)	3,541,397	269,308,331		3,200,403	22,538	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 145240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		Title XVIII				Subprovider -	Total Cost (sum of col 1 through col. 4)	
		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	IPF		
		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
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS								
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	0	90.00
90.01	09001	DIABETOLOGY	0	0	0	0	0	90.01
90.03	09003	WOUND CARE	0	0	0	0	0	90.03
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: 140240
Component CCN: 145240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	25,438,650	0.000000	0.000000	2,030	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	3,357,418	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	4,083,460	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,119,477	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,439,515	0.000000	0.000000	106,155	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,830,544	0.000000	0.000000	44,789	54.00
56.00	05600 RADIOISOTOPE	0	2,675,358	0.000000	0.000000	3,684	56.00
56.01	03630 ULTRA SOUND	0	8,133,108	0.000000	0.000000	11,462	56.01
57.00	05700 CT SCAN	0	17,072,009	0.000000	0.000000	50,331	57.00
58.00	05800 MRI	0	3,949,495	0.000000	0.000000	5,434	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	18,614,374	0.000000	0.000000	31,716	59.00
60.00	06000 LABORATORY	0	35,317,049	0.000000	0.000000	696,893	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	3,012,816	0.000000	0.000000	0	63.00
65.00	06500 RESPIRATORY THERAPY	0	6,476,592	0.000000	0.000000	16,521	65.00
66.00	06600 PHYSICAL THERAPY	0	5,669,731	0.000000	0.000000	7,233	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,032,437	0.000000	0.000000	1,640	67.00
68.00	06800 SPEECH PATHOLOGY	0	809,989	0.000000	0.000000	1,600	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,026,999	0.000000	0.000000	129,199	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0	147,861	0.000000	0.000000	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,256,014	0.000000	0.000000	8,541	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,875,364	0.000000	0.000000	1,693	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	49,736,163	0.000000	0.000000	1,694,186	73.00
74.00	07400 RENAL DIALYSIS	0	1,997,840	0.000000	0.000000	1,557	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETOLOGY	0	3,894	0.000000	0.000000	0	90.01
90.03	09003 WOUND CARE	0	27,030	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	28,813,898	0.000000	0.000000	385,739	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,391,246	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	269,308,331			3,200,403	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 145240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	0	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	1,810	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	0	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	1,018	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETOLOGY	0	0	0	0	90.01
90.03	09003	WOUND CARE	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	2,828	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 145240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description		PSA Adj. Allied Health 23.00	PSA Adj. All Other Medical Education Cost 24.00	Title XVIII	Subprovider - IPF	PPS
ANCILLARY SERVICE COST CENTERS						
50.00	05000 OPERATING ROOM	0	0			50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	0			50.01
51.00	05100 RECOVERY ROOM	0	0			51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0			52.00
53.00	05300 ANESTHESIOLOGY	0	0			53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0			54.00
56.00	05600 RADIOISOTOPE	0	0			56.00
56.01	03630 ULTRA SOUND	0	0			56.01
57.00	05700 CT SCAN	0	0			57.00
58.00	05800 MRI	0	0			58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0			59.00
60.00	06000 LABORATORY	0	0			60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0			63.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0			70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0			71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0			72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0			73.00
74.00	07400 RENAL DIALYSIS	0	0			74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800 RURAL HEALTH CLINIC	0	0			88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0			89.00
90.00	09000 CLINIC	0	0			90.00
90.01	09001 DIABETOLOGY	0	0			90.01
90.03	09003 WOUND CARE	0	0			90.03
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: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 145240

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Cost to Charge Ratio From Worksheet C, Part I, col. 9	Charges			
		PPS Reimbursed Services (see instructions)	Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)	
	1.00	2.00	3.00	4.00	
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0.279256	0	0	0	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0.174806	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0.179930	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.325898	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0.055401	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.284473	1,810	0	0	54.00
56.00 05600 RADIOISOTOPE	0.159667	0	0	0	56.00
56.01 03630 ULTRA SOUND	0.108780	0	0	0	56.01
57.00 05700 CT SCAN	0.027552	0	0	0	57.00
58.00 05800 MRI	0.086819	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0.120945	0	0	0	59.00
60.00 06000 LABORATORY	0.121630	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.188766	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0.158265	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0.359425	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0.242586	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0.308214	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	0.098612	1,018	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.193790	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.277546	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.498804	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.100790	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0.299117	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0.000000				88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000				89.00
90.00 09000 CLINIC	0.000000	0	0	0	90.00
90.01 09001 DIABETOLOGY	2.709810	0	0	0	90.01
90.03 09003 WOUND CARE	3.245024	0	0	0	90.03
91.00 09100 EMERGENCY	0.144341	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.273810	0	0	0	92.00
200.00 Subtotal (see instructions)		2,828	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0	201.00
202.00 Net charges (line 200 +/- line 201)		2,828	0	0	202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 145240

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Costs			
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)	
	5.00	6.00	7.00	
ANCILLARY SERVICE COST CENTERS				
50.00 05000 OPERATING ROOM	0	0	0	50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0	0	0	50.01
51.00 05100 RECOVERY ROOM	0	0	0	51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0	52.00
53.00 05300 ANESTHESIOLOGY	0	0	0	53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	515	0	0	54.00
56.00 05600 RADIOISOTOPE	0	0	0	56.00
56.01 03630 ULTRA SOUND	0	0	0	56.01
57.00 05700 CT SCAN	0	0	0	57.00
58.00 05800 MRI	0	0	0	58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0	59.00
60.00 06000 LABORATORY	0	0	0	60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0	65.00
66.00 06600 PHYSICAL THERAPY	0	0	0	66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0	67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0	68.00
69.00 06900 ELECTROCARDIOLOGY	100	0	0	69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0	70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0	73.00
74.00 07400 RENAL DIALYSIS	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00 08800 RURAL HEALTH CLINIC	0	0	0	88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	89.00
90.00 09000 CLINIC	0	0	0	90.00
90.01 09001 DIABETOLOGY	0	0	0	90.01
90.03 09003 WOUND CARE	0	0	0	90.03
91.00 09100 EMERGENCY	0	0	0	91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	92.00
200.00 Subtotal (see instructions)	615	0	0	200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0		201.00
202.00 Net Charges (line 200 +/- line 201)	615	0	0	202.00

APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

Provider CCN: 140240

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

Worksheet D
Part II
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 14T240

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Capital Related Cost (from wkst. B, Part II, col. 26)	Total Charges (from wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 1 ÷ col. 2)	Inpatient Program Charges	Capital Costs (column 3 x column 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	564,793	25,438,650	0.022202	4,016	89	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	77,581	3,357,418	0.023107	0	0	50.01
51.00	05100 RECOVERY ROOM	63,153	4,083,460	0.015466	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	502,217	8,119,477	0.061853	0	0	52.00
53.00	05300 ANESTHESIOLOGY	19,698	5,439,515	0.003621	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	422,460	8,830,544	0.047841	50,375	2,410	54.00
56.00	05600 RADIOISOTOPE	33,795	2,675,358	0.012632	0	0	56.00
56.01	03630 ULTRA SOUND	33,431	8,133,108	0.004110	6,162	25	56.01
57.00	05700 CT SCAN	41,530	17,072,009	0.002433	47,088	115	57.00
58.00	05800 MRI	32,939	3,949,495	0.008340	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	157,842	18,614,374	0.008480	6,436	55	59.00
60.00	06000 LABORATORY	301,361	35,317,049	0.008533	624,886	5,332	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	15,967	3,012,816	0.005300	31,831	169	63.00
65.00	06500 RESPIRATORY THERAPY	35,710	6,476,592	0.005514	126,739	699	65.00
66.00	06600 PHYSICAL THERAPY	243,375	5,669,731	0.042925	919,425	39,466	66.00
67.00	06700 OCCUPATIONAL THERAPY	8,409	3,032,437	0.002773	1,343,612	3,726	67.00
68.00	06800 SPEECH PATHOLOGY	20,198	809,989	0.024936	198,605	4,952	68.00
69.00	06900 ELECTROCARDIOLOGY	85,323	6,026,999	0.014157	14,400	204	69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	359	147,861	0.002428	809	2	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	101,517	8,256,014	0.012296	72,862	896	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	33,787	7,875,364	0.004290	1,000	4	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	138,842	49,736,163	0.002792	1,465,217	4,091	73.00
74.00	07400 RENAL DIALYSIS	5,429	1,997,840	0.002717	325,367	884	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0	0	90.00
90.01	09001 DIABETOLOGY	108	3,894	0.027735	0	0	90.01
90.03	09003 WOUND CARE	1,019	27,030	0.037699	0	0	90.03
91.00	09100 EMERGENCY	475,659	28,813,898	0.016508	4,140	68	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	124,895	6,391,246	0.019542	0	0	92.00
200.00	Total (lines 50-199)	3,541,397	269,308,331		5,242,970	63,187	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 14T240

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Non Physician Anesthetist Cost	Nursing School	Allied Health	All Other Medical Education Cost	Total Cost (sum of col 1 through col. 4)	
		1.00	2.00	3.00	4.00	5.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	0	0	0	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	0	0	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	0	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	0	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	0	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	0	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	0	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	0	0	0	56.01
57.00	05700 CT SCAN	0	0	0	0	0	57.00
58.00	05800 MRI	0	0	0	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	0	0	0	59.00
60.00	06000 LABORATORY	0	0	0	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	0	63.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	0	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	0	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	0	89.00
90.00	09000 CLINIC	0	0	0	0	0	90.00
90.01	09001 DIABETOLOGY	0	0	0	0	0	90.01
90.03	09003 WOUND CARE	0	0	0	0	0	90.03
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: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 14T240

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description		Total Outpatient Cost (sum of col. 2, 3 and 4)	Total Charges (from Wkst. C, Part I, col. 8)	Ratio of Cost to Charges (col. 5 ÷ col. 7)	Outpatient Ratio of Cost to Charges (col. 6 ÷ col. 7)	Inpatient Program Charges	
		6.00	7.00	8.00	9.00	10.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000 OPERATING ROOM	0	25,438,650	0.000000	0.000000	4,016	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	3,357,418	0.000000	0.000000	0	50.01
51.00	05100 RECOVERY ROOM	0	4,083,460	0.000000	0.000000	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	8,119,477	0.000000	0.000000	0	52.00
53.00	05300 ANESTHESIOLOGY	0	5,439,515	0.000000	0.000000	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	8,830,544	0.000000	0.000000	50,375	54.00
56.00	05600 RADIOISOTOPE	0	2,675,358	0.000000	0.000000	0	56.00
56.01	03630 ULTRA SOUND	0	8,133,108	0.000000	0.000000	6,162	56.01
57.00	05700 CT SCAN	0	17,072,009	0.000000	0.000000	47,088	57.00
58.00	05800 MRI	0	3,949,495	0.000000	0.000000	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	18,614,374	0.000000	0.000000	6,436	59.00
60.00	06000 LABORATORY	0	35,317,049	0.000000	0.000000	624,886	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	3,012,816	0.000000	0.000000	31,831	63.00
65.00	06500 RESPIRATORY THERAPY	0	6,476,592	0.000000	0.000000	126,739	65.00
66.00	06600 PHYSICAL THERAPY	0	5,669,731	0.000000	0.000000	919,425	66.00
67.00	06700 OCCUPATIONAL THERAPY	0	3,032,437	0.000000	0.000000	1,343,612	67.00
68.00	06800 SPEECH PATHOLOGY	0	809,989	0.000000	0.000000	198,605	68.00
69.00	06900 ELECTROCARDIOLOGY	0	6,026,999	0.000000	0.000000	14,400	69.00
70.00	07000 ELEKTRONENEPHALOGRAPHY	0	147,861	0.000000	0.000000	809	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	8,256,014	0.000000	0.000000	72,862	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	7,875,364	0.000000	0.000000	1,000	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	49,736,163	0.000000	0.000000	1,465,217	73.00
74.00	07400 RENAL DIALYSIS	0	1,997,840	0.000000	0.000000	325,367	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800 RURAL HEALTH CLINIC	0	0	0.000000	0.000000	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0.000000	0.000000	0	89.00
90.00	09000 CLINIC	0	0	0.000000	0.000000	0	90.00
90.01	09001 DIABETOLOGY	0	3,894	0.000000	0.000000	0	90.01
90.03	09003 WOUND CARE	0	27,030	0.000000	0.000000	0	90.03
91.00	09100 EMERGENCY	0	28,813,898	0.000000	0.000000	4,140	91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0	6,391,246	0.000000	0.000000	0	92.00
200.00	Total (lines 50-199)	0	269,308,331			5,242,970	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 14T240

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		Inpatient Program Pass-Through Costs (col. 8 x col. 10)	Outpatient Program Charges	Outpatient Program Pass-Through Costs (col. 9 x col. 12)	PSA Adj. Non Physician Anesthetist Cost	PSA Adj. Nursing School	
		11.00	12.00	13.00	21.00	22.00	
ANCILLARY SERVICE COST CENTERS							
50.00	05000	OPERATING ROOM	0	0	0	0	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0	0	0	0	50.01
51.00	05100	RECOVERY ROOM	0	0	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0	0	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0	1,438	0	0	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0	5,126	0	0	54.00
56.00	05600	RADIOISOTOPE	0	0	0	0	56.00
56.01	03630	ULTRA SOUND	0	0	0	0	56.01
57.00	05700	CT SCAN	0	0	0	0	57.00
58.00	05800	MRI	0	0	0	0	58.00
59.00	05900	CARDIAC CATHETERIZATION	0	0	0	0	59.00
60.00	06000	LABORATORY	0	623	0	0	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0	0	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0	0	0	0	65.00
66.00	06600	PHYSICAL THERAPY	0	0	0	0	66.00
67.00	06700	OCCUPATIONAL THERAPY	0	0	0	0	67.00
68.00	06800	SPEECH PATHOLOGY	0	0	0	0	68.00
69.00	06900	ELECTROCARDIOLOGY	0	246	0	0	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0	0	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0	0	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0	0	0	0	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0	0	0	0	73.00
74.00	07400	RENAL DIALYSIS	0	0	0	0	74.00
OUTPATIENT SERVICE COST CENTERS							
88.00	08800	RURAL HEALTH CLINIC	0	0	0	0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	0	89.00
90.00	09000	CLINIC	0	0	0	0	90.00
90.01	09001	DIABETOLOGY	0	0	0	0	90.01
90.03	09003	WOUND CARE	0	0	0	0	90.03
91.00	09100	EMERGENCY	0	0	0	0	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0	0	0	0	92.00
200.00		Total (lines 50-199)	0	7,433	0	0	200.00

APPORTIONMENT OF INPATIENT/OUTPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet D
Part IV
Date/Time Prepared:
11/29/2012 1:50 pm
PPS

Cost Center Description		PSA Adj. Allied Health	PSA Adj. All Other Medical Education Cost	
		23.00	24.00	
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0	0	50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0	0	50.01
51.00	05100 RECOVERY ROOM	0	0	51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0	0	52.00
53.00	05300 ANESTHESIOLOGY	0	0	53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0	0	54.00
56.00	05600 RADIOISOTOPE	0	0	56.00
56.01	03630 ULTRA SOUND	0	0	56.01
57.00	05700 CT SCAN	0	0	57.00
58.00	05800 MRI	0	0	58.00
59.00	05900 CARDIAC CATHETERIZATION	0	0	59.00
60.00	06000 LABORATORY	0	0	60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0	0	63.00
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
70.00	07000 ELECTROENCEPHALOGRAPHY	0	0	70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0	0	73.00
74.00	07400 RENAL DIALYSIS	0	0	74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0	0	88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	89.00
90.00	09000 CLINIC	0	0	90.00
90.01	09001 DIABETOLOGY	0	0	90.01
90.03	09003 WOUND CARE	0	0	90.03
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: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 14T240

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Cost to Charge Ratio From worksheet C, Part I, col. 9	PPS Reimbursed Services (see instructions)	Charges			
			Cost Reimbursed Services Subject To Ded. & Coins. (see instructions)	Cost Reimbursed Services Not Subject To Ded. & Coins. (see instructions)		
	1.00	2.00	3.00	4.00		
ANCILLARY SERVICE COST CENTERS						
50.00 05000 OPERATING ROOM	0.279256	0	0	0		50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0.174806	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0.179930	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0.325898	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	0.055401	1,438	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	0.284473	5,126	0	0		54.00
56.00 05600 RADIOISOTOPE	0.159667	0	0	0		56.00
56.01 03630 ULTRA SOUND	0.108780	0	0	0		56.01
57.00 05700 CT SCAN	0.027552	0	0	0		57.00
58.00 05800 MRI	0.086819	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0.120945	0	0	0		59.00
60.00 06000 LABORATORY	0.121630	623	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0.188766	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0.158265	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0.359425	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0.242586	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0.308214	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	0.098612	246	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0.193790	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.277546	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0.498804	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0.100790	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0.299117	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS						
88.00 08800 RURAL HEALTH CLINIC	0.000000					88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000					89.00
90.00 09000 CLINIC	0.000000	0	0	0		90.00
90.01 09001 DIABETOLOGY	2.709810	0	0	0		90.01
90.03 09003 WOUND CARE	3.245024	0	0	0		90.03
91.00 09100 EMERGENCY	0.144341	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0.273810	0	0	0		92.00
200.00 Subtotal (see instructions)		7,433	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges			0	0		201.00
202.00 Net Charges (line 200 +/- line 201)		7,433	0	0		202.00

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

Provider CCN: 140240

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

Worksheet D
Part V
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 14T240

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Costs				
	PPS Services (see instructions)	Cost Services Subject To Ded. & Coins. (see instructions)	Cost Services Not Subject To Ded. & Coins. (see instructions)		
	5.00	6.00	7.00		
ANCILLARY SERVICE COST CENTERS					
50.00 05000 OPERATING ROOM	0	0	0		50.00
50.01 03340 GASTRO INTESTINAL SERVICES	0	0	0		50.01
51.00 05100 RECOVERY ROOM	0	0	0		51.00
52.00 05200 DELIVERY ROOM & LABOR ROOM	0	0	0		52.00
53.00 05300 ANESTHESIOLOGY	80	0	0		53.00
54.00 05400 RADIOLOGY-DIAGNOSTIC	1,458	0	0		54.00
56.00 05600 RADIOISOTOPE	0	0	0		56.00
56.01 03630 ULTRA SOUND	0	0	0		56.01
57.00 05700 CT SCAN	0	0	0		57.00
58.00 05800 MRI	0	0	0		58.00
59.00 05900 CARDIAC CATHETERIZATION	0	0	0		59.00
60.00 06000 LABORATORY	76	0	0		60.00
63.00 06300 BLOOD STORING, PROCESSING & TRANS.	0	0	0		63.00
65.00 06500 RESPIRATORY THERAPY	0	0	0		65.00
66.00 06600 PHYSICAL THERAPY	0	0	0		66.00
67.00 06700 OCCUPATIONAL THERAPY	0	0	0		67.00
68.00 06800 SPEECH PATHOLOGY	0	0	0		68.00
69.00 06900 ELECTROCARDIOLOGY	24	0	0		69.00
70.00 07000 ELECTROENCEPHALOGRAPHY	0	0	0		70.00
71.00 07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0	0	0		71.00
72.00 07200 IMPL. DEV. CHARGED TO PATIENTS	0	0	0		72.00
73.00 07300 DRUGS CHARGED TO PATIENTS	0	0	0		73.00
74.00 07400 RENAL DIALYSIS	0	0	0		74.00
OUTPATIENT SERVICE COST CENTERS					
88.00 08800 RURAL HEALTH CLINIC	0	0	0		88.00
89.00 08900 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0		89.00
90.00 09000 CLINIC	0	0	0		90.00
90.01 09001 DIABETOLOGY	0	0	0		90.01
90.03 09003 WOUND CARE	0	0	0		90.03
91.00 09100 EMERGENCY	0	0	0		91.00
92.00 09200 OBSERVATION BEDS (NON-DISTINCT PART	0	0	0		92.00
200.00 Subtotal (see instructions)	1,638	0	0		200.00
201.00 Less PBP Clinic Lab. Services-Program Only Charges		0			201.00
202.00 Net Charges (line 200 +/- line 201)	1,638	0	0		202.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240

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

Worksheet D-1

Date/Time Prepared:
11/29/2012 1:50 pm

Title XVIII		Hospital	PPS
Cost Center Description			1.00
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	19,169	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	19,169	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	16,509	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	7,288	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	12,611,147	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	12,611,147	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	43,304,997	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	43,304,997	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.291217	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	2,623.11	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	12,611,147	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	657.89	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	4,794,702	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	4,794,702	41.00

Cost Center Description	Title XVIII			Hospital	PPS	
	Total	Total	Average Per	Program Days	Program Cost	
	Inpatient Cost	Inpatient Days	Diem (col. 1 ÷ col. 2)		(col. 3 x col. 4)	
	1.00	2.00	3.00	4.00	5.00	
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0	42.00
Intensive Care Type Inpatient Hospital Units						
43.00 INTENSIVE CARE UNIT	3,590,083	2,959	1,213.28	1,093	1,326,115	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						
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					9,820,230	48.00
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					15,941,047	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)					462,052	50.00
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					583,592	51.00
52.00 Total Program excludable cost (sum of lines 50 and 51)					1,045,644	52.00
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					14,895,403	53.00
TARGET AMOUNT AND LIMIT COMPUTATION						
54.00 Program discharges					0	54.00
55.00 Target amount per discharge					0.00	55.00
56.00 Target amount (line 54 x line 55)					0	56.00
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0	57.00
58.00 Bonus payment (see instructions)					0	58.00
59.00 Lesser of lines 53/54 or 55 from the cost reporting period ending 1996, updated and compounded by the market basket					0.00	59.00
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00	60.00
61.00 If line 53/54 is less than the lower of lines 55, 59 or 60 enter the lesser of 50% of the amount by which operating costs (line 53) are less than expected costs (lines 54 x 60), or 1% of the target amount (line 56), otherwise enter zero (see instructions)					0	61.00
62.00 Relief payment (see instructions)					0	62.00
63.00 Allowable inpatient cost plus incentive payment (see instructions)					0	63.00
PROGRAM INPATIENT ROUTINE SWING BED COST						
64.00 Medicare swing-bed SNF inpatient routine costs through December 31 of the cost reporting period (See instructions)(title XVIII only)					0	64.00
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0	65.00
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0	66.00
67.00 Title V or XIX swing-bed NF inpatient routine costs through December 31 of the cost reporting period (line 12 x line 19)					0	67.00
68.00 Title V or XIX swing-bed NF inpatient routine costs after December 31 of the cost reporting period (line 13 x line 20)					0	68.00
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0	69.00
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY						
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)						70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)						71.00
72.00 Program routine service cost (line 9 x line 71)						72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)						73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)						74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)						75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)						76.00
77.00 Program capital-related costs (line 9 x line 76)						77.00
78.00 Inpatient routine service cost (line 74 minus line 77)						78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)						79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)						80.00
81.00 Inpatient routine service cost per diem limitation						81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)						82.00
83.00 Reasonable inpatient routine service costs (see instructions)						83.00
84.00 Program inpatient ancillary services (see instructions)						84.00
85.00 Utilization review - physician compensation (see instructions)						85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)						86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
87.00 Total observation bed days (see instructions)					2,660	87.00
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					657.89	88.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					1,749,987	89.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240

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

worksheet D-1
Date/Time Prepared:
11/29/2012 1:50 pm

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	900,047	12,611,147	0.071369	1,749,987	124,895	90.00
91.00 Nursing School cost	0	12,611,147	0.000000	1,749,987	0	91.00
92.00 Allied health cost	0	12,611,147	0.000000	1,749,987	0	92.00
93.00 All other Medical Education	0	12,611,147	0.000000	1,749,987	0	93.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1
		Component CCN: 14S240		Date/Time Prepared: 11/29/2012 1:50 pm
		Title XVIII	Subprovider - IPF	PPS
Cost Center Description				1.00
PART I - ALL PROVIDER COMPONENTS				
INPATIENT DAYS				
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)		10,327	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)		10,327	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.		0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)		10,327	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period		0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period		0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)		4,452	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)		0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period		0	12.00
13.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)		0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)		0	14.00
15.00	Total nursery days (title V or XIX only)		0	15.00
16.00	Nursery days (title V or XIX only)		0	16.00
SWING BED ADJUSTMENT				
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period		0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period		0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period		0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period		0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)		5,133,168	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)		0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)		0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)		0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)		0	25.00
26.00	Total swing-bed cost (see instructions)		0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)		5,133,168	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT				
28.00	General inpatient routine service charges (excluding swing-bed charges)		19,430,209	28.00
29.00	Private room charges (excluding swing-bed charges)		0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)		19,430,209	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)		0.264185	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)		0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)		1,881.50	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)		0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)		0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)		0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)		5,133,168	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY				
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS				
38.00	Adjusted general inpatient routine service cost per diem (see instructions)		497.06	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)		2,212,911	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)		0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)		2,212,911	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1	
		Component CCN: 14S240		Date/Time Prepared: 11/29/2012 1:50 pm	
		Title XVIII	Subprovider - IPF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 + col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
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)					360,608
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,573,519
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					270,993
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					22,538
52.00 Total Program excludable cost (sum of lines 50 and 51)					293,531
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthetist, and medical education costs (line 49 minus line 52)					2,279,988
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 Observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240

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

Worksheet D-1

Component CCN: 145240

Date/Time Prepared:
11/29/2012 1:50 pm

Title XVIII

Subprovider -
IPF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 ÷ column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)
	1.00	2.00	3.00	4.00	5.00
COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
90.00 Capital-related cost	628,596	5,133,168	0.122458	0	0 90.00
91.00 Nursing School cost	0	5,133,168	0.000000	0	0 91.00
92.00 Allied health cost	0	5,133,168	0.000000	0	0 92.00
93.00 All other Medical Education	0	5,133,168	0.000000	0	0 93.00

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240

Period: From 07/01/2011

Worksheet D-1

Component CCN: 14T240

To 06/30/2012

Date/Time Prepared: 11/29/2012 1:50 pm

Title XVIII

Subprovider - IRF

PPS

Cost Center Description		1.00	
PART I - ALL PROVIDER COMPONENTS			
INPATIENT DAYS			
1.00	Inpatient days (including private room days and swing-bed days, excluding newborn)	4,553	1.00
2.00	Inpatient days (including private room days, excluding swing-bed and newborn days)	4,553	2.00
3.00	Private room days (excluding swing-bed and observation bed days). If you have only private room days, do not complete this line.	0	3.00
4.00	Semi-private room days (excluding swing-bed and observation bed days)	4,553	4.00
5.00	Total swing-bed SNF type inpatient days (including private room days) through December 31 of the cost reporting period	0	5.00
6.00	Total swing-bed SNF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	6.00
7.00	Total swing-bed NF type inpatient days (including private room days) through December 31 of the cost reporting period	0	7.00
8.00	Total swing-bed NF type inpatient days (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	8.00
9.00	Total inpatient days including private room days applicable to the Program (excluding swing-bed and newborn days)	2,220	9.00
10.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) through December 31 of the cost reporting period (see instructions)	0	10.00
11.00	Swing-bed SNF type inpatient days applicable to title XVIII only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	11.00
12.00	Swing-bed NF type inpatient days applicable to titles V or XIX only (including private room days) through December 31 of the cost reporting period	0	12.00
13.00	Swing bed NF type inpatient days applicable to titles V or XIX only (including private room days) after December 31 of the cost reporting period (if calendar year, enter 0 on this line)	0	13.00
14.00	Medically necessary private room days applicable to the Program (excluding swing-bed days)	0	14.00
15.00	Total nursery days (title V or XIX only)	0	15.00
16.00	Nursery days (title V or XIX only)	0	16.00
SWING BED ADJUSTMENT			
17.00	Medicare rate for swing-bed SNF services applicable to services through December 31 of the cost reporting period	0.00	17.00
18.00	Medicare rate for swing-bed SNF services applicable to services after December 31 of the cost reporting period	0.00	18.00
19.00	Medicaid rate for swing-bed NF services applicable to services through December 31 of the cost reporting period	0.00	19.00
20.00	Medicaid rate for swing-bed NF services applicable to services after December 31 of the cost reporting period	0.00	20.00
21.00	Total general inpatient routine service cost (see instructions)	3,276,118	21.00
22.00	Swing-bed cost applicable to SNF type services through December 31 of the cost reporting period (line 5 x line 17)	0	22.00
23.00	Swing-bed cost applicable to SNF type services after December 31 of the cost reporting period (line 6 x line 18)	0	23.00
24.00	Swing-bed cost applicable to NF type services through December 31 of the cost reporting period (line 7 x line 19)	0	24.00
25.00	Swing-bed cost applicable to NF type services after December 31 of the cost reporting period (line 8 x line 20)	0	25.00
26.00	Total swing-bed cost (see instructions)	0	26.00
27.00	General inpatient routine service cost net of swing-bed cost (line 21 minus line 26)	3,276,118	27.00
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT			
28.00	General inpatient routine service charges (excluding swing-bed charges)	8,550,213	28.00
29.00	Private room charges (excluding swing-bed charges)	0	29.00
30.00	Semi-private room charges (excluding swing-bed charges)	8,550,213	30.00
31.00	General inpatient routine service cost/charge ratio (line 27 ÷ line 28)	0.383162	31.00
32.00	Average private room per diem charge (line 29 ÷ line 3)	0.00	32.00
33.00	Average semi-private room per diem charge (line 30 ÷ line 4)	1,877.93	33.00
34.00	Average per diem private room charge differential (line 32 minus line 33)(see instructions)	0.00	34.00
35.00	Average per diem private room cost differential (line 34 x line 31)	0.00	35.00
36.00	Private room cost differential adjustment (line 3 x line 35)	0	36.00
37.00	General inpatient routine service cost net of swing-bed cost and private room cost differential (line 27 minus line 36)	3,276,118	37.00
PART II - HOSPITAL AND SUBPROVIDERS ONLY			
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS			
38.00	Adjusted general inpatient routine service cost per diem (see instructions)	719.55	38.00
39.00	Program general inpatient routine service cost (line 9 x line 38)	1,597,401	39.00
40.00	Medically necessary private room cost applicable to the Program (line 14 x line 35)	0	40.00
41.00	Total Program general inpatient routine service cost (line 39 + line 40)	1,597,401	41.00

COMPUTATION OF INPATIENT OPERATING COST		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet D-1	
		Component CCN: 14T240		Date/Time Prepared: 11/29/2012 1:50 pm	
		Title XVIII	Subprovider - IRF	PPS	
Cost Center Description	Total Inpatient Cost	Total Inpatient Days	Average Per Diem (col. 1 ÷ col. 2)	Program Days	Program Cost (col. 3 x col. 4)
	1.00	2.00	3.00	4.00	5.00
42.00 NURSERY (title V & XIX only)	0	0	0.00	0	0
Intensive Care Type Inpatient Hospital Units					
43.00 INTENSIVE CARE UNIT	0	0	0.00	0	0
44.00 CORONARY CARE UNIT					44.00
45.00 BURN INTENSIVE CARE UNIT					45.00
46.00 SURGICAL INTENSIVE CARE UNIT					46.00
47.00 OTHER SPECIAL CARE (SPECIFY)					47.00
Cost Center Description					
					1.00
48.00 Program inpatient ancillary service cost (wkst. D-3, col. 3, line 200)					1,105,827
49.00 Total Program inpatient costs (sum of lines 41 through 48)(see instructions)					2,703,228
PASS THROUGH COST ADJUSTMENTS					
50.00 Pass through costs applicable to Program inpatient routine services (from wkst. D, sum of Parts I and III)					266,067
51.00 Pass through costs applicable to Program inpatient ancillary services (from wkst. D, sum of Parts II and IV)					63,187
52.00 Total Program excludable cost (sum of lines 50 and 51)					329,254
53.00 Total Program inpatient operating cost excluding capital related, non-physician anesthesiologist, and medical education costs (line 49 minus line 52)					2,373,974
TARGET AMOUNT AND LIMIT COMPUTATION					
54.00 Program discharges					0
55.00 Target amount per discharge					0.00
56.00 Target amount (line 54 x line 55)					0
57.00 Difference between adjusted inpatient operating cost and target amount (line 56 minus line 53)					0
58.00 Bonus payment (see instructions)					0
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
60.00 Lesser of lines 53/54 or 55 from prior year cost report, updated by the market basket					0.00
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
62.00 Relief payment (see instructions)					0
63.00 Allowable Inpatient cost plus incentive payment (see instructions)					0
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
65.00 Medicare swing-bed SNF inpatient routine costs after December 31 of the cost reporting period (See instructions)(title XVIII only)					0
66.00 Total Medicare swing-bed SNF inpatient routine costs (line 64 plus line 65)(title XVIII only). For CAH (see instructions)					0
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
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
69.00 Total title V or XIX swing-bed NF inpatient routine costs (line 67 + line 68)					0
PART III - SKILLED NURSING FACILITY, OTHER NURSING FACILITY, AND ICF/MR ONLY					
70.00 Skilled nursing facility/other nursing facility/ICF/MR routine service cost (line 37)					70.00
71.00 Adjusted general inpatient routine service cost per diem (line 70 ÷ line 2)					71.00
72.00 Program routine service cost (line 9 x line 71)					72.00
73.00 Medically necessary private room cost applicable to Program (line 14 x line 35)					73.00
74.00 Total Program general inpatient routine service costs (line 72 + line 73)					74.00
75.00 Capital-related cost allocated to inpatient routine service costs (from worksheet B, Part II, column 26, line 45)					75.00
76.00 Per diem capital-related costs (line 75 ÷ line 2)					76.00
77.00 Program capital-related costs (line 9 x line 76)					77.00
78.00 Inpatient routine service cost (line 74 minus line 77)					78.00
79.00 Aggregate charges to beneficiaries for excess costs (from provider records)					79.00
80.00 Total Program routine service costs for comparison to the cost limitation (line 78 minus line 79)					80.00
81.00 Inpatient routine service cost per diem limitation					81.00
82.00 Inpatient routine service cost limitation (line 9 x line 81)					82.00
83.00 Reasonable inpatient routine service costs (see instructions)					83.00
84.00 Program inpatient ancillary services (see instructions)					84.00
85.00 Utilization review - physician compensation (see instructions)					85.00
86.00 Total Program inpatient operating costs (sum of lines 83 through 85)					86.00
PART IV - COMPUTATION OF OBSERVATION BED PASS THROUGH COST					
87.00 Total observation bed days (see instructions)					0
88.00 Adjusted general inpatient routine cost per diem (line 27 ÷ line 2)					0.00
89.00 observation bed cost (line 87 x line 88) (see instructions)					0

COMPUTATION OF INPATIENT OPERATING COST

Provider CCN: 140240

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

Worksheet D-1

Component CCN: 14T240

Date/Time Prepared:
11/29/2012 1:50 pm

Title XVIII

Subprovider -
IRF

PPS

Cost Center Description	Cost	Routine Cost (from line 27)	column 1 + column 2	Total Observation Bed Cost (from line 89)	Observation Bed Pass Through Cost (col. 3 x col. 4) (see instructions)	
	1.00	2.00	3.00	4.00	5.00	
COMPUTATION OF OBSERVATION BED PASS THROUGH COST						
90.00 Capital-related cost	545,657	3,276,118	0.166556	0	0	90.00
91.00 Nursing School cost	0	3,276,118	0.000000	0	0	91.00
92.00 Allied health cost	0	3,276,118	0.000000	0	0	92.00
93.00 All other Medical Education	0	3,276,118	0.000000	0	0	93.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3	
		Title XVIII	Hospital	PPS	
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)	
		1.00	2.00	3.00	
INPATIENT ROUTINE SERVICE COST CENTERS					
30.00	03000	ADULTS & PEDIATRICS			30.00
31.00	03100	INTENSIVE CARE UNIT		19,152,822	31.00
40.00	04000	SUBPROVIDER - IPF		3,896,394	40.00
41.00	04100	SUBPROVIDER - IRF		0	41.00
43.00	04300	NURSERY		0	43.00
ANCILLARY SERVICE COST CENTERS					
50.00	05000	OPERATING ROOM	0.280183	4,657,491	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.174806	533,438	50.01
51.00	05100	RECOVERY ROOM	0.179930	623,103	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325898	16,024	52.00
53.00	05300	ANESTHESIOLOGY	0.056011	693,971	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284473	1,927,735	54.00
56.00	05600	RADIOISOTOPE	0.159667	520,815	56.00
56.01	03630	ULTRA SOUND	0.108780	877,856	56.01
57.00	05700	CT SCAN	0.027552	2,391,347	57.00
58.00	05800	MRI	0.086819	496,291	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121748	3,838,272	59.00
60.00	06000	LABORATORY	0.121630	10,465,591	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.188766	907,562	63.00
65.00	06500	RESPIRATORY THERAPY	0.158515	2,376,693	65.00
66.00	06600	PHYSICAL THERAPY	0.359425	274,476	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.242586	199,543	67.00
68.00	06800	SPEECH PATHOLOGY	0.308214	133,632	68.00
69.00	06900	ELECTROCARDIOLOGY	0.098612	2,259,771	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193790	57,725	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277546	2,533,698	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498804	2,986,682	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.100790	15,719,280	73.00
74.00	07400	RENAL DIALYSIS	0.299117	924,629	74.00
OUTPATIENT SERVICE COST CENTERS					
88.00	08800	RURAL HEALTH CLINIC	0.000000		88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		89.00
90.00	09000	CLINIC	0.000000	0	90.00
90.01	09001	DIABETOLOGY	2.709810	0	90.01
90.03	09003	WOUND CARE	3.245024	0	90.03
91.00	09100	EMERGENCY	0.144515	2,733,462	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.273810	987,243	92.00
200.00		Total (sum of lines 50-94 and 96-98)		59,136,330	200.00
201.00		Less PBP Clinic Laboratory Services-Program only charges (line 61)		0	201.00
202.00		Net Charges (line 200 minus line 201)		59,136,330	202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3		
		Component CCN: 14S240	Date/Time Prepared: 11/29/2012 1:50 pm			
		Title XVIII	Subprovider - IPF	PPS		
Cost Center Description	Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)			
	1.00	2.00	3.00			
INPATIENT ROUTINE SERVICE COST CENTERS						
30.00	03000	ADULTS & PEDIATRICS		0	30.00	
31.00	03100	INTENSIVE CARE UNIT		0	31.00	
40.00	04000	SUBPROVIDER - IPF		8,320,452	40.00	
41.00	04100	SUBPROVIDER - IRF		0	41.00	
43.00	04300	NURSERY			43.00	
ANCILLARY SERVICE COST CENTERS						
50.00	05000	OPERATING ROOM	0.280183	2,030	569	50.00
50.01	03340	GASTRO INTESTINAL SERVICES	0.174806	0	0	50.01
51.00	05100	RECOVERY ROOM	0.179930	0	0	51.00
52.00	05200	DELIVERY ROOM & LABOR ROOM	0.325898	0	0	52.00
53.00	05300	ANESTHESIOLOGY	0.056011	106,155	5,946	53.00
54.00	05400	RADIOLOGY-DIAGNOSTIC	0.284473	44,789	12,741	54.00
56.00	05600	RADIOISOTOPE	0.159667	3,684	588	56.00
56.01	03630	ULTRA SOUND	0.108780	11,462	1,247	56.01
57.00	05700	CT SCAN	0.027552	50,331	1,387	57.00
58.00	05800	MRI	0.086819	5,434	472	58.00
59.00	05900	CARDIAC CATHETERIZATION	0.121748	31,716	3,861	59.00
60.00	06000	LABORATORY	0.121630	696,893	84,763	60.00
63.00	06300	BLOOD STORING, PROCESSING & TRANS.	0.188766	0	0	63.00
65.00	06500	RESPIRATORY THERAPY	0.158515	16,521	2,619	65.00
66.00	06600	PHYSICAL THERAPY	0.359425	7,233	2,600	66.00
67.00	06700	OCCUPATIONAL THERAPY	0.242586	1,640	398	67.00
68.00	06800	SPEECH PATHOLOGY	0.308214	1,600	493	68.00
69.00	06900	ELECTROCARDIOLOGY	0.098612	129,199	12,741	69.00
70.00	07000	ELECTROENCEPHALOGRAPHY	0.193790	0	0	70.00
71.00	07100	MEDICAL SUPPLIES CHARGED TO PATIENT	0.277546	8,541	2,371	71.00
72.00	07200	IMPL. DEV. CHARGED TO PATIENTS	0.498804	1,693	844	72.00
73.00	07300	DRUGS CHARGED TO PATIENTS	0.100790	1,694,186	170,757	73.00
74.00	07400	RENAL DIALYSIS	0.299117	1,557	466	74.00
OUTPATIENT SERVICE COST CENTERS						
88.00	08800	RURAL HEALTH CLINIC	0.000000		0	88.00
89.00	08900	FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0	89.00
90.00	09000	CLINIC	0.000000	0	0	90.00
90.01	09001	DIABETOLOGY	2.709810	0	0	90.01
90.03	09003	WOUND CARE	3.245024	0	0	90.03
91.00	09100	EMERGENCY	0.144515	385,739	55,745	91.00
92.00	09200	OBSERVATION BEDS (NON-DISTINCT PART	0.273810	0	0	92.00
200.00		Total (sum of lines 50-94 and 96-98)		3,200,403	360,608	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)		3,200,403		202.00

INPATIENT ANCILLARY SERVICE COST APPORTIONMENT		Provider CCN: 140240 Component CCN: 14T240	Period: From 07/01/2011 To 06/30/2012	Worksheet D-3 Date/Time Prepared: 11/29/2012 1:50 pm
Cost Center Description		Ratio of Cost To Charges	Inpatient Program Charges	Inpatient Program Costs (col. 1 x col. 2)
		1.00	2.00	3.00
INPATIENT ROUTINE SERVICE COST CENTERS				
30.00	03000 ADULTS & PEDIATRICS		0	30.00
31.00	03100 INTENSIVE CARE UNIT		0	31.00
40.00	04000 SUBPROVIDER - IPF		0	40.00
41.00	04100 SUBPROVIDER - IRF		4,160,889	41.00
43.00	04300 NURSERY			43.00
ANCILLARY SERVICE COST CENTERS				
50.00	05000 OPERATING ROOM	0.280183	4,016	1,125 50.00
50.01	03340 GASTRO INTESTINAL SERVICES	0.174806	0	0 50.01
51.00	05100 RECOVERY ROOM	0.179930	0	0 51.00
52.00	05200 DELIVERY ROOM & LABOR ROOM	0.325898	0	0 52.00
53.00	05300 ANESTHESIOLOGY	0.056011	0	0 53.00
54.00	05400 RADIOLOGY-DIAGNOSTIC	0.284473	50,375	14,330 54.00
56.00	05600 RADIOISOTOPE	0.159667	0	0 56.00
56.01	03630 ULTRA SOUND	0.108780	6,162	670 56.01
57.00	05700 CT SCAN	0.027552	47,088	1,297 57.00
58.00	05800 MRI	0.086819	0	0 58.00
59.00	05900 CARDIAC CATHETERIZATION	0.121748	6,436	784 59.00
60.00	06000 LABORATORY	0.121630	624,886	76,005 60.00
63.00	06300 BLOOD STORING, PROCESSING & TRANS.	0.188766	31,831	6,009 63.00
65.UU	06500 RESPIRATORY THERAPY	0.158515	126,739	20,090 65.00
66.00	06600 PHYSICAL THERAPY	0.359425	919,425	330,464 66.00
67.00	06700 OCCUPATIONAL THERAPY	0.242586	1,343,612	325,941 67.00
68.00	06800 SPEECH PATHOLOGY	0.308214	198,605	61,213 68.00
69.00	06900 ELECTROCARDIOLOGY	0.098612	14,400	1,420 69.00
70.00	07000 ELECTROENCEPHALOGRAPHY	0.193790	809	157 70.00
71.00	07100 MEDICAL SUPPLIES CHARGED TO PATIENT	0.277546	72,862	20,223 71.00
72.00	07200 IMPL. DEV. CHARGED TO PATIENTS	0.498804	1,000	499 72.00
73.00	07300 DRUGS CHARGED TO PATIENTS	0.100790	1,465,217	147,679 73.00
74.00	07400 RENAL DIALYSIS	0.299117	325,367	97,323 74.00
OUTPATIENT SERVICE COST CENTERS				
88.00	08800 RURAL HEALTH CLINIC	0.000000		0 88.00
89.00	08900 FEDERALLY QUALIFIED HEALTH CENTER	0.000000		0 89.00
90.00	09000 CLINIC	0.000000	0	0 90.00
90.01	09001 DIABETOLOGY	2.709810	0	0 90.01
90.03	09003 WOUND CARE	3.245024	0	0 90.03
91.00	09100 EMERGENCY	0.144515	4,140	598 91.00
92.00	09200 OBSERVATION BEDS (NON-DISTINCT PART	0.273810	0	0 92.00
200.00	Total (sum of lines 50-94 and 96-98)		5,242,970	1,105,827 200.00
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)		5,242,970	202.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240

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

Worksheet E
Part A
Date/Time Prepared:
11/29/2012 1:50 pm

		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	14,066,028					1.00
2.00	Outlier payments for discharges. (see instructions)	610,637					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	1,122,007					3.00
4.00	Bed days available divided by number of days in the cost reporting period (see instructions)	110.44					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)	36.87					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)	36.87					9.00
10.00	FTE count for allopathic and osteopathic programs in the current year from your records	30.53					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)	30.53					12.00
13.00	Total allowable FTE count for the prior year.	34.88					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.	30.68					14.00
15.00	Sum of lines 12 through 14 divided by 3.	32.03					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	32.03					18.00
19.00	Current year resident to bed ratio (line 18 divided by line 4).	0.290022					19.00
20.00	Prior year resident to bed ratio (see instructions)	0.325161					20.00
21.00	Enter the lesser of lines 19 or 20 (see instructions)	0.290022					21.00
22.00	IME payment adjustment (see instructions)	2,227,599					22.00
Indirect Medical Education Adjustment for the Add-on for Section 422 of the MMA							
23.00	Number of additional allopathic and osteopathic IME FTE resident cap slots under 42 Sec. 412.105 (f)(1)(iv)(C).	0.00					23.00
24.00	IME FTE Resident Count Over Cap (see instructions)	0.00					24.00
25.00	If the amount on line 24 is greater than -0-, then enter the lower of line 23 or line 24 (see instructions)	0.00					25.00
26.00	Resident to bed ratio (divide line 25 by line 4)	0.000000					26.00
27.00	IME payments adjustment. (see instructions)	0.000000					27.00
28.00	IME Adjustment (see instructions)	0					28.00
29.00	Total IME payment (sum of lines 22 and 28)	2,227,599					29.00
Disproportionate Share Adjustment							
30.00	Percentage of SSI recipient patient days to Medicare Part A patient days (see instructions)	7.84					30.00
31.00	Percentage of Medicaid patient days to total days reported on worksheet S-2, Part I, line 24. (see instructions)	37.60					31.00
32.00	Sum of lines 30 and 31	45.44					32.00
33.00	Allowable disproportionate share percentage (see instructions)	26.70					33.00
34.00	Disproportionate share adjustment (see instructions)	3,755,629					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)	20,659,893					47.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part A Date/Time Prepared: 11/29/2012 1:50 pm
		Title XVIII	Hospital	PPS
			before 1/1	on/after 1/1
			1.00	1.01
48.00	Hospital specific payments (to be completed by SCH and MDH, small rural hospitals only.(see instructions)		0	48.00
49.00	Total payment for inpatient operating costs SCH and MDH only (see instructions)		20,659,893	49.00
50.00	Payment for inpatient program capital (from worksheet L, Parts I, II, as applicable)		1,486,134	50.00
51.00	Exception payment for inpatient program capital (Worksheet L, Part III, see instructions)		0	51.00
52.00	Direct graduate medical education payment (from worksheet E-4, line 49 see instructions).		1,426,068	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)		23,572,095	59.00
60.00	Primary payer payments		0	60.00
61.00	Total amount payable for program beneficiaries (line 59 minus line 60)		23,572,095	61.00
62.00	Deductibles billed to program beneficiaries		1,146,192	62.00
63.00	Coinsurance billed to program beneficiaries		234,988	63.00
64.00	Allowable bad debts (see instructions)		806,559	64.00
65.00	Adjusted reimbursable bad debts (see instructions)		564,591	65.00
66.00	Allowable bad debts for dual eligible beneficiaries (see instructions)		558,202	66.00
67.00	Subtotal (line 61 plus line 65 minus lines 62 and 63)		22,755,506	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)		22,755,506	71.00
72.00	Interim payments		23,013,878	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)		-258,372	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

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240

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

Worksheet E
Part B
Date/Time Prepared:
11/29/2012 1:50 pm

		Title XVIII	Hospital	PPS		
					1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES						
1.00	Medical and other services (see instructions)			2,672	1.00	
2.00	Medical and other services reimbursed under OPPS (see instructions)			4,243,467	2.00	
3.00	PPS payments			4,218,730	3.00	
4.00	Outlier payment (see instructions)			86,238	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)			2,672	11.00	
COMPUTATION OF LESSER OF COST OR CHARGES						
Reasonable charges						
12.00	Ancillary service charges			26,509	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)			26,509	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)			26,509	18.00	
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)			23,837	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)			2,672	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)			4,304,968	24.00	
COMPUTATION OF REIMBURSEMENT SETTLEMENT						
25.00	Deductibles and coinsurance (for CAH, see instructions)			926,219	25.00	
26.00	Deductibles and coinsurance relating to amount on line 24 (for CAH, see instructions)			0	26.00	
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)			3,381,421	27.00	
28.00	Direct graduate medical education payments (from worksheet E-4, line 50)			285,270	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)			3,666,691	30.00	
31.00	Primary payer payments			4,011	31.00	
32.00	Subtotal (line 30 minus line 31)			3,662,680	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)			396,106	34.00	
35.00	Adjusted reimbursable bad debts (see instructions)			277,274	35.00	
36.00	Allowable bad debts for dual eligible beneficiaries (see instructions)			265,506	36.00	
37.00	Subtotal (sum of lines 32, 33, and 34 or 35) (line 35 hospital and subprovider only)			3,939,954	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)			3,939,954	40.00	
41.00	Interim payments			3,376,341	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)			563,613	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: 140240

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

Worksheet E
Part B
Date/Time Prepared:
11/29/2012 1:50 pm

Title XVIII

Hospital

PPS

Overrides

1.00

WORKSHEET OVERRIDE VALUES

112.00 override of Ancillary service charges (line 12)

0112.00

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 1:50 pm
		Component CCN: 14S240	Title XVIII	Subprovider - IPF
				PPS
				1.00
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		615	2.00
3.00	PPS payments		407	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		407	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		81	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		326	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)		326	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		326	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)		326	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)		326	40.00
41.00	Interim payments		325	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)		1	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: 140240	Period: From 07/01/2011	Worksheet E
Component CCN: 145240	To 06/30/2012	Part B
		Date/Time Prepared: 11/29/2012 1:50 pm
Title XVIII	Subprovider - IPF	PPS

	Overrides	
	1.00	

WORKSHEET OVERRIDE VALUES

112.00	Override of Ancillary service charges (line 12)	0	112.00
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CALCULATION OF REIMBURSEMENT SETTLEMENT	Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 1:50 pm
	Component CCN: 14T240	Title XVIII	Subprovider - IRF
			PPS

			1.00	
PART B - MEDICAL AND OTHER HEALTH SERVICES				
1.00	Medical and other services (see instructions)		0	1.00
2.00	Medical and other services reimbursed under OPPS (see instructions)		1,638	2.00
3.00	PPS payments		2,488	3.00
4.00	Outlier payment (see instructions)		0	4.00
5.00	Enter the hospital specific payment to cost ratio (see instructions)		0.000	5.00
6.00	Line 2 times line 5		0	6.00
7.00	Sum of line 3 plus line 4 divided by line 6		0.00	7.00
8.00	Transitional corridor payment (see instructions)		0	8.00
9.00	Ancillary service other pass through costs from worksheet D, Part IV, column 13, line 200		0	9.00
10.00	Organ acquisitions		0	10.00
11.00	Total cost (sum of lines 1 and 10) (see instructions)		0	11.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable charges				
12.00	Ancillary service charges		0	12.00
13.00	Organ acquisition charges (from worksheet D-4, Part III, line 69, col. 4)		0	13.00
14.00	Total reasonable charges (sum of lines 12 and 13)		0	14.00
Customary charges				
15.00	Aggregate amount actually collected from patients liable for payment for services on a charge basis		0	15.00
16.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)		0	16.00
17.00	Ratio of line 15 to line 16 (not to exceed 1.000000)		0.000000	17.00
18.00	Total customary charges (see instructions)		0	18.00
19.00	Excess of customary charges over reasonable cost (complete only if line 18 exceeds line 11) (see instructions)		0	19.00
20.00	Excess of reasonable cost over customary charges (complete only if line 11 exceeds line 18) (see instructions)		0	20.00
21.00	Lesser of cost or charges (line 11 minus line 20) (for CAH see instructions)		0	21.00
22.00	Interns and residents (see instructions)		0	22.00
23.00	Cost of teaching physicians (see instructions, 42 CFR 415.160 and CMS Pub. 15-1, section 2148)		0	23.00
24.00	Total prospective payment (sum of lines 3, 4, 8 and 9)		2,488	24.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
25.00	Deductibles and coinsurance (for CAH, see instructions)		546	25.00
26.00	Deductibles and Coinsurance relating to amount on line 24 (for CAH, see instructions)		0	26.00
27.00	Subtotal {(lines 21 and 24 - the sum of lines 25 and 26) plus the sum of lines 22 and 23} (for CAH, see instructions)		1,942	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)		1,942	30.00
31.00	Primary payer payments		0	31.00
32.00	Subtotal (line 30 minus line 31)		1,942	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)		1,942	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)		1,942	40.00
41.00	Interim payments		1,942	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)		0	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: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet E Part B Date/Time Prepared: 11/29/2012 1:50 pm
Component CCN: 14T240	Title XVIII	Subprovider - IRF
		PPS
		Overrides
		1.00

WORKSHEET OVERRIDE VALUES

112.00	override of Ancillary service charges (line 12)	0	112.00
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		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		23,013,878		3,376,341	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)		23,013,878		3,376,341	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		563,613	6.01
6.02	SETTLEMENT TO PROGRAM		258,372		0	6.02
7.00	Total Medicare program liability (see instructions)		22,755,506		3,939,954	7.00
				Contractor Number	Date (Mo/Day/Yr)	
			0	1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140240
Component CCN: 14S240

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

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Title XVIII

Subprovider -
IPF

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		3,031,651		325	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)		3,031,651		325	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		1	6.01
6.02	SETTLEMENT TO PROGRAM		0		0	6.02
7.00	Total Medicare program liability (see instructions)		3,031,651		326	7.00
				Contractor Number	Date (Mo/Day/Yr)	
		0		1.00	2.00	
8.00	Name of Contractor					8.00

ANALYSIS OF PAYMENTS TO PROVIDERS FOR SERVICES RENDERED

Provider CCN: 140240
Component CCN: 14T240

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

Worksheet E-1
Part I
Date/Time Prepared:
11/29/2012 1:50 pm

Title XVIII

Subprovider -
IRF

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		3,486,687		1,942	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)		3,486,687		1,942	4.00
TO BE COMPLETED BY CONTRACTOR						
5.00	List separately each tentative settlement payment after desk review. Also show date of each payment. If none, write "NONE" or enter a zero. (1)					5.00
Program to Provider						
5.01	TENTATIVE TO PROVIDER		0		0	5.01
5.02			0		0	5.02
5.03			0		0	5.03
Provider to Program						
5.50	TENTATIVE TO PROGRAM		0		0	5.50
5.51			0		0	5.51
5.52			0		0	5.52
5.99	Subtotal (sum of lines 5.01-5.49 minus sum of lines 5.50-5.98)		0		0	5.99
6.00	Determined net settlement amount (balance due) based on the cost report. (1)					6.00
6.01	SETTLEMENT TO PROVIDER		0		0	6.01
6.02	SETTLEMENT TO PROGRAM		16,962		0	6.02
7.00	Total Medicare program liability (see instructions)		3,469,725		1,942	7.00
				Contractor Number	Date (Mo/Day/Yr)	
				1.00	2.00	
8.00	Name of Contractor		0			8.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240

Period: From 07/01/2011

Worksheet E-3

Component CCN: 145240

To 06/30/2012

Part II
Date/Time Prepared:
11/29/2012 1:50 pm

Title XVIII

Subprovider -
IPF

PPS

1.00

PART II - MEDICARE PART A SERVICES - IPF PPS

1.00	Net Federal IPF PPS Payments (excluding outlier, ECT, and medical education payments)	3,294,285	1.00
2.00	Net IPF PPS Outlier Payments	8,886	2.00
3.00	Net IPF PPS ECT Payments	41,473	3.00
4.00	Unweighted intern and resident FTE count in the most recent cost report filed on or before November 15, 2004. (see instructions)	0.00	4.00
5.00	New Teaching program adjustment. (see instructions)	0.00	5.00
6.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	6.00
7.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Intern and resident count for IPF PPS medical education adjustment (see instructions)	0.00	8.00
9.00	Average Daily Census (see instructions)	28.215847	9.00
10.00	Medical Education Adjustment Factor $\{((1 + (\text{line 8}/\text{line 9})) \text{ raised to the power of } .5150 - 1)\}$.	0.000000	10.00
11.00	Medical Education Adjustment (line 1 multiplied by line 10).	0	11.00
12.00	Adjusted Net IPF PPS Payments (sum of lines 1, 2, 3 and 11)	3,344,644	12.00
13.00	Nursing and Allied Health Managed Care payment (see instruction)	0	13.00
14.00	Organ acquisition	0	14.00
15.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0	15.00
16.00	Subtotal (see instructions)	3,344,644	16.00
17.00	Primary payer payments	0	17.00
18.00	Subtotal (line 16 less line 17).	3,344,644	18.00
19.00	Deductibles	150,816	19.00
20.00	Subtotal (line 18 minus line 19)	3,193,828	20.00
21.00	Coinsurance	162,177	21.00
22.00	Subtotal (line 20 minus line 21)	3,031,651	22.00
23.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	23.00
24.00	Adjusted reimbursable bad debts (see instructions)	0	24.00
25.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	25.00
26.00	Subtotal (sum of lines 22 and 24)	3,031,651	26.00
27.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0	27.00
28.00	Other pass through costs (see instructions)	0	28.00
29.00	Outlier payments reconciliation	0	29.00
30.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	30.00
30.99	Recovery of Accelerated Depreciation	0	30.99
31.00	Total amount payable to the provider (see instructions)	3,031,651	31.00
32.00	Interim payments	3,031,651	32.00
33.00	Tentative settlement (for contractor use only)	0	33.00
34.00	Balance due provider/program (line 31 minus the sum lines 32 and 33)	0	34.00
35.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	35.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from worksheet E-3, Part II, line 2	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time value of Money	0.00	52.00
53.00	Time value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240

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

Worksheet E-3
Part III
Date/Time Prepared:
11/29/2012 1:50 pm

Component CCN: 14T240

Title XVIII

Subprovider -
IRF

PPS

1.00

PART III - MEDICARE PART A SERVICES - IRF PPS

1.00	Net Federal PPS Payment (see instructions)	2,655,362	1.00
2.00	Medicare SSI ratio (IRF PPS only) (see instructions)	0.0186	2.00
3.00	Inpatient Rehabilitation LIP Payments (see instructions)	262,103	3.00
4.00	Outlier Payments	645,651	4.00
5.00	Unweighted intern and resident FTE count in the most recent cost reporting period ending on or prior to November 15, 2004 (see instructions)	0.00	5.00
6.00	New Teaching program adjustment. (see instructions)	0.00	6.00
7.00	Current year's unweighted FTE count of I&R other than FTEs in the first 3 years of a "new teaching program". (see inst.)	0.00	7.00
8.00	Current year's unweighted I&R FTE count for residents within the first 3 years of a "new teaching program". (see inst.)	0.00	8.00
9.00	Intern and resident count for IRF PPS medical education adjustment (see instructions)	0.00	9.00
10.00	Average Daily Census (see instructions)	12.439891	10.00
11.00	Medical Education Adjustment Factor $\{((1 + (\text{line 9}/\text{line 10})) \text{ raised to the power of } .6876 - 1)\}$.	0.000000	11.00
12.00	Medical Education Adjustment (line 1 multiplied by line 11).	0	12.00
13.00	Total PPS Payment (sum of lines 1, 3, 4 and 12)	3,563,116	13.00
14.00	Nursing and Allied Health Managed Care payment (see instruction)	0	14.00
15.00	Organ acquisition	0	15.00
16.00	Cost of teaching physicians (from worksheet D-5, Part II, column 3, line 20) (see instructions)	0	16.00
17.00	Subtotal (see instructions)	3,563,116	17.00
18.00	Primary payer payments	0	18.00
19.00	Subtotal (line 17 less line 18).	3,563,116	19.00
20.00	Deductibles	20,592	20.00
21.00	Subtotal (line 19 minus line 20)	3,542,524	21.00
22.00	Coinsurance	72,799	22.00
23.00	Subtotal (line 21 minus line 22)	3,469,725	23.00
24.00	Allowable bad debts (exclude bad debts for professional services) (see instructions)	0	24.00
25.00	Adjusted reimbursable bad debts (see instructions)	0	25.00
26.00	Allowable bad debts for dual eligible beneficiaries (see instructions)	0	26.00
27.00	Subtotal (sum of lines 23 and 25)	3,469,725	27.00
28.00	Direct graduate medical education payments (from worksheet E-4, line 49)	0	28.00
29.00	Other pass through costs (see instructions)	0	29.00
30.00	Outlier payments reconciliation	0	30.00
31.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)	0	31.00
31.99	Recovery of Accelerated Depreciation	0	31.99
32.00	Total amount payable to the provider (see instructions)	3,469,725	32.00
33.00	Interim payments	3,486,687	33.00
34.00	Tentative settlement (for contractor use only)	0	34.00
35.00	Balance due provider/program (line 32 minus the sum lines 33 and 34)	-16,962	35.00
36.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub. 15-2, section 115.2	0	36.00
TO BE COMPLETED BY CONTRACTOR			
50.00	Original outlier amount from Worksheet E-3, Part III, line 4	0	50.00
51.00	Outlier reconciliation adjustment amount (see instructions)	0	51.00
52.00	The rate used to calculate the Time value of Money	0.00	52.00
53.00	Time Value of Money (see instructions)	0	53.00

CALCULATION OF REIMBURSEMENT SETTLEMENT

Provider CCN: 140240

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

Worksheet E-3
Part VII
Date/Time Prepared:
11/29/2012 1:50 pm

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2012 1:50 pm
		Component CCN: 14S240	Title XIX	Subprovider - IPF
		Cost		

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

CALCULATION OF REIMBURSEMENT SETTLEMENT		Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet E-3 Part VII Date/Time Prepared: 11/29/2012 1:50 pm
		Component CCN: 14T240	Title XIX	Subprovider - IRF
				Cost
				1.00
PART VII - CALCULATION OF REIMBURSEMENT - ALL OTHER HEALTH SERVICES FOR TITLES V OR XIX SERVICES				
COMPUTATION OF NET COST OF COVERED SERVICES				
1.00	Inpatient hospital/SNF/NF services			0 1.00
2.00	Medical and other services			0 2.00
3.00	Organ acquisition (certified transplant centers only)			0 3.00
4.00	Subtotal (sum of lines 1, 2 and 3)			0 4.00
5.00	Inpatient primary payer payments			0 5.00
6.00	Outpatient primary payer payments			0 6.00
7.00	Subtotal (line 4 less sum of lines 5 and 6)			0 7.00
COMPUTATION OF LESSER OF COST OR CHARGES				
Reasonable Charges				
8.00	Routine service charges			0 8.00
9.00	Ancillary service charges			0 9.00
10.00	Organ acquisition charges, net of revenue			0 10.00
11.00	Incentive from target amount computation			0 11.00
12.00	Total reasonable charges (sum of lines 8 through 11)			0 12.00
CUSTOMARY CHARGES				
13.00	Amount actually collected from patients liable for payment for services on a charge basis			0 13.00
14.00	Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13(e)			0 14.00
15.00	Ratio of line 13 to line 14 (not to exceed 1.000000)		0.000000	15.00
16.00	Total customary charges (see instructions)			0 16.00
17.00	Excess of customary charges over reasonable cost (complete only if line 16 exceeds line 4) (see instructions)			0 17.00
18.00	Excess of reasonable cost over customary charges (complete only if line 4 exceeds line 16) (see instructions)			0 18.00
19.00	Interns and Residents (see instructions)			0 19.00
20.00	Cost of Teaching Physicians (see instructions)			0 20.00
21.00	Cost of covered services (enter the lesser of line 4 or line 16)			0 21.00
PROSPECTIVE PAYMENT AMOUNT - Lines 22 through 26 must only be completed for PPS providers.				
22.00	Other than outlier payments			0 22.00
23.00	Outlier payments			0 23.00
24.00	Program capital payments			0 24.00
25.00	Capital exception payments (see instructions)			0 25.00
26.00	Routine and Ancillary service other pass through costs			0 26.00
27.00	Subtotal (sum of lines 22 through 26)			0 27.00
28.00	Customary charges (title V or XIX PPS covered services only)			0 28.00
29.00	Titles V or XIX enter the sum of lines 27 and 21.			0 29.00
COMPUTATION OF REIMBURSEMENT SETTLEMENT				
30.00	Excess of reasonable cost (from line 18)			0 30.00
31.00	Subtotal (sum of lines 19 and 20, plus 29 minus lines 5 and 6)			0 31.00
32.00	Deductibles			0 32.00
33.00	Coinsurance			0 33.00
34.00	Allowable bad debts (see instructions)			0 34.00
35.00	Utilization review			0 35.00
36.00	Subtotal (sum of lines 31, 34 and 35 minus sum of lines 32 and 33)			0 36.00
37.00	OTHER ADJUSTMENTS (SEE INSTRUCTIONS) (SPECIFY)			0 37.00
38.00	Subtotal (line 36 ± line 37)			0 38.00
39.00	Direct graduate medical education payments (from wkst. E-4)			0 39.00
40.00	Total amount payable to the provider (sum of lines 38 and 39)			0 40.00
41.00	Interim payments			0 41.00
42.00	Balance due provider/program (line 40 minus 41)			0 42.00
43.00	Protested amounts (nonallowable cost report items) in accordance with CMS Pub 15-2, section 115.2			0 43.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140240

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

Worksheet E-4

Date/Time Prepared:
11/29/2012 1:50 pm

		Title XVIII	Hospital	PPS	
				1.00	
COMPUTATION OF TOTAL DIRECT GME AMOUNT					
1.00	Unweighted resident FTE count for allopathic and osteopathic programs for cost reporting periods ending on or before December 31, 1996.			44.74	1.00
2.00	Unweighted FTE resident cap add-on for new programs per 42 CFR 413.79(e)(1) (see instructions)			0.00	2.00
3.00	Amount of reduction to Direct GME cap under section 422 of MMA			0.00	3.00
3.01	Direct GME cap reduction amount under ACA §5503 in accordance with CFR §413.79 (m). (see instructions for cost reporting periods straddling 7/1/2011)			0.00	3.01
4.00	Adjustment (plus or minus) to the FTE cap for allopathic and osteopathic programs due to a Medicare GME affiliation agreement (42 CFR §413.75(b) and § 413.79 (f))			0.00	4.00
4.01	ACA Section 5503 increase to the Direct GME FTE Cap (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.01
4.02	ACA Section 5506 number of additional direct GME FTE cap slots (see instructions for cost reporting periods straddling 7/1/2011)			0.00	4.02
5.00	FTE adjusted cap (line 1 plus line 2 minus line 3 and 3.01 plus or minus line 4 plus line 4.01 plus line 4.02 plus applicable subscripts)			44.74	5.00
6.00	Unweighted resident FTE count for allopathic and osteopathic programs for the current year from your records (see instructions)			30.60	6.00
7.00	Enter the lesser of line 5 or line 6			30.60	7.00
		Primary Care 1.00	Other 2.00	Total 3.00	
8.00	Weighted FTE count for physicians in an allopathic and osteopathic program for the current year.	29.63	0.90	30.53	8.00
9.00	If line 6 is less than 5 enter the amount from line 8, otherwise multiply line 8 times the result of line 5 divided by the amount on line 6.	29.63	0.90	30.53	9.00
10.00	Weighted dental and podiatric resident FTE count for the current year		0.00		10.00
11.00	Total weighted FTE count	29.63	0.90		11.00
12.00	Total weighted resident FTE count for the prior cost reporting year (see instructions)	31.90	3.21		12.00
13.00	Total weighted resident FTE count for the penultimate cost reporting year (see instructions)	31.13	5.80		13.00
14.00	Rolling average FTE count (sum of lines 11 through 13 divided by 3).	30.89	3.30		14.00
15.00	Adjustment for residents in initial years of new programs	0.00	0.00		15.00
16.00	Adjustment for residents displaced by program or hospital closure	0.00	0.00		16.00
17.00	Adjusted rolling average FTE count	30.89	3.30		17.00
18.00	Per resident amount	110,167.00	107,208.00		18.00
19.00	Approved amount for resident costs	3,403,059	353,786	3,756,845	19.00
				1.00	
20.00	Additional unweighted allopathic and osteopathic direct GME FTE resident cap slots received under 42 Sec. 413.79(c)(4)			0.00	20.00
21.00	GME FTE weighted Resident count over Cap (see instructions)			0.00	21.00
22.00	Allowable additional direct GME FTE Resident Count (see instructions)			0.00	22.00
23.00	Enter the locally adjustment national average per resident amount (see instructions)			0.00	23.00
24.00	Multiply line 22 time line 23			0	24.00
25.00	Total direct GME amount (sum of lines 19 and 24)			3,756,845	25.00
		Inpatient Part A 1.00	Managed care 2.00	3.00	
COMPUTATION OF PROGRAM PATIENT LOAD					
26.00	Inpatient Days	15,053	691		26.00
27.00	Total Inpatient Days	34,348	34,348		27.00
28.00	Ratio of inpatient days to total inpatient days	0.438250	0.020118		28.00
29.00	Program direct GME amount	1,646,437	75,580		29.00
30.00	Reduction for direct GME payments for Medicare managed care		10,679		30.00
31.00	Net Program direct GME amount			1,711,338	31.00

DIRECT GRADUATE MEDICAL EDUCATION (GME) & ESRD OUTPATIENT DIRECT MEDICAL EDUCATION COSTS

Provider CCN: 140240

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

Worksheet E-4

Date/Time Prepared:
11/29/2012 1:50 pm

Title XVIII		Hospital	PPS
			1.00
DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY (NURSING SCHOOL AND PARAMEDICAL EDUCATION COSTS)			
32.00	Renal dialysis direct medical education costs (from worksheet B, Part I, sum of columns 20 and 23, lines 74 and 94)		0 32.00
33.00	Renal dialysis and home dialysis total charges (worksheet C, Part I, column 8, sum of lines 74 and 94)	1,997,840	33.00
34.00	Ratio of direct medical education costs to total charges (line 32 ÷ line 33)	0.000000	34.00
35.00	Medicare outpatient ESRD charges (see instructions)	0	35.00
36.00	Medicare outpatient ESRD direct medical education costs (line 34 x line 35)	0	36.00
APPORTIONMENT BASED ON MEDICARE REASONABLE COST - TITLE XVIII ONLY			
Part A Reasonable Cost			
37.00	Reasonable cost (see instructions)	21,217,794	37.00
38.00	Organ acquisition costs (worksheet D-4, Part III, column 1, line 69)	0	38.00
39.00	Cost of teaching physicians (worksheet D-5, Part II, column 3, line 20)	0	39.00
40.00	Primary payer payments (see instructions)	0	40.00
41.00	Total Part A reasonable cost (sum of lines 37 through 39 minus line 40)	21,217,794	41.00
Part B Reasonable Cost			
42.00	Reasonable cost (see instructions)	4,248,392	42.00
43.00	Primary payer payments (see instructions)	4,011	43.00
44.00	Total Part B reasonable cost (line 42 minus line 43)	4,244,381	44.00
45.00	Total reasonable cost (sum of lines 41 and 44)	25,462,175	45.00
46.00	Ratio of Part A reasonable cost to total reasonable cost (line 41 ÷ line 45)	0.833306	46.00
47.00	Ratio of Part B reasonable cost to total reasonable cost (line 44 ÷ line 45)	0.166694	47.00
ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B			
48.00	Total program GME payment (line 31)	1,711,338	48.00
49.00	Part A Medicare GME payment (line 46 x 48)(Title XVIII only)(see instructions)	1,426,068	49.00
50.00	Part B Medicare GME payment (line 47 x 48) (title XVIII only) (see instructions)	285,270	50.00

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

Provider CCN: 140240

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

Worksheet G

Date/Time Prepared:
11/29/2012 1:50 pm

	General Fund	Specific Purpose Fund	Endowment Fund	Plant Fund	
	1.00	2.00	3.00	4.00	
CURRENT ASSETS					
1.00 Cash on hand in banks	-420,108	0	0	0	1.00
2.00 Temporary investments	0	0	0	0	2.00
3.00 Notes receivable	0	0	0	0	3.00
4.00 Accounts receivable	37,741,148	0	0	0	4.00
5.00 Other receivable	687,378	0	0	0	5.00
6.00 Allowances for uncollectible notes and accounts receivable	-7,829,997	0	0	0	6.00
7.00 Inventory	1,904,942	0	0	0	7.00
8.00 Prepaid expenses	64,499	0	0	0	8.00
9.00 Other current assets	0	0	0	0	9.00
10.00 Due from other funds	0	0	0	0	10.00
11.00 Total current assets (sum of lines 1-10)	32,147,862	0	0	0	11.00
FIXED ASSETS					
12.00 Land	5,200,000	0	0	0	12.00
13.00 Land improvements	0	0	0	0	13.00
14.00 Accumulated depreciation	0	0	0	0	14.00
15.00 Buildings	8,805,204	0	0	0	15.00
16.00 Accumulated depreciation	0	0	0	0	16.00
17.00 Leasehold improvements	0	0	0	0	17.00
18.00 Accumulated depreciation	0	0	0	0	18.00
19.00 Fixed equipment	0	0	0	0	19.00
20.00 Accumulated depreciation	0	0	0	0	20.00
21.00 Automobiles and trucks	0	0	0	0	21.00
22.00 Accumulated depreciation	0	0	0	0	22.00
23.00 Major movable equipment	6,607,790	0	0	0	23.00
24.00 Accumulated depreciation	-2,541,342	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	980,618	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)	19,052,270	0	0	0	30.00
OTHER ASSETS					
31.00 Investments	0	0	0	0	31.00
32.00 Deposits on leases	0	0	0	0	32.00
33.00 Due from owners/officers	0	0	0	0	33.00
34.00 Other assets	0	0	0	0	34.00
35.00 Total other assets (sum of lines 31-34)	0	0	0	0	35.00
36.00 Total assets (sum of lines 11, 30, and 35)	51,200,132	0	0	0	36.00
CURRENT LIABILITIES					
37.00 Accounts payable	5,951,979	0	0	0	37.00
38.00 Salaries, wages, and fees payable	4,948,742	0	0	0	38.00
39.00 Payroll taxes payable	0	0	0	0	39.00
40.00 Notes and loans payable (short term)	-556,948	0	0	0	40.00
41.00 Deferred income	0	0	0	0	41.00
42.00 Accelerated payments	0	0	0	0	42.00
43.00 Due to other funds	0	0	0	0	43.00
44.00 Other current liabilities	0	0	0	0	44.00
45.00 Total current liabilities (sum of lines 37 thru 44)	10,343,773	0	0	0	45.00
LONG TERM LIABILITIES					
46.00 Mortgage payable	48,053,916	0	0	0	46.00
47.00 Notes payable	1,217,277	0	0	0	47.00
48.00 Unsecured loans	0	0	0	0	48.00
49.00 Other long term liabilities	782,801	0	0	0	49.00
50.00 Total long term liabilities (sum of lines 46 thru 49)	50,053,994	0	0	0	50.00
51.00 Total liabilities (sum of lines 45 and 50)	60,397,767	0	0	0	51.00
CAPITAL ACCOUNTS					
52.00 General fund balance	-9,197,635	0	0	0	52.00
53.00 Specific purpose fund	0	0	0	0	53.00
54.00 Donor created - endowment fund balance - restricted	0	0	0	0	54.00
55.00 Donor created - endowment fund balance - unrestricted	0	0	0	0	55.00
56.00 Governing body created - endowment fund balance	0	0	0	0	56.00
57.00 Plant fund balance - invested in plant	0	0	0	0	57.00
58.00 Plant fund balance - reserve for plant improvement, replacement, and expansion	0	0	0	0	58.00
59.00 Total fund balances (sum of lines 52 thru 58)	-9,197,635	0	0	0	59.00
60.00 Total liabilities and fund balances (sum of lines 51 and 59)	51,200,132	0	0	0	60.00

STATEMENT OF CHANGES IN FUND BALANCES

Provider CCN: 140240

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

Worksheet G-1

Date/Time Prepared:
11/29/2012 1:50 pm

	General Fund		Special Purpose Fund			
	1.00	2.00	3.00	4.00		
1.00 Fund balances at beginning of period		-71,681,026			0	1.00
2.00 Net income (loss) (from wkst. G-3, line 29)		-7,535,769				2.00
3.00 Total (sum of line 1 and line 2)		-79,216,795			0	3.00
4.00 Additions (credit adjustments) (specify)	0		0			4.00
5.00	0		0			5.00
6.00	0		0			6.00
7.00	0		0			7.00
8.00	0		0			8.00
9.00	0		0			9.00
10.00 Total additions (sum of line 4-9)		0			0	10.00
11.00 Subtotal (line 3 plus line 10)		-79,216,795			0	11.00
12.00 Deductions (debit adjustments) (specify)	0		0			12.00
13.00	0		0			13.00
14.00	0		0			14.00
15.00	0		0			15.00
16.00	0		0			16.00
17.00	0		0			17.00
18.00 Total deductions (sum of lines 12-17)		0			0	18.00
19.00 Fund balance at end of period per balance sheet (line 11 minus line 18)		-79,216,795			0	19.00

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

STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

Provider CCN: 140240

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

Worksheet G-2
Parts I & II
Date/Time Prepared:
11/29/2012 1:50 pm

Cost Center Description	Inpatient	Outpatient	Total	
	1.00	2.00	3.00	
PART I - PATIENT REVENUES				
General Inpatient Routine Services				
1.00 Hospital	43,304,997		43,304,997	1.00
2.00 SUBPROVIDER - IPF	19,430,209		19,430,209	2.00
3.00 SUBPROVIDER - IRF	8,550,213		8,550,213	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		0	0	7.00
8.00 NURSING FACILITY		0	0	8.00
9.00 OTHER LONG TERM CARE				9.00
10.00 Total general inpatient care services (sum of lines 1-9)	71,285,419		71,285,419	10.00
Intensive Care Type Inpatient Hospital Services				
11.00 INTENSIVE CARE UNIT	8,884,025		8,884,025	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)	8,884,025		8,884,025	16.00
17.00 Total inpatient routine care services (sum of lines 10 and 16)	80,169,444		80,169,444	17.00
18.00 Ancillary services	140,911,626	93,160,637	234,072,263	18.00
19.00 Outpatient services	9,883,165	25,352,903	35,236,068	19.00
20.00 RURAL HEALTH CLINIC	0	0	0	20.00
21.00 FEDERALLY QUALIFIED HEALTH CENTER	0	0	0	21.00
22.00 HOME HEALTH AGENCY		0	0	22.00
23.00 AMBULANCE SERVICES				23.00
24.00 CMHC		0	0	24.00
25.00 AMBULATORY SURGICAL CENTER (D.P.)				25.00
26.00 HOSPICE				26.00
27.00 DIETARY	678	5,751	6,429	27.00
27.01 PHYSICIAN PRIVATE OFFICE	0	59,034	59,034	27.01
27.02 PHYSICIAN CLINIC	0	1,185,432	1,185,432	27.02
28.00 Total patient revenues (sum of lines 17-27)(transfer column 3 to wkst. G-3, line 1)	230,964,913	119,763,757	350,728,670	28.00
PART II - OPERATING EXPENSES				
29.00 Operating expenses (per wkst. A, column 3, line 200)		97,624,878		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)		97,624,878		43.00

STATEMENT OF REVENUES AND EXPENSES

Provider CCN: 140240

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

Worksheet G-3

Date/Time Prepared:
11/29/2012 1:50 pm

		1.00	
1.00	Total patient revenues (from Wkst. G-2, Part I, column 3, line 28)	350,728,670	1.00
2.00	Less contractual allowances and discounts on patients' accounts	263,322,098	2.00
3.00	Net patient revenues (line 1 minus line 2)	87,406,572	3.00
4.00	Less total operating expenses (from Wkst. G-2, Part II, line 43)	97,624,878	4.00
5.00	Net income from service to patients (line 3 minus line 4)	-10,218,306	5.00
OTHER INCOME			
6.00	Contributions, donations, bequests, etc	0	6.00
7.00	Income from investments	0	7.00
8.00	Revenues from telephone and telegraph service	0	8.00
9.00	Revenue from television and radio service	0	9.00
10.00	Purchase discounts	0	10.00
11.00	Rebates and refunds of expenses	0	11.00
12.00	Parking lot receipts	0	12.00
13.00	Revenue from laundry and linen service	0	13.00
14.00	Revenue from meals sold to employees and guests	0	14.00
15.00	Revenue from rental of living quarters	0	15.00
16.00	Revenue from sale of medical and surgical supplies to other than patients	0	16.00
17.00	Revenue from sale of drugs to other than patients	0	17.00
18.00	Revenue from sale of medical records and abstracts	0	18.00
19.00	Tuition (fees, sale of textbooks, uniforms, etc.)	0	19.00
20.00	Revenue from gifts, flowers, coffee shops, and canteen	0	20.00
21.00	Rental of vending machines	4,487	21.00
22.00	Rental of hospital space	999,171	22.00
23.00	Governmental appropriations	0	23.00
24.00	OTHER (SPECIFY)	0	24.00
24.01	OTHER OPERATING REVENUE	1,678,879	24.01
25.00	Total other income (sum of lines 6-24)	2,682,537	25.00
26.00	Total (line 5 plus line 25)	-7,535,769	26.00
27.00	OTHER EXPENSES (SPECIFY)	0	27.00
28.00	Total other expenses (sum of line 27 and subscripts)	0	28.00
29.00	Net income (or loss) for the period (line 26 minus line 28)	-7,535,769	29.00

		1.00	
1.00	Total expenses related to care of program beneficiaries (see instructions)	0	1.00
2.00	Total payment (from worksheet I-4, column 6, line 11)	0	2.00
3.00	Deductibles billed to Medicare (Part B) patients	0	3.00
4.00	Coinsurance billed to Medicare (Part B) patients	0	4.00
5.00	Bad debts for deductibles and coinsurance, net of bad debt recoveries	0	5.00
6.00			6.00
7.00	Reimbursable bad debts for dual eligible beneficiaries (see instructions)	0	7.00
8.00	Net deductibles and coinsurance billed to Medicare (Part B) patients (sum of lines 3 and 4 less line 5)	0	8.00
9.00	Program payment (line 2 less line 3, times 80 percent)	0	9.00
10.00	Unrecovered from Medicare (Part B) patients (Line 1 minus the sum of lines 8 and 9. If negative, enter zero and do not complete line 11.)	0	10.00
11.00	Reimbursable bad debts (lesser of line 10 or line 5) (transfer to worksheet E, Part B, line 33)	0	11.00

Provider CCN: 140240	Period: From 07/01/2011 To 06/30/2012	Worksheet L Parts I-III Date/Time Prepared: 11/29/2012 1:50 pm
Title XVIII	Hospital	PPS

		1.00	
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PART I - FULLY PROSPECTIVE METHOD

CAPITAL FEDERAL AMOUNT

1.00	Capital DRG other than outlier	1,138,975	1.00
2.00	Capital DRG outlier payments	26,424	2.00
3.00	Total inpatient days divided by number of days in the cost reporting period (see instructions)	53.19	3.00
4.00	Number of interns & residents (see instructions)	32.03	4.00
5.00	Indirect medical education percentage (see instructions)	18.52	5.00
6.00	Indirect medical education adjustment (line 1 times line 5)	210,938	6.00
7.00	Percentage of SSI recipient patient days to Medicare Part A patient days (worksheet E, part A line 30) (see instructions)	7.84	7.00
8.00	Percentage of Medicaid patient days to total days reported on worksheet S-3, Part I (see instructions)	37.60	8.00
9.00	Sum of lines 7 and 8	45.44	9.00
10.00	Allowable disproportionate share percentage (see instructions)	9.64	10.00
11.00	Disproportionate share adjustment (line 1 times line 10)	109,797	11.00
12.00	Total prospective capital payments (sum of lines 1-2, 6, and 11)	1,486,134	12.00

		1.00	
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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	
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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